

Cardinal HCM Benefits Reports Catalog

VIRGINIA DEPARTMENT OF ACCOUNTS

Revised 3/12/2024



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Learning Materials and Resources

The **Cardinal HCM Benefits Reports Catalog** covers the Benefits (BN) functional area. Each functional area contains queries and reports specific to that area.

Note: Since reports and queries may be used by more than one functional area, if you do not find the report or query in your functional area, please use the **Find** feature (ctrl F) to search the other Cardinal HCM Reports Catalogs, as the report or query may be located in a different functional area.

After reviewing this **Cardinal HCM Benefits Reports Catalog**, if any additional information or guidance is needed, please refer to the following:

- Cardinal SW NAV225 Cardinal Reporting (HCM): This Web Based Training (WBT) course
 provides training and interactive demonstrations that cover the fundamentals of how to run or
 access reports and queries. This course is available in Cardinal Learning and on the Cardinal
 Website. The course provides:
 - Key concepts in Cardinal HCM reporting
 - How to navigate to the Query Viewer, how to search for and run an HCM query and how to access query results online or by download
 - How to run HCM reports and how to navigate to the Report Manager and view reports

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Benefits Queries

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Benefit Audit Queries

V_OHB_AUDIT_DEP_ADR

V OHB AUDIT DEP MEDICARE

V OHB AUDIT DEP NAME

V_OHB_AUDIT_EVENTS

V OHB AUDIT PAR MEDICARE

V_OHB_AUDIT_QMCSO

REVISED: 09/15/2021

DESCRIPTION:

This audit query is used to investigate benefit changes and is identified by the user, date, and time of the change.

Note: This query is for Office of Health Benefits (OHB); however, due to query export size limitations, it is not for OHB Statewide use.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V OHB AUDIT DEP ADR

Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_DEP_MEDICARE

Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_DEP_NAME

Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_EVENTS

Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_PAR_MEDICARE

Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_QMCSO

INPUT / SEARCH CRITERIA:

OUTPUT FORMAT:

Employee ID HTML From Date Excel

To Date

ADDITIONAL INFORMATION:

Employee ID, From Date and To Date fields are required fields.

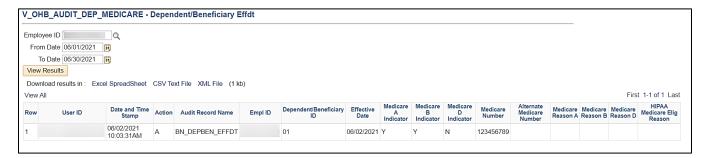
Screenshot of the Dependent/Beneficiary Address Query

V_OH	B_AUDIT_D	EP_ADR -	Depe	ndent/Beneficia	ary Addres	S																				
	ree ID Date 11/01/20 Date 12/31/20																									
	Results load results in :	Excel Sprea	ndShee	t CSV Text File X	(ML File (2 k	b)																				
View A	II																							Fire	st 1-3	of 3 Last
Row	User ID	Date and Time Stamp	Action	Audit Record Name	Empl ID	Dependent/Beneficiary ID	Effective Date	Same Address as Employee	Country	Address Line 1	Address Line 2	Address Line 3	Address Line 4	City N	lumber N	lumber I	House Type	Address Field 1	Address Field 2	Address Field 3	County	State	Postal Code	Tax Vendor Geographica Code	In Il City Limit	Address Type
1 '		06/26/2020 7:27:11PM	А	DEP_BEN_ADDR		03	01/01/1901	Υ	USA																	HOME
2 .		06/26/2020 7:55:16PM	А	DEP_BEN_ADDR		01	01/01/1901	Υ	USA																	HOME
3 '		06/26/2020 7:55:17PM	А	DEP_BEN_ADDR		02	01/01/1901	Υ	USA																	HOME

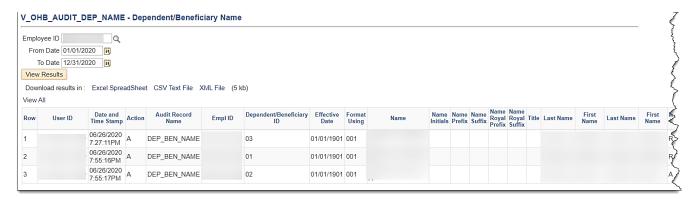
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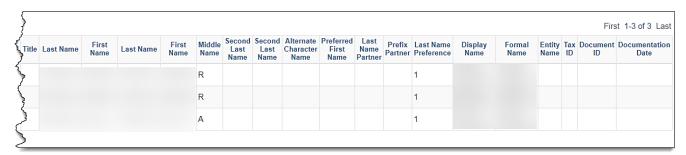
Screenshot of the Dependent/Beneficiary Medicare Effective Date Query



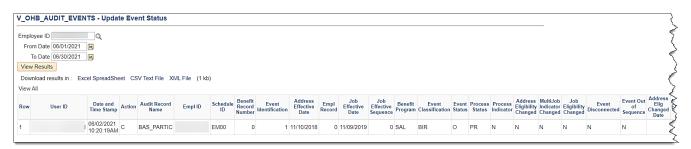
Screenshot of the Dependent/Beneficiary Name Query



Screenshot of the Dependent/Beneficiary Name Query (scrolled right)



Screenshot of the Update Event Status Query



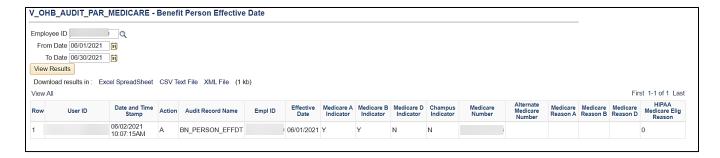
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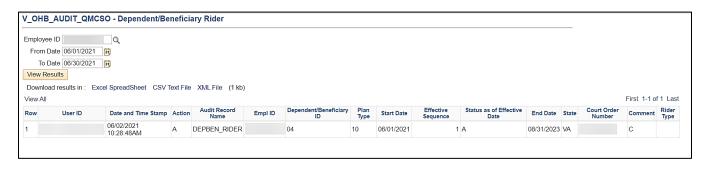
Screenshot of the Update Event Status Query (scrolled right)



Screenshot of the Benefit Person Effective Date



Screenshot of the Dependent/Beneficiary Rider



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COVA Health Plan Participants Query V_BN_COVA_HLTH_PARTC

REVISED: 09/15/2021

DESCRIPTION:

This query lists all employees enrolled in a health benefit plan as of a certain date. This report can be run for all carriers or for a specific carrier. The output can be used mailing labels for open enrollment.

Note: Due to query export size limitations, this query is not for OHB Statewide use.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V BN COVA HLTH PARTC

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

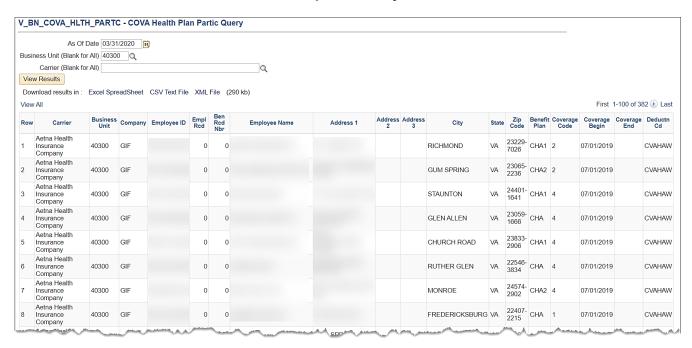
As Of Date HTML
Business Unit (Blank for All) Excel
Carrier (Blank for All)

,

ADDITIONAL INFORMATION:

As Of Date field is a required field.

Screenshot of the COVA Health Plan Participants Query



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Data Sheet Status Query V_BN_EMPL_DATA_SHEET_STATUS

REVISED: 09/15/2021

DESCRIPTION:

This query is used by OHB to monitor the status of The Local Choice (TLC) jurisdictions who have or have not completed and certified their Employer Data Sheet.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V BN EMPL DATA SHEET STATUS

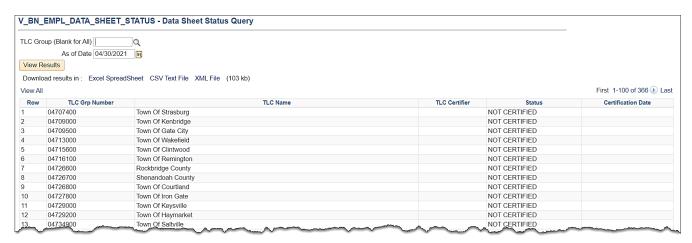
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

TLC Group (Blank for All) HTML As of Date Excel

ADDITIONAL INFORMATION:

As of Date field is a required field.

Screenshot of the Data Sheet Status Query



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Defaulted OE Elections Query V_BN_OE_DEFLT_EE

REVISED: 09/15/2021

DESCRIPTION:

This query lists employees whose Open Enrollment (OE) health benefit plan defaults to a new plan if no action is taken because the old plan is no longer offered.

This query is used by agency Benefits Administrators.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V BN OE DEFLT EE

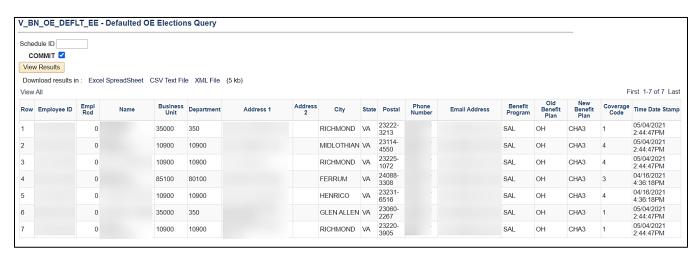
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Schedule ID HTML COMMIT (checkbox) Excel

ADDITIONAL INFORMATION:

During OE, run this query with the COMMIT checkbox unchecked. At the end of OE, run this query with the COMMIT checkbox checked.

Screenshot of the Defaulted OE Elections Query



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Employee Benefit Data Query V_BN_EMPL_BEN_DATA

REVISED: 09/15/2021

DESCRIPTION:

This query lists employee benefit enrollments as of a certain date with parameters to filter data for a specified population.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V BN EMPL BEN DATA

INPUT / SEARCH CRITERIA:

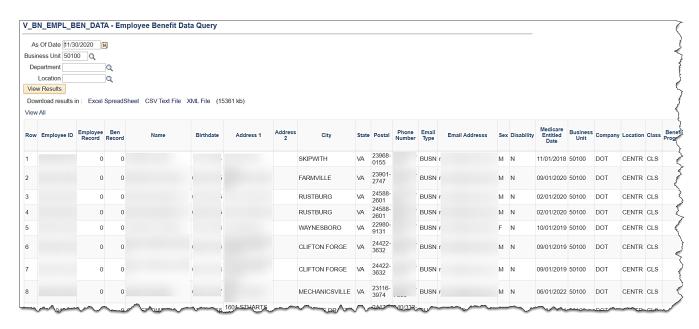
OUTPUT FORMAT:

As Of Date Business Unit Department Location HTML Excel

ADDITIONAL INFORMATION:

As Of Date field is a required field.

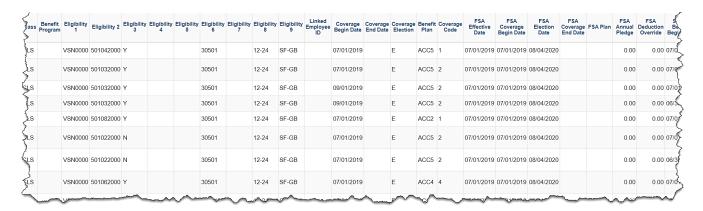
Screenshot of the Employee Benefit Data Query



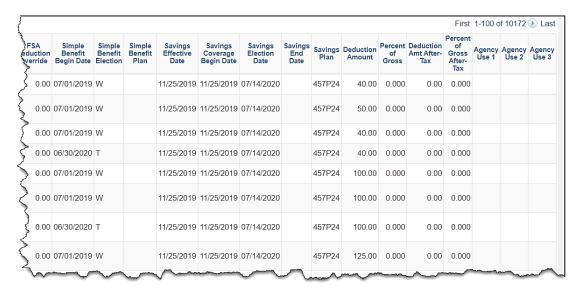
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Screenshot of the Employee Benefit Data Query (scrolled right)



Screenshot of the Employee Benefit Data Query (continued scrolled right)



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Events Closing Date Query (RBN296) V_BN_EVNT_NEAR_CLSDT

REVISED: 09/15/2021

DESCRIPTION:

This query lists events on the Benefits Administration System (BAS) Activity Table that are within 15 days of the closing date defined by event rules.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V_BN_EVNT_NEAR_CLSDT

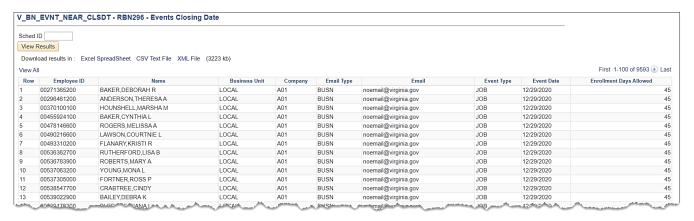
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Schedule ID HTML Excel

ADDITIONAL INFORMATION:

This query has no required fields.

Screenshot of the Events Closing Date Query



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FSA and Admin Fee Errors- Balance Audit Query V_BN_HMO_PYMNT_DETAIL

REVISED: 09/15/2021

DESCRIPTION:

This is one of two queries used to identify the employees that may have an error with their Flexible Spending Account (FSA) plan enrollment and/or their FSA Admin Fee.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V BN FSA ADMINFEE BAL AUDIT

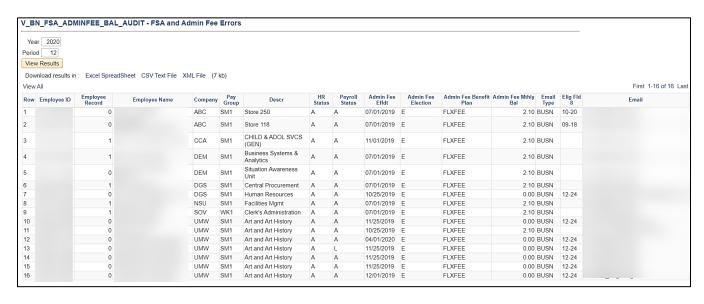
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Year HTML Period Excel

ADDITIONAL INFORMATION:

Year and Period fields are required fields.

Screenshot of the FSA Account and Admin Fee Errors - Balance Audit Query



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FSA and Admin Fee Errors- Enroll Audit Query V_BN_FSA_ADMINFEE_ENROLL_AUDIT

REVISED: 09/15/2021

DESCRIPTION:

This is one of two queries used to identify the employees that may have an error with their Flexible Spending Account (FSA) plan enrollment and/or their FSA Administrative Fee.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V BN FSA ADMINFEE ENROLL AUDIT

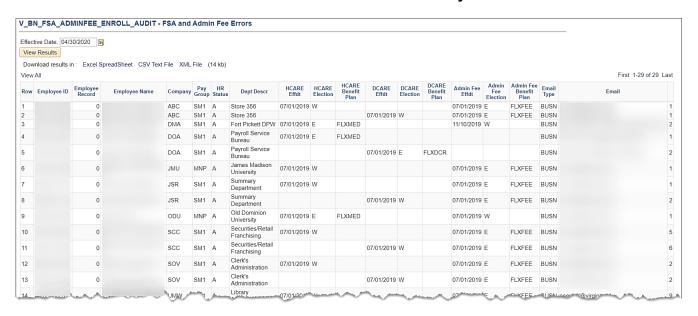
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Effective Date HTML Excel

ADDITIONAL INFORMATION:

Effective Date field is a required field.

Screenshot of the FSA and Admin Fee Errors -Enroll Audit Query



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Health Census Query V_BN_HEALTH_CENSUS

REVISED: 07/26/2022

DESCRIPTION:

This query provides a listing of employee and dependents that are enrolled in healthcare as of a certain date. The report includes employees who are active, on paid or unpaid leave, and who are suspended. Terminated employees will remain on the report for 90 days from date of termination. Employees who are enrolled in COBRA will also appear on this report.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V BN HEALTH CENSUS

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

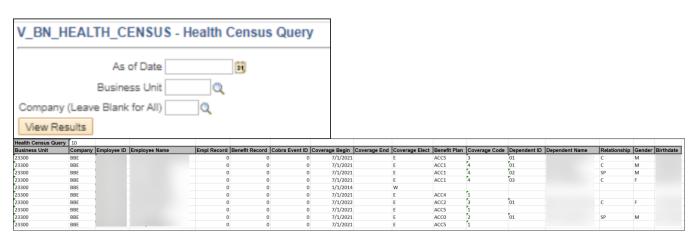
As of Date HTML Business Unit Excel

Company (Leave Blank for All)

ADDITIONAL INFORMATION:

The **As of Date** is the only required field; however, it is suggested that the user enter other search criteria.

Screenshot of the Health Census Query



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HMO Payment Query V_BN_HMO_PYMNT_DETAIL

REVISED: 09/15/2021

DESCRIPTION:

This query lists all current month enrollments and premium amounts by Health Maintenance Organization (HMO) supplier and billing method. The query includes retroactive changes that affect previously paid amounts.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V BN HMO PYMNT DETAIL

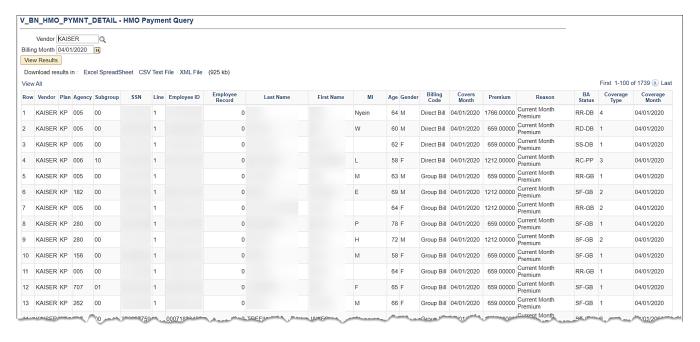
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Vendor HTML
Billing Month Excel

ADDITIONAL INFORMATION:

Vendor and Billing Month fields are required fields.

Screenshot of the HMO Payment Query



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Missing ACA Certification Query V_BN_MISSING_ACA_CERT

REVISED: 09/15/2021

DESCRIPTION:

This query lists agencies who have not completed their Affordable Care Act (ACA) Certification in Cardinal. Report used by OHB during the ACA Certification period (December - January).

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V BN MISSING ACA CERT

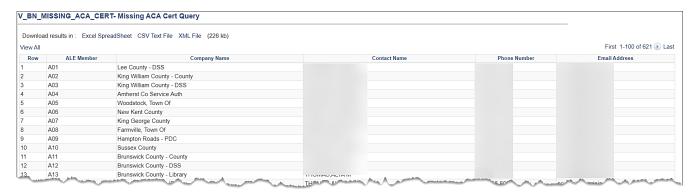
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

(none) HTML Excel

ADDITIONAL INFORMATION:

This query has no required fields and runs automatically after selecting the type of query.

Screenshot of the Missing ACA Certification Query



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OE (Open Enrollment) Incomplete Election Query V_BN_OE_ELECT_NO_SUBMIT

REVISED: 05/24/2023

DESCRIPTION:

This query returns a listing of employees who made an election on their Open Enrollment event using Employee Self-Service (ESS) but did not click the SUBMIT button.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V_BN_OE_ELECT_NO_SUBMIT

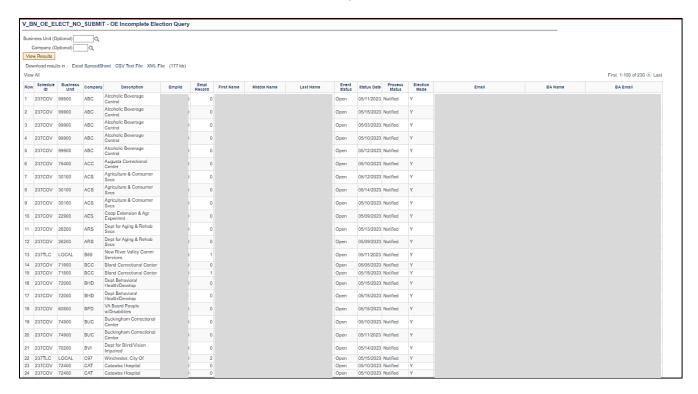
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Company HTML Business Unit Excel

ADDITIONAL INFORMATION:

N/A

Screenshot of the OE Incomplete Election Query



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QMCSO Participants Query V_BN_PARTIC_QMCSO

REVISED: 09/15/2021

DESCRIPTION:

This query lists any employee with an active Qualified Medical Child Support Order (QMSCO) court order/rider on the dependent record and reflects information used to confirm enrollment in court-ordered coverage.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V_BN_PARTIC_QMCSO

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

(none) HTML Excel

ADDITIONAL INFORMATION:

This guery has no required fields and runs automatically after selecting the type of guery.

Screenshot of the QMCSO Participants Query

				•										
	III. EXCE	SpreadSneet	CSV TEXT FILE 7	NVL FIIE (4 KD)										First 4.7 - (7.1 -
														First 1-7 of 7 Las
Business Unit	Company	Department ID	Employee ID	Employee Name	Email Type	Employee Email	Dependent Name	Plan Type	Effect Status	Start Date	End Date	Court Order Number	State	Dependent Birth Date
99900	ABC	410806			BUSN			10	Active	12/01/2020	12/31/2021	678YtQ998P	VA	
18100	DLI	18100			BUSN			10	Active	02/01/2021	02/01/2022	123456		
12300	DMA	FACILITIES			BUSN			10	Active	01/01/2021	12/31/2021	A00987554	VA	
12300	DMA	CHALLENGE			BUSN			10	Active	10/01/2020		COURT_ORDER_NUMBER		
50100	DOT	15021			BUSN			10	Active	11/10/2021	01/22/2038	VA-JAN-2021-123456789	VA	
21500	UMW	402000			BUSN			. 10	Active	08/01/2020	09/01/2021	3247879	VA	
21500	UMW	203101			BUSN			10	Active	08/04/2020	08/04/2021	QMCS01	VA	
	vinload results All Business Unit 99900 18100 12300 12300 50100 21500	Indicate the second of the sec	National Results in	CSV Text File CSV Text File	Business Unit Company Department ID Employee ID Employee Name 99900 ABC 410806	Miload results in : Excel SpreadSheet	Miles	All	rolload results in : Excel SpreadSheet	Indicate SpreadSheet CSV Text File XML File (4 kb)	Infload results in : Excel SpreadSheet	Infload results in: Excel SpreadSheet CSV Text File XML File (4 kb) National Results in: Excel SpreadSheet CSV Text File XML File (4 kb)	Infload results in: Excel SpreadSheet	Infload results in : Excel SpreadSheet

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TLC Data Queries
V_BA_CONTACT
V_BA_CNTCT_ADDR
V_TLC_CONTACT
V_TLC_EE_CLASS
V_TLC_GRP_DEPT
V_TLC_GRP_PLAN
V_TLC_GRP_PROF
V_TLC_HC_RATES

REVISED: 09/15/2021

DESCRIPTION:

Eight queries provide the OHB a means to extract the data in Cardinal and load it to a tool to perform data mining, statistical reporting, and program planning.

These queries will be used by OHB only.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V_BA_CONTACT
Menu > Reporting Tools > Query > Query Viewer > V_BA_CNTCT_ADDR
Menu > Reporting Tools > Query > Query Viewer > V_TLC_CONTACT
Menu > Reporting Tools > Query > Query Viewer > V_TLC_EE_CLASS
Menu > Reporting Tools > Query > Query Viewer > V_TLC_GRP_DEPT
Menu > Reporting Tools > Query > Query Viewer > V_TLC_GRP_PLANTLC
Menu > Reporting Tools > Query > Query Viewer > V_TLC_GRP_PROF
Menu > Reporting Tools > Query > Query Viewer > V_TLC_GRP_PROF
Menu > Reporting Tools > Query > Query Viewer > V_TLC_HC_RATES

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

From Date HTML To Date Excel

ADDITIONAL INFORMATION:

From Date and To Date fields are required fields.

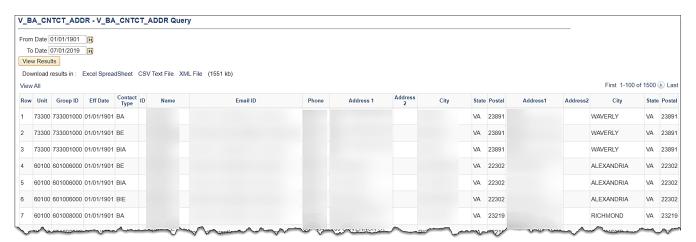
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Screenshot of the V_BA_Contact Query

V_BA_CONTACT - V_E From Date 01/01/1901 is To Date 07/01/2019 is View Results Download results in : Even		24 Ph)	
View All	s episadenost eet isan ile yang ile		First 1-100 of 375 🕟 La
Row	Unit	Group ID	Eff Date
1	70600	706005000	01/01/1901
2	70600	706006000	01/01/1901
3	70600	706007000	01/01/1901
4	70600	706010000	01/01/1901
5	70600	706011000	01/01/1901
6	70600	706012000	01/01/1901
7	70600	706013000	01/01/1901
8	70700	707001000	01/01/1901
9	70700	707002000	01/01/1901
10	70700	707003000	01/01/1901
11	70700	707004000	01/01/1901
12	70700	707005000	01/01/1901
13-	70700	707007000	01/01/1901

Screenshot of the V_BA_Contact_Address Query



Screenshot of the V_TLC_Contact Query



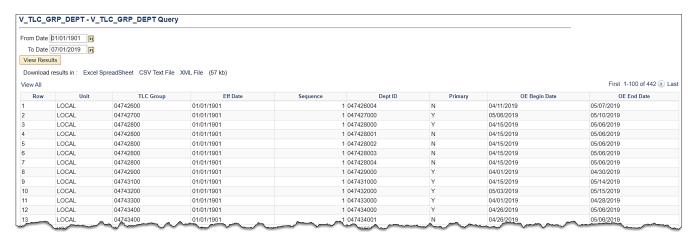
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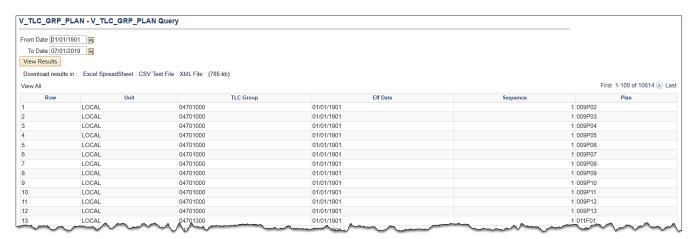
Screenshot of the V_TLC_EE_Class Query (Employee)

To Date (eadSheet CSV Text File XML	File (303 kb)				First 1-100 of 2975 🕟 L
Row	Unit	TLC Group	Eff Date	Sequence	Dept ID	Empl Classif	Billing Method
1	LOCAL	04727400	01/01/1901		047274000	FT	GB
2	LOCAL	04727400	01/01/1901	1	047274000	MR	DB
3	LOCAL	04727400	01/01/1901	1	047274000	SCR	DB
4	LOCAL	04727400	01/01/1901	1	047274000	SCRM	DB
5	LOCAL	04727500	01/01/1901	1	047275000	CBD	DB
3	LOCAL	04727500	01/01/1901	1	047275000	CBR	DB
7	LOCAL	04727500	01/01/1901	1	047275000	ER	DB
3	LOCAL	04727500	01/01/1901	1	047275000	FT	GB
)	LOCAL	04727500	01/01/1901	1	047275000	FTEO	GB
10	LOCAL	04727500	01/01/1901	1	047275000	MR	DB
1	LOCAL	04727500	01/01/1901	1	047275000	RSM	DB
12	LOCAL	04727500	01/01/1901	1	047275000	RSNM	DB
13	LOCAL	04727500	01/01/1901		047275000	SCR	DB

Screenshot of the V_TLC_Group_Department Query



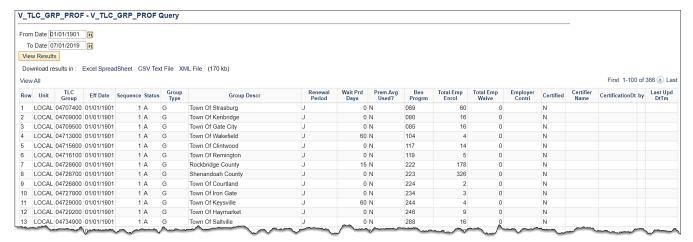
Screenshot of the V_TLC_Group_Plan Query



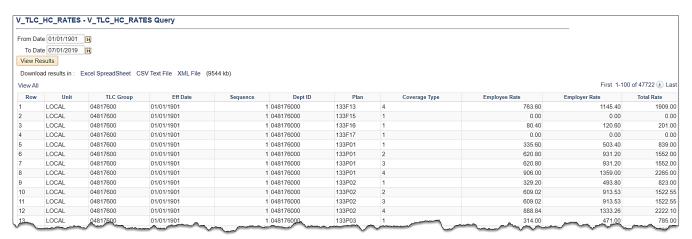
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Screenshot of the V_TLC_Group_Prof Query



Screenshot of the V_TLC_HC_Rates Query (Health Care)



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TLC Employer Data Sheet Queries

V_TLC_BEN_DEFN_COST

V_TLC_BEN_DEFN_OPTN

V_TLC_BEN_DEFN_PGM

V_TLC_BEN_DEFN_PLAN

V_TLC_BN_RATE_DATA

V_BN_ENROLL_DAYS

REVISED: 09/15/2021

DESCRIPTION:

Six queries used by OHB to collect the TLC-entered employer health benefit offerings in order to update benefit plans, rates, and other configuration tables.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V_TLC_BEN_DEFN_COST Menu > Reporting Tools > Query > Query Viewer > V_TLC_BEN_DEFN_OPTN

Menu > Reporting Tools > Query > Query Viewer > V_TLO_BEN_DEFN_PGM

Menu > Reporting Tools > Query > Query Viewer > V_TLC_BEN_DEFN_PLAN

Menu > Reporting Tools > Query > Query Viewer > V_TLC_BN_RATE_DATA

Menu > Reporting Tools > Query > Query Viewer > V_BN_ENROLL_DAYS

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

As of Date HTML Excel

ADDITIONAL INFORMATION:

As of Date fields is a required field.

Screenshot of the TLC Query 4 – Ben Defn Cost

View Res		dSheet CSV Text File XIV	1L File (4293 kb)							First 1-100 of 42090 (
View All Row	Ben Progrm	Effdt	Plan Typ	Option ID	Cost ID	Cost Type	Earn Code	Rate Type	Rate ID	Calc TbIID
1	037	12/31/2019	10	3	1 P			7	037	PSX
	037	12/31/2019	10	4	2 P			7	037	PSX
3	037	12/31/2019	10	5	3 P			7	037	PSX
4	037	12/31/2019	10	6	4 P			7	037	PSX
5	037	12/31/2019	10	7	5 P			7	037	PSX
6	037	12/31/2019	10	8	6 P			7	037	PSX
7	037	12/31/2019	10	9	7 P			7	037	PSX
В	037	12/31/2019	10	10	8 P			7	037	PSX
9	037	12/31/2019	10	11	9 P			7	037	PSX
10	037	12/31/2019	10	12	10 P			7	037	PSX
11	037	12/31/2019	10	13	11 P			7	037	PSX
12	037	12/31/2019	10	14	12 P			7	037	PSX
13	037	12/31/2019	10	15	13 P		\	7	037	PSX

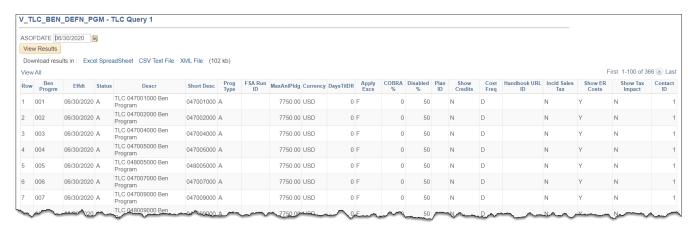
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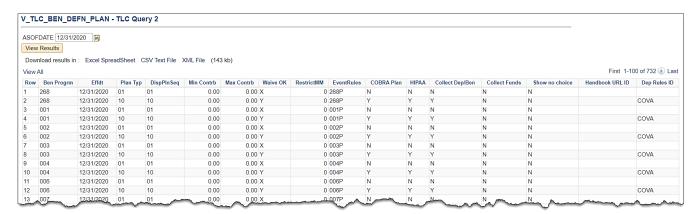
Screenshot of the TLC Query 3 - Ben Defn Optn

View	DATE		Sheet CSVT	ext File XML	File (15360 kb)											First 1-1	00 of 85333	B (▶) Las
Row	Ben Progrm	Effdt	Plan Typ	Option ID	DispOptSeq	Opt Type	Plan	Covg Cd	OptionCd	Opt Level	Deductn Cd	Dflt Opt	ELIG_RULE_ID	Locn TbIID	XPType	XPlan	XLimPct	XDep
1	009	03/31/2020	10	93	92	0	009P08	4	91	1	TLCMED	N	009P				0.00	
2	009	03/31/2020	10	93	92	0	009P08	4	91	1	TLCMED	N	009P				0.00	
3	009	03/31/2020	10	93	92	0	009P08	4	91	1	TLCMED	N	009P				0.00	
4	009	03/31/2020	10	93	92	0	009P08	4	91	1	TLCMED	N	009P				0.00	
5	009	03/31/2020	10	94	93	0	009P09	1	92	1	TLCMED	N	009P				0.00	
6	009	03/31/2020	10	94	93	0	009P09	1	92	1	TLCMED	N	009P				0.00	
7	009	03/31/2020	10	94	93	0	009P09	1	92	1	TLCMED	N	009P				0.00	
8	009	03/31/2020	10	94	93	0	009P09	1	92	1	TLCMED	N	009P				0.00	
9	009	03/31/2020	10	95	94	0	009P09	2	93	1	TLCMED	N	009P				0.00	
10	009	03/31/2020	10	95	94	0	009P09	2	93	1	TLCMED	N	009P				0.00	
11	009	03/31/2020	10	95	94	0	009P09	2	93	1	TLCMED	N	009P				0.00	
12	009	03/31/2020	10	95	94		009P09	2	93	1	TLCMED	N	009P				0.00	
43	009	03/31/2020	10,	96	P5-	ρ.,	009P09	3	94~~~	1	TLCMED	N	009P			-	0.00	

Screenshot of the TLC Query 1 - Ben Defn Pgm



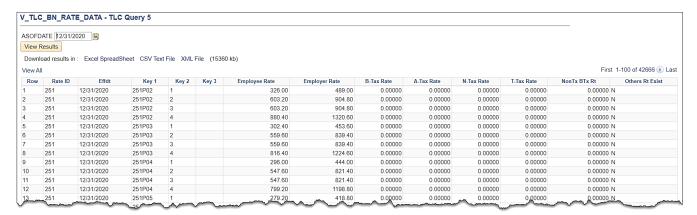
Screenshot of the TLC Query 2 - Ben Defn Plan



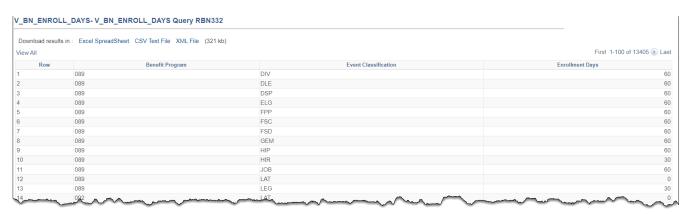
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Screenshot of the TLC Query 5 - BN Rate Data



Screenshot of the TLC Query RBN332 - BN ENROLL DAYS



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VRS Billing Detail Query V_VRS_BILLING_REPORT

REVISED: 09/15/2021

DESCRIPTION:

This query provides the agency with both a summary of deductions taken and details on any discrepancies that exist on Virginia Retirement System (VRS) billing details.

NAVIGATION PATH:

Menu > Reporting Tools > Query > Query Viewer > V VRS BILLING REPORT

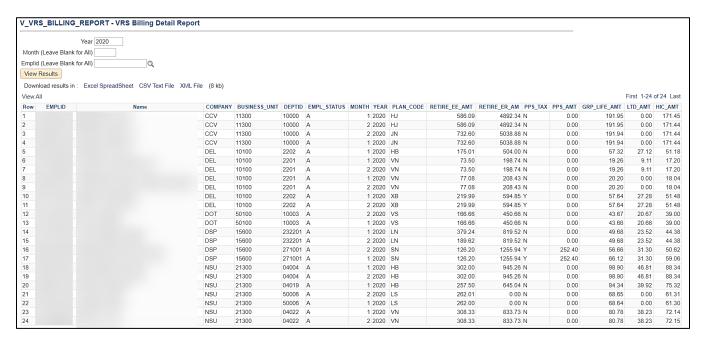
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Year HTML
Month (Leave Blank for All)
Emplid (Leave Blank for All)

ADDITIONAL INFORMATION:

The **Year** field is a required field.

Screenshot of the VRS Billing Detail Query



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Benefits Reports

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ACA Reconciliation Report (RBN218)

REVISED: 09/15/2021

DESCRIPTION:

This report lists individual health benefit information for agencies to validate prior to Affordable Care Act (ACA) reporting, containing a line for each participant and dependent with coverage in the calendar year.

NAVIGATION PATH:

Menu > Benefits > ACA Annual Processing > ACA Preparation > ACA Reconciliation Report

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Company Excel

Department As of Date

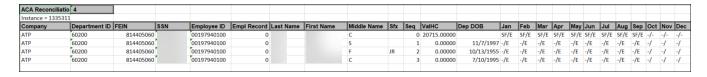
Screenshot of the ACA Reconciliation Report Run Control Page

	ACA Reconciliation Report
ACA Reconciliation Report	
Run Control ID ACA_Reconciliation_Report	Report Manager Process Monitor Run
ACA Reconciliation Report	
*Company Q Department Q	
As Of Date	
Save Notify	Add Update/Display

ADDITIONAL INFORMATION:

Company field is a required field.

Screenshot of the ACA Reconciliation Report



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Base Benefit Consistency Audit Report (RBN304)

REVISED: 09/15/2021

DESCRIPTION:

This report displays data that has been entered into the benefit plan, employee data, dependent data, or enrollment data pages which does not appear to follow policy or regulations. The identified items could simply require corrections to some data elements or could require enrollment changes.

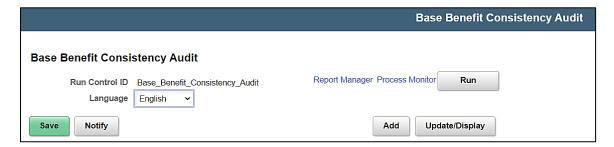
NAVIGATION PATH:

Menu > Benefits > Reports > Audits > Base Benefits Consistency Audit

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

PDF

Screenshot of the Base Benefit Consistency Audit Report Run Control Page



ADDITIONAL INFORMATION:

There are no required fields for this query

Screenshot of the BAS Benefit Consistency Audit Report

		PeopleSoft		
Report ID: BEN733		BASE BENEFITS AUDI	T REPORT	Page No. 1
				Run Date 05/25/2021
				Run Time 14:11:55
				Run Time 14:11:55
Employees Less Than 16 Yea	ra Old			
Employees Less Inan 10 les	iis oid			
Employee Name	Employee ID Birthdate			
1				
1				
1				
1				
1				
1				
1	(
1				
[]				
9				
1				
L. L.				

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BenAdmin Missing Elections Report (RBN045)

REVISED: 09/15/2021

DESCRIPTION:

This report provides information for participants who did not return enrollment statements or enroll in a plan. Report includes sections for participants' phone numbers.

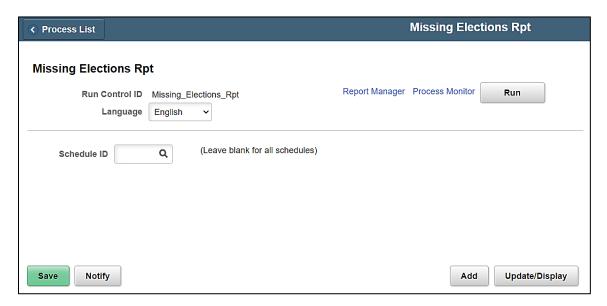
NAVIGATION PATH:

Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Missing Elections Rpt

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Schedule ID PDF

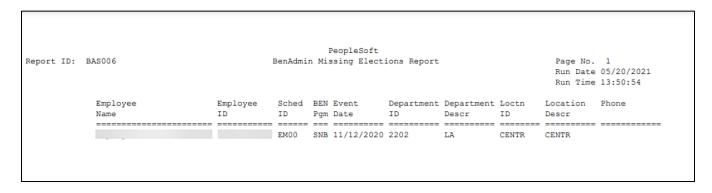
Screenshot of the BenAdmin Missing Elections Report Run Control Page



ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

Screenshot of the BenAdmin Missing Elections Report



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BenAdmin Preparation and Election Errors Report (RBN041)

REVISED: 09/15/2021

DESCRIPTION:

This report shows invalid benefit elections, by schedule and event, participants, and their dependents. Report includes errors, such as coverage over the maximum or under the minimum, invalid choices, failure to meet eligibility requirements, etc.

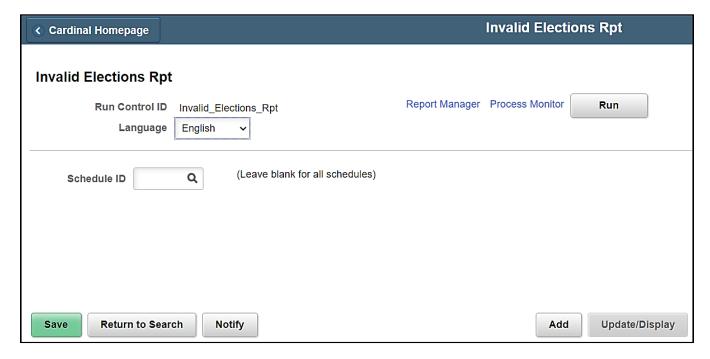
NAVIGATION PATH:

Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Invalid Elections Rpt

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Schedule ID PDF

Screenshot of the BenAdmin Preparation and Election Errors Report Run Control Page



ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

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Screenshot of the BenAdmin Preparation and Election Errors Report

						PeopleSoft	
port ID:	BAS003					BenAdmin Preparation and Election Errors	Page No. 1 Run Date 05/20/202: Run Time 13:28:20
hed Emplo		Rcd#	ID		Msg-ID	Error Massage Description	Message-Data 1/2/3
			0		0 000327	Valid data from various tables (including Job and Pers_Data_Effdt) could not be found in effect as of the Event Date. There are many possible causes for this. Rows existing at the time of this event may have been subsequently deleted. The Event Date may pre-date all effective-dated rows in critical HR tables. If Multiple Jobs is enabled, this can occur if the primary job for this Benefit Record has its Benefit System flag set to something other than (BA) "Benefits Administration", as of	1: 2019-10-26 2: 000 3: MJ
				0	0 000327	Valid data from various tables (including Job and Pers_Data_Effdt) could not be found in effect as of the Event Date. There are many possible causes for this. Rows existing at the time of this event may have been subsequently deleted. The Event Date may pre-date all effective-dated rows in critical HR tables. If Multiple Jobs is enabled, this can occur if the primary job for this Benefit Record has its Benefit System flag set to something other than (BA) "Benefits Administration", as of	1: 2019-10-26 2: 000 3: MJ
		0	0	0	0 000326	A BAS_PARTIC record exists for the same manual event on the BAS_ACTIVITY record. The BAS_ACTIVITY was not processed and was not deleted. (MSGData1: Empl Rcd No, MSGData2: Event Dt, MSGData3: Event Class)	1: 000 2: 2020-12-14 3: MAR
		0	0	0	0 000326	A BAS_PARTIC record exists for the same manual event on the BAS_ACTIVITY record. The BAS_ACTIVITY was not processed and was not deleted. (MSGData1: Empl Rcd No, MSGData2: Event Dt, MSGData3: Event Class)	1: 000 2: 2020-04-30 3: MAR
		0	0	0	0 000326	A BAS_PARTIC record exists for the same manual event on the BAS_ACTIVITY record. The BAS_ACTIVITY was not processed and was not deleted. (MSGData1: Empl Rcd No, MSGData2: Event Dt, MSGData3: Event Class)	1: 000 2: 2020-07-21 3: BIR
		0	0	0	0 000326	A BAS_PARTIC record exists for the same manual event on the BAS_ACTIVITY record. The BAS_ACTIVITY was not processed and was not deleted. (MSGData1: Empl Rcd No, MSGData2: Event Dt, MSGData3: Event Class)	1: 000 2: 2020-08-04 3: MSA
		0	0	0	0 000325	A Primary Job for this Benefit Record does not exist as of the event date of the Bas_Activity trigger row. The Bas_Activity trigger has not been deleted - please ensure that there is a Primary Job in effect for this Benefit Record prior to scheduling events in Event Maintenance again. (MSGData1: BAS Action Source, MSGData2: Event Dt, MSGData3: Event Effseq)	1: TJ 2: 2020-07-01 3: 000
				0	0 000325	A Primary Job for this Benefit Record does not exist as of the event date of the Bas_Activity trigger row. The Bas_Activity trigger has not been deleted - please ensure that there is a Primary Job in effect for this Benefit Record prior to scheduling events in Event Maintenance again. (MSGDatal: BAS Action Source, MSGData2: Event Dt. MSGData3:	1: TJ 2: 2020-07-01 3: 000

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Benefit Change Compliance Report (RBN337)

REVISED: 03/16/2022

DESCRIPTION:

This report is used by OHB to monitor the compliance of benefit life events.

NAVIGATION PATH:

Menu > Benefits > Reports > Audits > Benefit Change Compliance Rpt

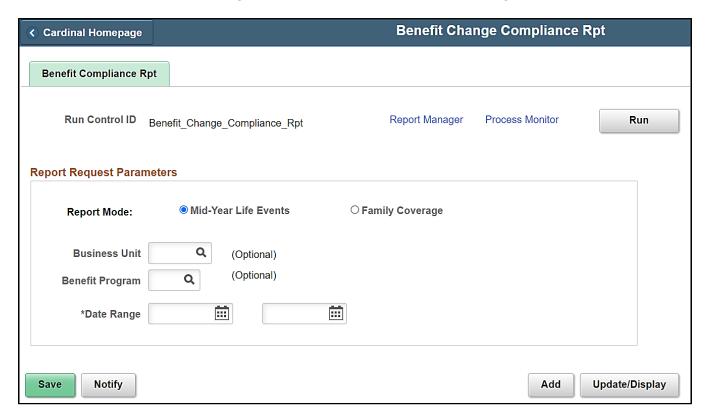
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Report Mode (radio button): Mid-Year Life Events PDF or Family Coverage

Business Unit Benefit Program

Date Range

Screenshot of the Benefit Change Compliance Report Run Control Page



ADDITIONAL INFORMATION:

Date Range fields are required fields.

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Screenshot of the Benefit Change Compliance Report

Cardinal Report ID: RBN33	7				alth of Virginia Compliance Report	t		Run Date: Run Time Page No:	
Report Mode:	Mid-Year Life Even	ts							
Business Unit:									
Benefit Program:									
Date Range:	12/01/2021 to 12/31	1/2021							
Field Changed ELIG_CONFIG2 ELIG_CONFIG9 10-COVERAGE_BI 10-COVERAGE_BI 10-BENEFIT_PLAN 10-COVERAGE_BI 60-COVERAGE_BI 60-COVERAGE_BI 60-COVERAGE_BI 60-COVERAGE_BI 60-ANNUAL_PLED 60-EMPL_CONTRI	EGIN_DT LECT I EGIN_DT LECT I GE	dd Value	New Value 18100100 12-24 SF-GB 12/01/202 E ACC2 2 12/01/202 E FLXMED 1000 0	10	Event MAR	<u>Date</u> 12/01/2021	Source ME	<u>BU</u> 18100	<u>Company</u> DLI
Dependent covered b	efore:								
<u>Name</u>		Relatio	<u>nship</u>	DOB	Disability Indic	ator			
Dependent covered a	ifter:								
Name ,		Relatio SP	nshi <u>p</u>	<u>DOB</u>	<u>Disability Indic</u> N	eator			

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Benefit Contribution Register Report (RBN055)

REVISED: 09/15/2021

DESCRIPTION:

This report summarizes benefit contributions made in payroll by employee and employer for Cardinal Payroll agencies.

NAVIGATION PATH:

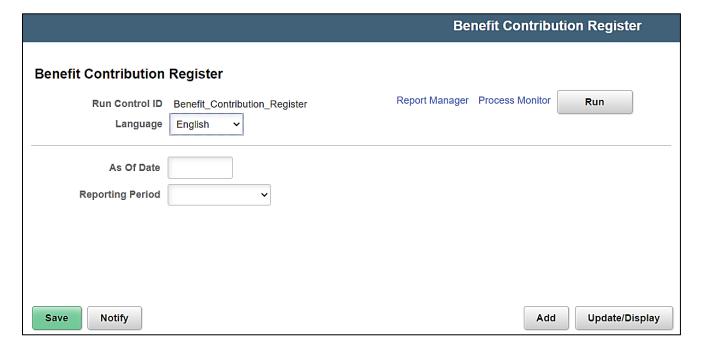
Menu > Benefits > Reports > Contributions and Deductions > Benefit Contribution Register

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

As of Date PDF

Reporting Period

Screenshot of the Benefit Contribution Register Report Run Control Page



ADDITIONAL INFORMATION:

As of Date field is a required field.

Reporting Period options are Month or Quarterly.

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Screenshot of the Benefit Contribution Register Report (Quarterly)

					PeopleS	oft			
Report ID:	BEN003			QU.	ARTERLY BENEFIT CON	TRIBUTIONS REGISTE	R		Page No. 1
Company:	ABC Alcoholic Beverage Co	ontrol							Run Date 05/20/202
As Of Date:	12/31/2019								Run Time 16:42:41
3en Program	Salaried Employee Benefit	: Pgm							
Plan Type	Medical								
Ben Plan	ACC0								
Employee		Ben Employee	Empl	Department	Department	Employee	Deductions	Company (Contributions
Name		Rcd ID	Status	ID	Name	This Period	YTD	This Period	YTD
		0	A	226073	Store 073	287.00	3,493.50	1,802.00	18,921.00
		0	A	226319	Store 319	92.00	966.00	687.00	7,213.50
		0	A	300501	Warehouse	211.00	2,215.50	1,229.00	12,904.50
		0	A	180779	EntArch	92.00	804.50	687.00	7,213.50
		0	A	150736	Purchasing	211.00	2,113.50	1,229.00	12,904.50
		0	A	170704	FMS	287.00	2,911.50	1,802.00	18,921.00
		0	A	420707	Tax Audit	211.00	527.50	1,229.00	3,072.50
		0	A	226137	Store 137	92.00	920.00	687.00	6,870.00
		0	A	226263	Store 263	92.00	966.00	687.00	7,213.50
		0	A	226392	Store 392	211.00	949.50	1,229.00	5,530.50
		0	A	226162	Store 162	92.00	966.00	687.00	7,213.50
		0	A	226068	Store 068	92.00	966.00	687.00	7,213.50
		0	A	226243	Store 243	92.00	138.00	687.00	1,030.50
		0	A	226075	Store 075	92.00	874.00	687.00	6,526.50
		0	A	226232	Store 232	92.00	966.00	687.00	7,213.50
		0	A	180779	EntArch	287.00	3,013.50	1,802.00	18,921.00
		0	A	210504	Ret Ops	92.00	594.50	687.00	5,799.50
		0	A	410806	Cent Offc	211.00	2,215.50	1,229.00	12,904.50
	100	0	A	410816	LRM	287.00	3,013.50	1,802.00	18,921.00

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Benefit Eligibility Audits (RBN301)
Dependent Waiting Approval
Retired, Tricare and TLC Employees Approaching 65
Dependent of Retirees/Tricare, TLC employees Approaching 65
Dependent Child Approaching 26
Disabled Over-Age Dependent Child

REVISED: 05/20/2022

DESCRIPTION:

The Benefit Eligibility Audits contains five reports that may be run individually or at the same time, based on the checkboxes selected in the Process Request Parameters.

This group of reports lists employees and associated dependents approaching an age-related milestone that requires health care enrollment changes to remain compliant with policy. Some of the reports also identifies outstanding approvals for new dependents and disabled dependents that may need to be re-certified as disabled.

NAVIGATION PATH:

Menu > Benefits > Reports > Audits > Benefit Eligibility Audits

INPUT / SEARCH CRITERIA:

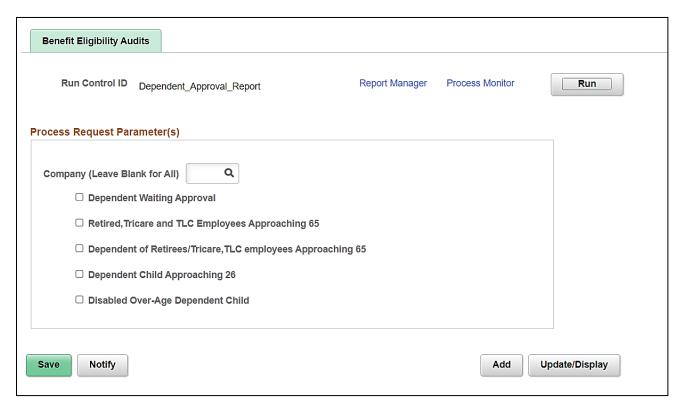
OUTPUT FORMAT:

Company (Leave Blank for All)

PDF

Report Type Parameter (checkboxes)

Screenshot of the Benefit Eligibility Audits Report Run Control Page



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ADDITIONAL INFORMATION:

A Report Type **Parameter** field is a required field. And there are two additional required fields, the **From Date** and **To Date** fields, for only the **Dependent Child Approaching 26** option.

Screenshot of the Dependent Waiting Approval Report

Company	Employee ID	Ben	Last Name	First Name	Middle	Depend/B	Dep Last	Dep First	Dep Middle	DEP DOB	Relati	Disabl	Effe
		Record			Name	enef					on	ed	
ABC		1			L	01	·		Troy		SP	N	4/25,
ABC	7	1			L	02	-	_			С	N	4/25
ABC	7	1			L	03	-	_		-	С	N	4/25
ABC	7	0				03	-	-	Lee	-	SP	N	5/13
ABC	7	0			D	01	-	_		-	SP	N	5/16
ABC	7	0				01	-	_		-	SP	N	5/11/
ABC	→ ·	0	_	-		02	-	-	Marie	-	С	N	5/11/

Screenshot of the Dependent Waiting Approval Report (scrolled right)

€abl	Effective Date	Disabled As	Medicare	Address 1	Address 2	City	State	Postal	Email Address	Email	Benefit Group	Unit	Dept ID	Audit Reason
- 3		of Date	Date							Type				
قر ا	4/25/2022					PORTSMOUTH	VA	23704-2232		PERS	999001000	99900	226311	Documentation
)_														Approval
₹.	4/25/2022					PORTSMOUTH	VA	23704-2232		PERS	999001000	99900	226311	Documentation
														Approval
>	4/25/2022					PORTSMOUTH	VA	23704-2232		PERS	999001000	99900	226311	Documentation
<_														Approval
- 3	5/12/2022					Sandston	VA	23150-2323		PERS	999001000	99900	410830	Documentation
<u> </u>														Approval
- (5/16/2022	5/16/2022				SUFFOLK	VA	23434-7294	:	PERS	999001000	99900	226413	Documentation
\ <u></u>														Approval
- 1	5/11/2022					Richmond	VA	23235-1504		PERS	999001000	99900	190498	Documentation
-{														Approval
-	5/11/2022					Richmond	VA	23235-1504		PERS	999001000	99900	190498	Documentation
3														Approval

Screenshot of the Retired, Tricare and TLC Employees Approaching 65 Report

Retired En	nployees App	roaching	65														
Company	Employee ID	Ben Record	Last Name	First Name	Middle Name	Birthdate	Address 1	Address 2	City	State	Postal	Email Address	Email Type	Benefit Group	Unit	Dept ID	Audit Reason
AES		0			L				BRODNAX	VA	23920- 3356		BUSN	007108000	22900	99999	Participant Approaching Medicare Eligibility
B48		0			В				WYTHEVILLE	VA	24382- 5039		BUSN	047212001	LOCAL	047212001	Participant Approaching Medicare Eligibility
B48		Ó			М	1 -			WYTHEVILLE	VA	24382- 4954		PERS	047212001	LOCAL		Participant Approaching Medicare Eligibility
CWM		Ó			w	1 -			ALIQUIPPA	PA	15001- 9999		BUSN	007108000	20400		Participant Approaching Medicare Eligibility
CWM		0			L]			WILLIAMSBUR G	VA	23185- 3943		PERS	007108000	20400		Participant Approaching Medicare Eligibility
D83		0			D				BURGESS	VA	22432- 2103		BUSN	048213000	LOCAL		Participant Approaching Medicare Eligibility
E01		0			L				LAWRENCEVILL E	VA	23868- 3430		PERS	048005000	LOCAL		Participant Approaching Medicare Eligibility

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Screenshot of the Dependent of Retirees/Tricare, TLC employees Approaching 65 Report

Company	Employee ID	Ben Record	Last Name	First Name	Middle Name	Email Address	Email Type		Depend/ Benef	Dep Last
AES		0			L		BUSN	007108000	01	
D83		0					BUSN	048213000	02	
E01		0			н		BUSN	048005000	04	
E02		0			s		BUSN	048009000	01	
E04		o			ı		BUSN	048019000	01	
E04		0			S		BUSN	048019000	01	
E04		0		_	L		BUSN	048019000	02	

Screenshot of the Dependent of Retirees/Tricare, TLC employees Approaching 65 Report (scrolled right)

5	Dep First	Dep Middle	Relation	DEP DOB			Dep Address 1	Dep	Dep	Dep	Dep	Unit	Dept ID	Audit Reason
>					Plan	Cd		Address 2	City	State	Postal			
2		R	SP		ACC5	2			BRODNAX	VA	23920-3356	22900	99999	Dependent
-			SP		378F09	4			WHITE STONE	VA	22578-1027	LOCAL	1	Dependent
\				_									L	Approaching
1			SP		005F05	4	:		LAWRENCEVILLE	VA	23868-2605	LOCAL	048005000	Dependent
الرم														Approaching
}		E	SP		008F03	2			NEW CASTLE	VA	24127-6518	LOCAL	048009000	Dependent
₹														Approaching
5		н	SP		017F05	2			HILLSVILLE	VA	24343-4208	LOCAL	048019000	Dependent
3														Approaching
-		Α	SP		017F05	2			CANA	VA	24317-5007	LOCAL	048019000	Dependent
<														Approaching
3		E	SP		017P05	2			HILLSVILLE	VA	24343-7506	LOCAL	048019000	Dependent
<														Approaching

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Screenshot of the Dependent Child Approaching 26 Report

Company	Employee ID	Ben Record	Last Name	First Name	Middle Name	Email Address	Email Type		Depend/ Benef	Dep Last	Dep First	Dep Middle	DEP DOB
ARS		o			D		BUSN	26200100 0	04			A	
CNU	-	Ó	Č.		ANTHONY		BUSN	24200100 0	01		-		_
DGS		Ó		_	E		a BUSN	19401000 0	01	-	-	К	-
DJJ	-	Ó	li .		К		BUSN	77700100 0	09		-	E	
סוז		Ó		_	D		a BUSN	77771200 0	01	-	-	К	-
DMV		Ó	1		L		BUSN	15400100 0	01			L	<u>, </u>

Screenshot of the Dependent Child Approaching 26 Report (scrolled right)

√OB ∑	Relation	Benefit Plan	Covrg Cd	Dep Address 1	Dep Address 2	Dep City	Dep State	Dep Postal	Unit	Dept ID	Audit Reason
1996	С	ACC0	4			STUARTS DRAFT	VA	24477- 2514	26200	30015	Dependent Approaching 26 Loss of Eligibility after 12/31
/1996	С	ACC4	4			NEWPORT NEWS	VA	23607- 5234	24200	85140	Dependent Approaching 26 Loss of Eligibility after 12/31
996	С	ACC4	4			MIDLOTHIAN	VA	23112- 4132	19400	194201	Dependent Approaching 26 Loss of Eligibility after 12/31
7996	С	ACC4	4			NORTH CHESTERFI ELD	VA	23225- 7434	77700	50001	Dependent Approaching 26 – Loss of Eligibility after 12/31
996	С	ACC2	4			AMELIA COURT HOUSE	VA	23002- 2006	77700	50712	Dependent Approaching 26 Loss of Eligibility after 12/31
996	С	ACC3	4			LEXINGTON	VA	24450- 3358	15400	31KD0	Dependent Approaching 26 – Loss of Eligibility after 12/31

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Screenshot of the Disabled Over-Age Dependent Child Report

	Employee ID	Ben Record	Last Name	First Name	Middle Name	Email Address	Email Type	Benefit Group	E
ABC		0			R		PERS	999001000	0
ABC		0	_		A		PERS	999001000	6
AES	-	0	_		J		BUSN	229102000	0
AES		0	-		Н		BUSN	229102000	o
ARS		0	-		F		BUSN	262001000	6
CCV	-	0	-		R		BUSN	113001000	0

Screenshot of the Disabled Over-Age Dependent Child Report (scrolled right)

√oup	Depend/	Dep Last	Dep First	Dep	DEP DOB	Relation	Benefit	Covrg	Unit	Dept	Audit Reason
ζ	Benef			Middle			Plan	Cd		ID	
	02			D		С	ACC5	4	99900	226334	Employee has Over-Age Disabled
L											Dependent
>	02			G		С	ACC2	3	99900	180786	Employee has Over-Age Disabled
											Dependent
_	02			s		С	ACC2	4	22900	044000	Employee has Over-Age Disabled
₹											Dependent
فخمر	02			J		С	ACC2	4	22900	044000	Employee has Over-Age Disabled
3											Dependent
3	01			Р		С	ACC4	3	26200	14309	Employee has Over-Age Disabled
<											Dependent
I A	03			L		С	ACC5	4	11300	10000	Employee has Over-Age Disabled
<u> </u>											Dependent
										_	

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Benefit Enrollment Changes Report (RBN287)

REVISED: 09/15/2021

DESCRIPTION:

This report lists all employees who enrolled in benefits or made changes to existing benefits within a specific date range.

NAVIGATION PATH:

Menu > Benefits > Reports > Benefit Enrollment Changes

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

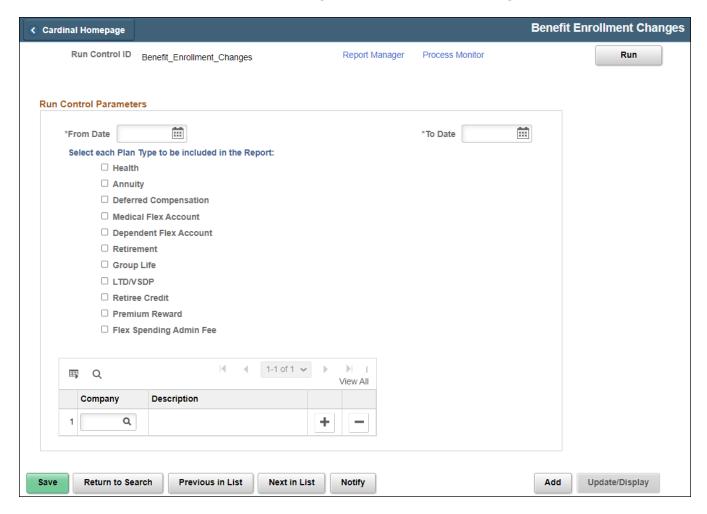
From Date PDF

To Date

Plan Type (s)

Company (s)

Screenshot of the Benefit Enrollment Changes Report Run Control Page



ADDITIONAL INFORMATION:

From Date and To Date fields are required fields. At least one Plan Type must be selected.

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Screenshot of the Benefit Enrollment Changes Report

			Common	wealth of Virginia			
PORT ID: RBN2	-		BENEFIT EN	ROLLMENT CHANGES REF	DRT	Run Date: 05/24/ Run Time: 04:27	
	(S): 10	King William County - County , 46, 49, 60, 61, 70, 4W, 7Z, 7W, 7 2021 - To Date: 04/30/2021	7Y, 7X, AY, AZ			Page No. 1 of 5	3488
PLAN TYPE ((S): 10	, 46, 49, 60, 61, 70, 4W, 7Z, 7W, 7		BENEFIT DATE OF	FIELD	Page No. 1 of 5	3488 CURRENT
PLAN TYPE (S): 10 01/01/ BEN	, 46, 49, 60, 61, 70, 4W, 7Z, 7W, 7			FIELD CHANGED		
PLAN TYPE (From Date:	S): 10 01/01/ BEN	, 46, 49, 60, 61, 70, 4W, 7Z, 7W, 7 2021 - To Date: 04/30/2021	PLAN 1		CHANGED	PRIOR	CURRENT
PLAN TYPE (From Date:	S): 10 01/01/ BEN RCD	, 46, 49, 60, 61, 70, 4W, 7Z, 7W, 7 2021 - To Date: 04/30/2021	PLAN 1 TYPE 10	PLAN ACTION	CHANGED O21 Coverage Begin Date	PRIOR VALUE	CURRENT VALUE

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Benefit Event Statistical Report (RBN295)

REVISED: 09/15/2021

DESCRIPTION:

This report summarizes counts of benefit events by election source (e.g., Benefits Administrator, self-service, or none) within a specified period of time.

NAVIGATION PATH:

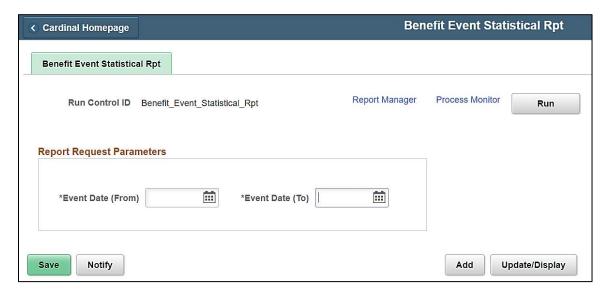
Menu > Benefits > Manage Automated Enrollment > Review Processing Results > Benefit Event Statistical Rpt

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Event Date From PDF

Event Date To

Screenshot of the Benefit Event Statistical Report Run Control Page



ADDITIONAL INFORMATION:

Event Date (From) and Event Date (To) field are required fields.

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Screenshot of the Benefit Event Statistical Report

										E	Benefit Event	t Statistical Rep	port												
01/01/2020 - 05/26/202	l:	Count	lanuary Percent	Count	ebruary Percent	Count	arch Percent	Count	pril Percent	Count	May Percent	June Count F	Percent	Count	July	Count	August Percent	Se Count	ptember Percent	Count	Percent	Nove	Percent	Count	ecember Percent
Covered Child Lost		0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	3.3%	0 0	0.0%	1	0.9%	2	2.3%	2	2.5%	2	2.8%	2	2.2%	0	0.0%
Eligibility	None Entered BA Entry Self Service	0		0		0		0		2 0		0		0 1 0		0 2 0		1 1 0		1 0		1 0		0	
Address Change	None Entered BA Entry Self Service	0	0.0%	1 0 1	5.9%	1 0 1	8.3%	9 0 9	20.5%	2 1 1 0	3.3%	1 1	1.3%	8 2 6 0	7.5%	3 0 3 0	3.4%	0	0.0%	0	0.0%	1 0 1	1.1%	0	0.0%
Benefits Change (OHB Only)		15	18.1%	2	11.8%	2	16.7%	10	2.3%	2	3.3%		1.3%	21	19.8%	5	5.7%	15	18.5%	3	4.2%	6	6.7%	5	8.5%
	None Entered BA Entry Self Service	14		1 0		1 0		0 0		2		1 0		3 18 0		5		1 14 0		1 0		2 4 0		4 0	
Birth or Adoption	None Entered BA Entry Self Service	4 0 2 2	4.8%	0 0 0	0.0%	1 0 1 0	8.3%	2 1 1 0	4.5%	5 3 2 0	8.3%	4 ! 1 3 0	5.0%	6 2 4 0	5.7%	9 1 7 1	10.2%	12 5 5 2	14.8%	11 8 3 0	15.3%	20 2 17 1	22.2%	5 0 5 0	8.5%
Death of Child	None Entered BA Entry Self Service	0 0	0.0%	0	0.0%	0 0 0	0.0%	1 0 0	2.3%	1 0 1	1.7%	0 0	0.0%	0 0	0.0%	3 0 3	3.4%	1 0 1	1.2%	0	0.0%	0 0 0	0.0%	0 0	0.0%
Dpndnt Gained Eligibility w ER		0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.7%	0 0	0.0%	٥	0.0%	3	3.4%	0	0.0%	o	0.0%	0	0.0%	0	0.0%
	None Entered BA Entry Self Service	0		0		0		0		1 0		0		0		1 0		0		0		0		0	
Divorce	None Entered BA Entry Self Service	2 0 1	2.4%	1 0 1 0	5.9%	0 0 0	0.0%	1 0 1 0	2.3%	1 0 1	1.7%	5 6	5.3%	4 1 3 0	3.8%	1 1 0	2.3%	4 1 3 0	4.9%	11 7 4 0	15.3%	3 0 3 0	3.3%	3 0 3 0	5.1%
Dpndnt Lost Eligibility w ER		0	0.0%	0	0.0%	0	0.0%	Ó	0.0%	1	1.7%	0 0	0.0%	,	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	None Entered BA Entry Self Service	0		0		0		0		1 0		0		0 1 0		0		0		0		0		0	
Death of Spouse	None Entered BA Entry Self Service	1 0 1	1.2%	0 0	0.0%	0 0	0.0%	0	0.0%	0 1	1.7%	0 0	0.0%	2 0 2 0	1.9%	2 0 2	2.3%	1 0 1	1.2%	1 0 1	1.4%	3 0	3.3%	2 0 2 0	3.4%
Deceased EE w/Covered Dpndts	None Entered	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1 1	1.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	BA Entry Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Elig Config Change	None Entered BA Entry Self Service	5 2 3 0	6.0%	0	0.0%	2 0 2 0	16.7%	1 0 0	2.3%	0	1.7%	2 1 1 0	2.5%	7 2 5 0	6.6%	1 1 0	2.3%	4 0 4 0	4.9%	0	0.0%	13 12 1 0	14.4%	14 9 5	23.7%
Failure to Pay Premium		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0 (0.0%	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	None Entered BA Entry Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Family Status Change		2	2.4%	1	5.9%	0	0.0%	2	4.5%	3	5.0%	3 :	3.8%	4	3.8%	2	2.3%	1	1.2%	0	0.0%	2	2.2%	0	0.0%
	None Entered BA Entry Self Service	0 2 0		0		0		1 0		3		1 0		0		1 0		1 0		0		0 2 0		0	
Dependent Care Cost/Covrg Chg	None Entered	5	6.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0 (0.0%	0	0.0%	1	1.1%	1	1.2%	0	0.0%	0	0.0%	0	0.0%
	BA Entry Self Service	5		0		0		0		0		0		0		0		1 0		0		0		0	
Gain Eligibility Medicare/caid		0	0.0%	0	0.0%	0	0.0%	2	4.5%	3	5.0%	0 0	0.0%	1	0.9%	1	1.1%	0	0.0%	1	1.4%	2	2.2%	0	0.0%
THE STREET	None Entered BA Entry	0		0		0		1		1 2		0		0		1 0		0		0		0 2		0	

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Benefit Event Status Report (RBN300)

REVISED: 09/15/2021

DESCRIPTION:

This report lists all participants in a particular process status or set of status levels.

NAVIGATION PATH:

Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Benefit Event Status Report

INPUT / SEARCH CRITERIA:

OUTPUT FORMAT:

PDF

Schedule ID

From Date

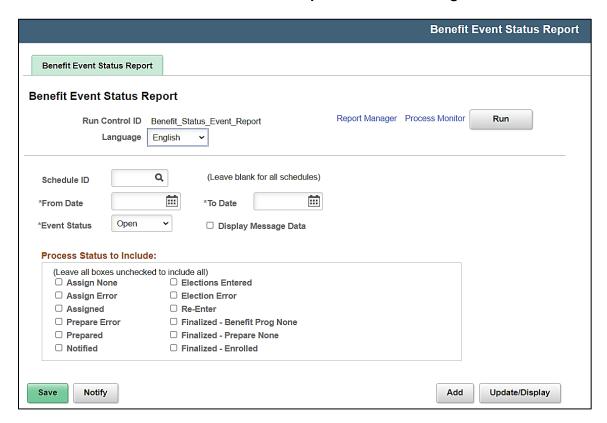
To Date

Event Status

Display Message Date (checkbox)

Process Status to Include (checkboxes)

Screenshot of the Benefit Event Status Report Run Control Page



ADDITIONAL INFORMATION:

From Date and To Date fields are required fields.

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Screenshot of the Benefit Event Status Report

Report :	ID: VBNR0300						Ве	enefit E	PeopleSoft Vent Status Report	Page No. 1 Run Date 05/25/2021 Run Time 13:43:33
Process Status	Employee ID	Schedule Eve		Event Date	Event	Event Status	Process Indicator	Program	*******	
AE		EM00	1 0	07/01/2020	HIR	0	N		N	
AE		EM00	1 0	09/30/2020	RET	0	N		N	
AE		EM00	1 0	06/29/2020	HIR	0	N		N	
AE		EM00	1 0	07/01/2020	HIR	0	N		N	

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Cardinal Enrollment Report (RBN350)

REVISED: 07/26/2022

DESCRIPTION:

This report provides employee benefit enrollment information including health, FSA, premium reward, and medical premiums. The report includes employees who are active, on paid or unpaid leave, and who are suspended. Terminated employees remain on the report for 90 days from date of termination. Employees who are enrolled in COBRA also appear on this report.

NAVIGATION PATH:

Menu > Benefits > Reports > Cardinal Enrollment

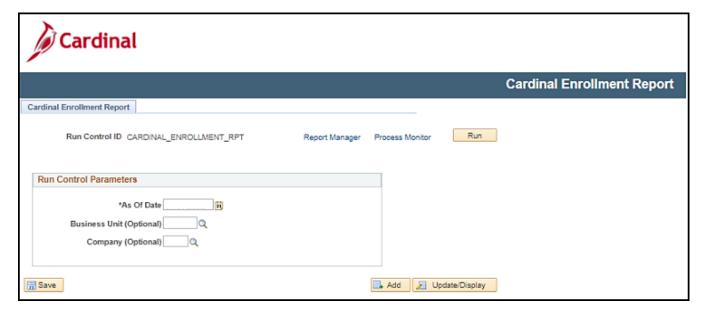
INPUT / SEARCH CRITERIA:

OUTPUT FORMAT:

Excel

As of Date Business Unit (Optional) Company (Optional)

Screenshot of the Cardinal Enrollment Report Run Control Page



ADDITIONAL INFORMATION:

The **As of Date** is the only required field; however, it is suggested that the user enter other **Run Control Parameters**.

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Screenshot of the Cardinal Enrollment Report

													,
Cardinal Enrollment Report													
Process Instance: 1748814													
Process Run Date: 7/26/2022													
Process AsOfDate: 7/1/2022													
Process Business Unit:													
Process Company: BBE													
Employee Last Name Suffix First Name MI Birthdate	Sex SSN	Business U Com	Status/BPr Coverag	e Benefit Pl	a Descr	Coverage	Coverage I	Employer I I	Employee	PRW Rate	PRW Bene PRW Cov	e HFSA Annu HF	SA Dedt HFSA
	М	23300 BBE	COVA 100! W				1/1/2014	0	0	0		0	0
	F	23300 BBE	COVA FT E E	ACC1	COVACr+Prev Den+Out-of-ntwk	Family	7/1/2021	1859	346	0		0	0
	F	23300 BBE	COVA FT E E	ACC5	COVA+ExDen+Out-of-ntwk+Vs&Hr	Single	7/1/2021	709	166	0		2400	0 7/1/2
	F	23300 BBE	COVA FT E E	ACC0	COVA Care + Prev Dental	Self + Spou	7/1/2021	1268	217	0		1200	0 7/1/2
	F	23300 BBE	COVA FT E E	ACC5	COVA+ExDen+Out-of-ntwk+Vs&Hr	Self + Child	7/1/2021	1268	350	0		0	0
	F	23300 BBE	COVA FT E E	ACC4	COVA Cr+Exp Den+Vision&Hrng	Single	7/1/2021	709	148	0		0	0
	F	23300 BBE	COVA FT E E	ACC5	COVA+ExDen+Out-of-ntwk+Vs&Hr	Single	7/1/2021	709	166	0		0	0
			COVA FT E E	ACC2	COVA Care + Expanded Dental	Self + Child		1268	280			0	

Screenshot of the Cardinal Enrollment Report (scrolled right)

De	dt HFSA C	ove HFSA Cov	e DCFSA Anr DC	FSA Dec DCFSA Co	DCFSA Cov Pay Code	Address	City	State	Zip	Phone	Email Addr	Empl Statu Last Date \	Expected F Continuous State Service Dt	Org Start Dt	Linked Em Termination
>	0		0	0	24			VA	23225-116			Active	12/16/1994	12/16/1994	
)	0		0	0	24			VA	23221-113	3		Active	12/1/1995	12/1/1995	
}	0 7/1/20	022	0	0	24			VA	23222-252	2	1 6	Active	10/4/2002	10/4/2002	
7	0 7/1/20)22	0	0	24			VA	23069-184		1	Active	6/1/2001	6/1/2001	
₹	0		0	0	24			VA	23086-365	i	1 .	Active	12/5/2005	12/5/2005	
3	0		0	0	24			VA	23005-208		1, 1	Active	6/10/2006	6/10/2006	
	0		0	0	24			VA	23294-643	3	1	Active	4/22/2013	4/22/2013	
<i>\</i>	0		0	0	24			VA	23223-170			Active	3/31/2021	3/31/2021	

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Combined Virginia Campaign Deductions Report (RPY454)

REVISED: 09/15/2021

DESCRIPTION:

This is a report of extract audits for semi-monthly outbound vendor file to Combined Virginia Campaign (CVC) deductions. Report is grouped by Non-paid Adjustment Amounts, Negative Amounts, all other Remittance File Detail amounts, and a summary of amounts by company.

NAVIGATION PATH:

Menu > Benefits > Reports > CVC Deduction Report

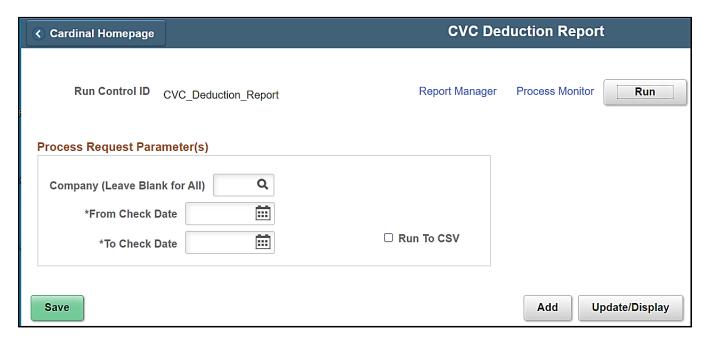
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Company PDF From Check Date CSV

To Check Date

Run to CSV (checkbox)

Screenshot of the Combined Virginia Campaign Deductions Report Run Control Page



ADDITIONAL INFORMATION:

From Check Date and To Check Date fields are required fields.

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Screenshot of the Combined Virginia Campaign Deductions Report

CARDINA Report ID: R				Commonwealth of Virginia COMBINED VIRGINIA CAMPAIGN DEDUCTIONS FOR CHECKS DATED 10/01/2019 - 12/31/2019	Run Date: 08/23/2021 Run Time: 02:32 00
Company: ABC	- Alcoholic	Beverage Control			Page No. 1 of 23
CHECK DT	EMPLID	NAME	DEDCD	EE A/T	
16-DEC-2019			CVC	0.55	
16-DEC-2019			eve	5.00	
16-DEC-2019			CVC	16.67	
Check Date To	tal:			22.22	
31-DEC-2019			cvc	0.55	
31-DEC-2019			cvc	5.00	
31-DEC-2019			cvc	16.67	
Check Date To	tal:			22.22	
Company Total				44.44	

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Confirmation Statement (RBN037)

REVISED: 09/15/2021

DESCRIPTION:

This report is a confirmation statement of the elections that the employee has selected for Health, FSA, and Premium Rewards. Report lists the selected plans, costs, and dependents covered.

NAVIGATION PATH:

Benefits Administrator Tile > Review Employee Benefits > Review Employee Statements > Enter EMPLID > Click Right Arrow > Select Statement Type > Confirmation Statement

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Employee ID PDF

ADDITIONAL INFORMATION:

Employee ID field is a required field.

Screenshot of the Confirmation Statement Report



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COBRA Audit Report (RBN171)

REVISED: 09/15/2021

DESCRIPTION:

This report provides data about Consolidated Omnibus Budget Reconciliation Act (COBRA) participants. This report displays information on: Employees enrolled in Active and COBRA Health Coverage; Employee and Spouse (or other dependent) electing health benefits for the same Dependent ID;

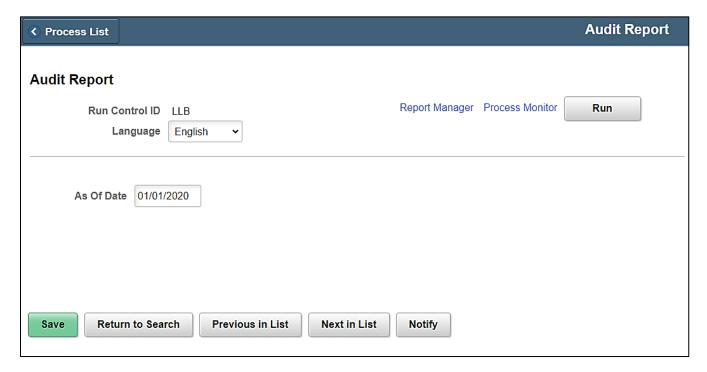
NAVIGATION PATH:

Menu > Benefits > Administer COBRA Benefits > Review Processing Results > Audit Report

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

As Of Date PDF

Screenshot of the COBRA Audit Report Run Control Page



ADDITIONAL INFORMATION:

As of Date field is a required field.

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Screenshot of the COBRA Audit Report

Report ID: CBR007 COBRA AUDIT REPORT

As Of Date: 06/07/2021

Employees Enrolled in Active and COBRA Health Coverage

Event
Employee ID ID

1
1
1

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COBRA Enrollment Report (RBN170)

REVISED: 09/15/2021

DESCRIPTION:

This report lists all COBRA participants and their current elections, including coverage begin dates.

NAVIGATION PATH:

Menu > Benefits > Administer COBRA Benefits > Review Processing Results > Enrollment Report

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

From Date PDF

Thru Date Sort Report By

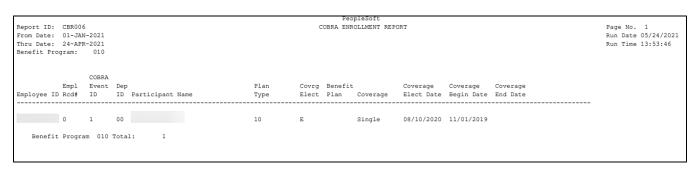
Screenshot of the COBRA Enrollment Report Run Control Page

	Enrollment Report
Enrollment Report Run Control ID Enrollment_Report	Report Manager Process Monitor Run
From Date Sort Report By Thru Date	Emplid
Save Notify	Add Update/Display

ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

Screenshot of the COBRA Enrollment Report



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COBRA Event Summary Report (RBN168)

REVISED: 09/15/2021

DESCRIPTION:

This report provides data about COBRA beneficiaries at the Event Level. The report lists all employees to whom a COBRA event has occurred. The qualified status indicates whether the event is Qualified (QL), Not Qualified (NQ), Not qualified/duplicate (ND) or Qualify Error (QE).

NAVIGATION PATH:

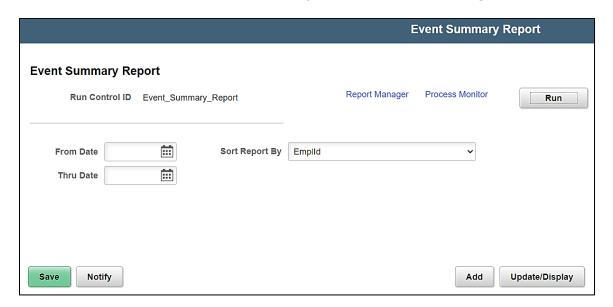
Menu > Benefits > Administer COBRA Benefits > Review Processing Results > Event Summary Report

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

From Date PDF

Thru Date Sort Report By

Screenshot of the COBRA Event Summary Report Run Control Page



ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

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Screenshot of the COBRA Event Summary Report

Report ID: CBR005 For the period 01/01/2021 through 04/30/202	1	С	_	leSoft ENT REPORT				Page No. 1 Run Date 05/24/2021 Run Time 13:17:53
Employee Id Name	Ben Rod#	Event	Event	COBRA Event Date	COBRA Process Status	COBRA Qualified Status		COBRA Event Conflict
	0	2	DIV	01/01/2021	Closed	Not Qual	N	N
	0	1	OVG	01/01/2021	Open	Qualified	N	N
	0	1	OVG	01/01/2021	Open	Qualified	N	N
	0	1	OVG	02/01/2021	Open	Qualified	N	N
	0	1	TER	01/13/2021	Open	Qualified	N	N
	0	1	DIV	02/01/2021	Open	Qualified	N	N
	0	1	TER	02/01/2021	Open	Qualified	N	N
	0	1	OVG	01/01/2021	Open	Qualified	N	N
	3	1	OVG	02/01/2021	Open	Qualified	N	N
	0	1	OVG	01/01/2021	Open	Qualified	N	N
	0	1	TER	01/05/2021	Closed	Not Qual	N	N
	0	1	OVG	02/01/2021	Open	Qualified	N	N
	0	1	TER	02/01/2021	Open	Qualified	N	N
	0	2	TER	02/01/2021	Open	Qualified	N	N
	0	1	OVG	02/01/2021	Open	Qualified	N	N
	0	1	OVG	01/01/2021		Qualified		N

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COBRA Initial Letter (RBN190)

REVISED: 09/15/2021

DESCRIPTION:

This letter is generated by OHB and distributed to employees via email with a link to Report offering COBRA coverage as the result of an initial qualifying COBRA event.

NAVIGATION PATH:

Menu > Benefits > Administer COBRA Benefits > Manage Automated Participation > Create Initial Letter

INPUT / SEARCH CRITERIA:

OUTPUT FORMAT:

PDF

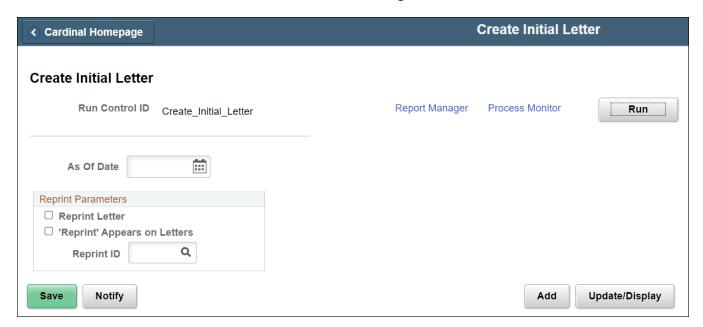
As of Date

Reprint Letter (checkbox)

'Reprint' Appears on Letters (checkbox)

Reprint ID

Screenshot of the COBRA Initial Letter Run Control Page



ADDITIONAL INFORMATION:

As Of Date field is a required field.

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Screenshot of the COBRA Initial Letter

INITIAL LETTER		
EMILY & FILIOTT DESCRICE	COMMONWEALTH OF VIRGINIA III N SEE	noe Bulkling Street, 12* Floor Roginia 23278 15-2131
06/03/2021		
HENRICO, VA 23231	-7049	
Dear		
Medical Plan(s), as w coverage through the	rtant information about your right to continue your health care coverage in ell as other health coverage options that may be available to you, including Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-25 et coverage through the Health Insurance Marketplace that costs less than a coverage.	
	ation in this notice very carefully before you make your decision. If you choose ation coverage, you should use the election form provided later in this notice.	to
Why am I getting this	s notice?	
End of emp Reduction is Death of ex Divorce from	ice because your coverage under the Plan will end on 12/31/2020 due to loyment in hours of employment resulting in loss of coverage inployee or former employee in employee or former employee endent child status	
opportunity to continue	nat most group health plans (including this Plan) give employees and their familise their health care coverage through COBRA continuation coverage when there's twould result in a loss of coverage under an employer's plan.	
What is COBRA cont	tinuation coverage?	
who aren't getting cont	coverage is the same coverage that the Plan gives to other participants or benefici tinuation coverage. Each "qualified beneficiary" (described below) who elects C will have the same rights under the Plan as other participants or beneficiaries co	OBRA
What is loss of cover	age?	
such as coverage durin Some leaves of absenc coverage. This is an E conditions of coverage place will run concurre coverage with the emp	des a change in the terms and conditions of coverage, so some other types of coverage leave without pay or at retirement, may run concurrently with Extended Cover e without pay allow for continuation of the employer contribution toward the coxtended Coverage/COBRA qualifying event since it results in a change in the ter. The period after the end of the month in which the reduction-of-hours event takently with the Extended Coverage/COBRA eligibility period. If you elect to contribution at the start of the Extended Coverage/COBRA period, and that to the full 18-month eligibility period for the reduction-of-hours event, you may	age/COBRA. at of ms and es inue
	Page 01	000

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COBRA Secondary Letter (RBN191)

REVISED: 09/15/2021

DESCRIPTION:

This letter is generated by OHB and distributed to employees via email with a link to Report offering COBRA coverage as the result of a secondary qualifying COBRA event.

NAVIGATION PATH:

Menu > Benefits > Administer COBRA Benefits > Manage Automated Participation > Create Secondary Letter

INPUT / SEARCH CRITERIA:

OUTPUT FORMAT:

PDF

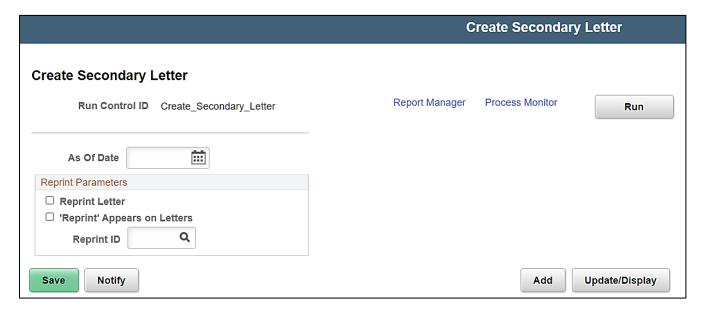
As Of Date

Reprint Letter (checkbox)

'Reprint' Appears on Letters (checkbox)

Reprint ID

Screenshot of the COBRA Secondary Letter Run Control Page



ADDITIONAL INFORMATION:

As Of Date field is a required field.

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Screenshot of the COBRA Secondary Letter

SECONDARY LETTER

EMILY S. ELLIOTT DIRECTOR

COMMONWEALTH OF VIRGINIA

Department Of Human Resource Management

James Monroe Building 101 N. 14th Street, 12th Floor Richmond, Virginia 23219 Tel: (804) 225-2131 (TTY) 711

EmplID: C0000000006

Benefit Rcd#: Event ID: 2

Related EmplID: Related ID: 02

10/29/2020

Dear

On 10/01/2020, you experienced a secondary qualifying event, Medicare Entitlement. Your COBRA benefits have been extended to the maximum COBRA continuation coverage period and will now continue until:

Plan Type	Benefit Plan	Coverage Code	Coverage End Date
* Medical	ACC4	Single	03/31/2022

^{*} Automatic Enrollment as of event date - COBRA enrollment during initial event occurred as dependent of another COBRA participant

Your benefits will continue to the date(s) listed above unless any one of the following events occur:

- you become a covered individual under any group health plan
- you fail to pay the monthly charge for the elected coverage
- our Employee health plan(s) is no longer in force for all active employees

Should you have any questions, you may contact me at the address below.

Sincerely,

Office of Health Benefits - DHRM COBRA Administrator

101 N. 14th Street, 12th Fl Richmond, VA 23219 804/225-2131

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COBRA Termination Letter (RBN192)

REVISED: 09/15/2021

DESCRIPTION:

This letter is generated by Cardinal and mailed to employees whose COBRA coverage has been involuntarily terminated.

NAVIGATION PATH:

Menu > Benefits > Administer COBRA Benefits > Terminate COBRA Coverage > Create Termination Letter

INPUT / SEARCH CRITERIA:

OUTPUT FORMAT:

PDF

Start Date

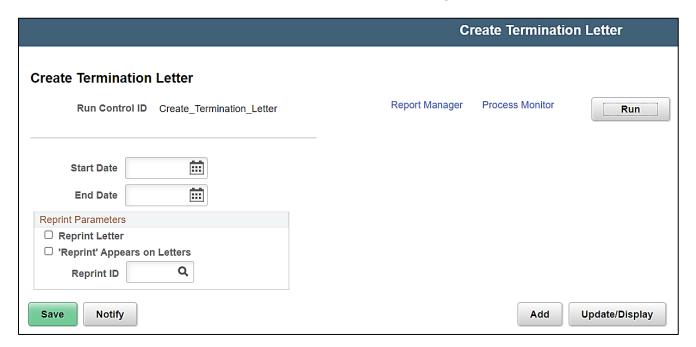
End Date

Reprint Letter (checkbox)

'Reprint' Appears on Letters (checkbox)

Reprint ID

Screenshot of the COBRA Termination Letter Run Control Page



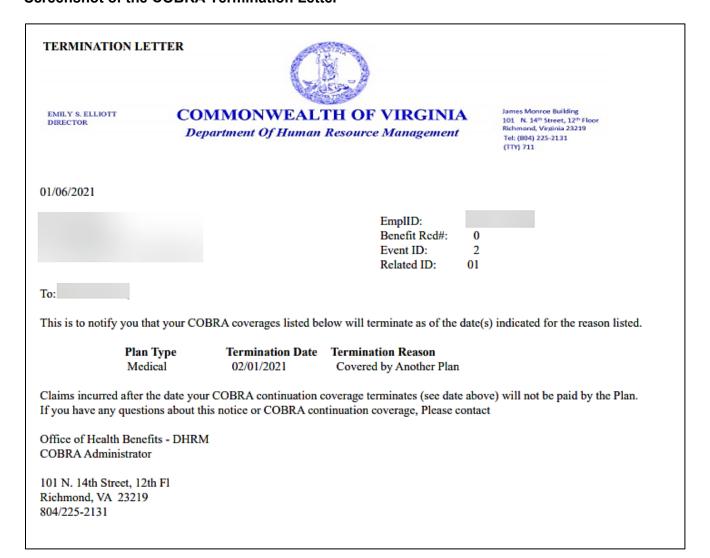
ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

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Screenshot of the COBRA Termination Letter



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Defined Contribution Elections Upload Error Report (RHR148)

REVISED: 02/02/2024

DESCRIPTION:

This report lists employees on the monthly Defined Contributions Upload file whose defined contribution changes were not loaded to Cardinal. Report includes the applicable error/warning message and enrollment information necessary to allow manual entry into Cardinal.

NAVIGATION PATH:

Menu > Benefits > Reports > DC Upload Error Report

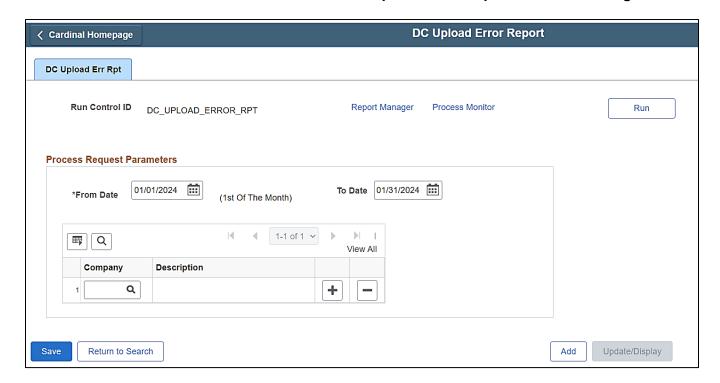
INPUT / SEARCH CRITERIA:

OUTPUT FORMAT:

PDF

Effective Date (1st Of The Month)
State Payroll Office Totals (checkbox)
Company

Screenshot of the Defined Contribution Elections Upload Error Report Run Control Page



ADDITIONAL INFORMATION:

Effective Date field is a required field.

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Screenshot of the Defined Contribution Elections Upload Error Report

					(Commonwealt	h of Virgini	a			
	CARDINAL ort ID: RHR148			I	DEFINED CONTR	RIBUTION EL	ECTIONS UPLO	AD ERRO	OR REPORT		Run Date: 02/02/2024 Run Time: 01:14 00
							TE - 01/01/20 24 TO DATE: 0		2024		Page No. 1 of 3
			BEN	COVG	PRE-TAX	POST-TAX	EFF	PLN		ERR	ERROR
CMP	EMPLID	NAME	PLAN	ELCT		AMOUNT	DATE	TYP	MNTH-PAYS	TYP	MSG
BUC				E E	20.00 20.00		01/01/2024 01/01/2024	49 49		I	ERROR: Employee Status Terminated The Company associated with the Employee in the
Бос				L	20.00	0.00	01/01/2024	40		•	file is different from PS_JOB
CBR			457P24	W	0.00	0.00	01/01/2024	49	12-24	N	Enrollment received for 0.00 Deferred Comp Deduction, but employee not currently enrolled in Cardinal.
DJJ			457P24	E	50.00	0.00	01/01/2024	49	12-24	N	Processing Note: Loaded Using SSN. EMPLID not on vendor file.
DJJ				W	0.00	0.00	01/01/2024	49		I	The Company associated with the Employee in the file is different from PS_JOB
DJJ				W	0.00	0.00	01/01/2024	49		I	ERROR: Employee Status Terminated
DJJ				W	0.00	0.00	01/01/2024	49		Ι	The Company associated with the Employee in the file is different from PS_JOB
DJJ				W	0.00	0.00	01/01/2024	49		I	ERROR: Employee Status Terminated
DJJ				E	20.00		01/01/2024	49		I	ERROR: Employee Status Terminated
DJJ				Е	20.00	0.00	01/01/2024	49		I	The Company associated with the Employee in the file is different from PS_JOB

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Dependent/Beneficiary Audit Report (RBN056, BEN734)

REVISED: 09/15/2021

DESCRIPTION:

This report lists employees not compliant with court-ordered dependent benefit coverage or minimum spousal coverage.

NAVIGATION PATH:

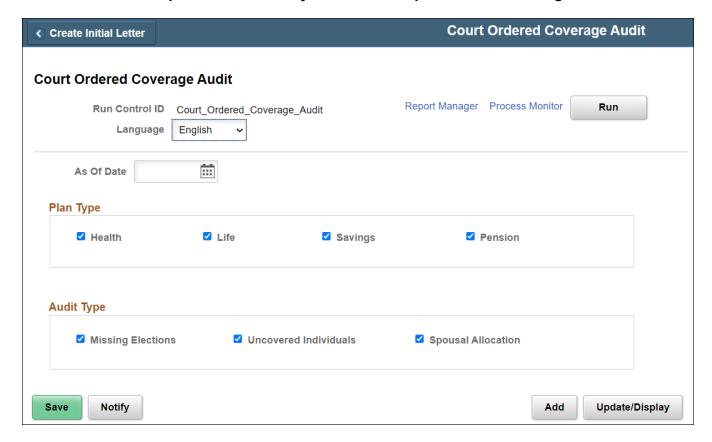
Menu > Benefits > Reports > Audits > Court Ordered Coverage Audit

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

As of Date PDF

Plan Type (checkboxes) Audit Type (checkboxes)

Screenshot of the Dependent/Beneficiary Rider Audit Report Run Control Page



ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

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Screenshot of the Dependent/Beneficiary Rider Audit Report

						pleSoft		
Report ID: BE	EN734			DEPENDENT	r/BENE	FICIARY RIDER AUDIT		Page No. 1
	04/30/2021 Types: Health: '1%', Life ees who have not enrolled in				n: '89	, •		Run Date 05/24/2021 Run Time 11:03:03
Emplid	Name	Plan	ID	Dependent / Beneficiary	Cour	t Order Information		
	=======================================							
		10	01		VA	9876543	11/11/2020	
		10	01		VA	123456	11/19/2020	

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Dependent/Beneficiary Election Report (RBN048)

REVISED: 09/15/2021

DESCRIPTION:

This report lists all dependents, along with benefit elections made by the participant for the dependent. Report includes sections for the plan type and amount.

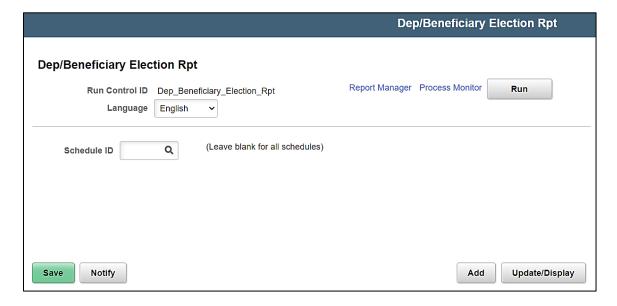
NAVIGATION PATH:

Menu > Benefits > Manage Automated Enrollment > Participant Enrollment > Dep/Beneficiary Election Rpt

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Schedule ID PDF

Screenshot of the Dependent/Beneficiary Election Report Run Control Page



ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

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Screenshot of the Dependent/Beneficiary Election Report

			PeopleSoft						
	BAS007 :0721 (OE July 2021) gram:SAL (Salaried Emplo	yee Ber	Dependent/Beneficiary El mefit Pgm)	Lections Rep	port				1 05/20/2021 14:09:10
Employee	Employee	Dep		Event		Pop	Flat		
ID	Name		Dependent/Beneficiary Name		Plan Type	Pct		Evcess	Contingent
		01	1	07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		177.262.0							
		02	I	07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
				,					
		01		07/01/2021	10-Medical				
		03		07/01/2021	10-Medical				
				00/01/0001					
		05	4	07/01/2021	10-Medical				
		06		07/01/2021	10-Medical				
		0.0		07/01/2021	10-Medicai				
		02		07/01/2021	10-Medical				
		01	P. Control of the Con	07/01/2021	10-Medical				
		01	(07/01/2021	10-Medical				
		0.0		07/01/0001	10 11 11 1				
		03		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		0.1		0./01/2021	10-Medical				
		01	\$	07/01/2021	10-Medical				
		AAT951/3							
		01	ţ.	07/01/2021	10-Medical				
		01	2	07/01/2021	10-Medical				
		03		07/01/2021	10-Medical				
		01		07/01/2021	10-Madian'				
		0.1		01/01/2021	10-Medical				

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Eligible Participants Report (RBN039)

REVISED: 09/15/2021

DESCRIPTION:

This report shows eligible participants by schedule and benefit program, employees who are eligible to participate in company benefit programs with details on plan and option eligibility.

NAVIGATION PATH:

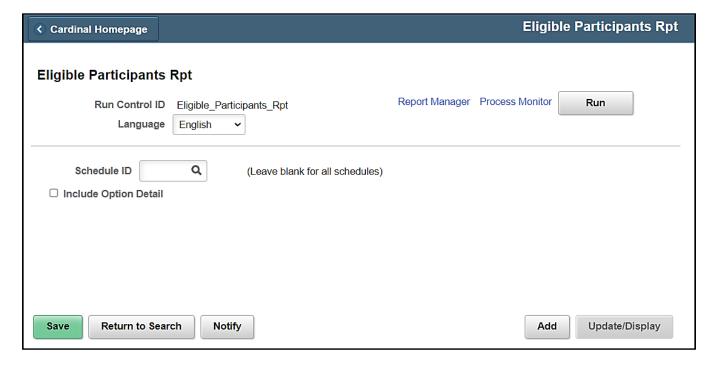
Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Eligible Participants Rpt

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Schedule ID PDF

Include Option Detail (checkbox)

Screenshot of the Eligible Participants Report Run Control Page



ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

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Screenshot of the Eligible Participants Report

			PeopleSoft	
Report ID: BAS001		Eli	gible Participants Report	Page No. 1
Schedule Id:0721 (OE July 2021)				Run Date 05/20/2021
Benefit Program: SAL (Salaried Employe	e Benefit Po	gm)		Run Time 10:21:03
	Effective	Plan	Plan	
Employee ID Name	Date	Type	Description	
	07/01/2021	10	Medical	
	0.,01,1011		FSA Med	
			FSA Dcare	
			FSA Fee	
	07/01/2021			
			FSA Med	
		61	FSA Dcare	
		AZ	FSA Fee	
	07/01/2021	10	Medical	
		60	FSA Med	
		61	FSA Dcare	
		AZ	FSA Fee	
	07/01/2021	10	Medical	
		60	FSA Med	
		61	FSA Dcare	
		AZ	FSA Fee	
	07/01/2021	10	Medical	
		60	FSA Med	
		61	FSA Dcare	
		AZ	FSA Fee	
	07/01/2021	10	Medical	
		60	FSA Med	
		61	FSA Dcare	
		AZ	FSA Fee	
	07/01/2021	10	Medical	
		60	FSA Med	
		61	FSA Dcare	
		AZ	FSA Fee	
	07/01/2021	10	Medical	
		60	FSA Med	
		61	FSA Dcare	
		AZ	FSA Fee	
	07/01/2021	10	Medical	
		60	FSA Med	
		61	FSA Dcare	
		AZ	FSA Fee	
	07/01/2021	10	Medical	
		60	FSA Med	
المقبور يسيعون رارا		61	FSA Dcare	
A CONTRACTOR OF THE PARTY OF TH				·~~

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Employer Cash Match Error Report (RPY373)

REVISED: 09/15/2021

DESCRIPTION:

This report lists employees for whom the Employer Cash Match Enrollment program corrected the 457 deferred compensation plan enrollment, hybrid voluntary plan or 403(b) annuity plan enrollment to comply with employer cash match rules. Report also lists minimum contribution errors, which may require agency action to correct.

PDF

NAVIGATION PATH:

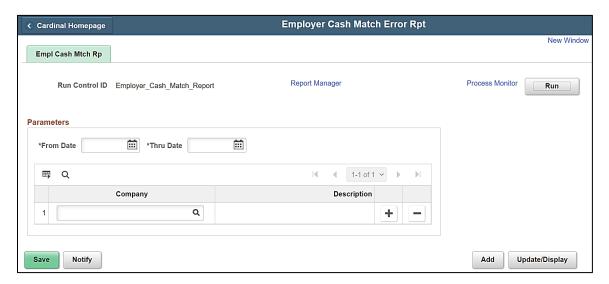
Menu > Benefits > Reports > Employer Cash Match Error Rpt

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

From Date

Thru Date Company

Screenshot of the Employer Cash Match Error Report Run Control Page



ADDITIONAL INFORMATION:

From Date and Thru Date fields are required fields.

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Screenshot of the Employer Cash Match Error Report

CARDINAL Run Date: 09/14/2021 Run Time: 11:46 00 EMPLOYER CASH MATCH ERROR REPORT eport ID: RPY373

Page No. 1 of 91

Company : ABC - Alcoholic Beverage Control From Date: 01/01/2019 TO Date : 09/01/2021

Plan enrollment errors listed have been identified and corrected by Employer Cash Match Enrollment program. Review for accuracy. Contribution amount errors are identified for line agency action. No changes were made by Employer Cash Match Enrollment program.

Empl ID	Name	Emp1 Rcd	Empl Type	Ben Prog	Months & Pays	Hybrid Vol Plan	Plan Type	Original Ben Plan	Corrected Ben Plan	Error Message
		0	s	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	s	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	No benefit plan found for employee Months and Pay Periods value. Plan election set for 24 pay periods. Verify and correct employee Months and Pay Periods value. Update 457 plan election if necessary.
		0	S	SAL	12-24		49	457PNM		Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM		Salaried employee should have 457 cash match.
		0	s	SAL	12-24		49	457PNM	457P24	No benefit plan found for employee Months and Pay Periods value. Plan election set for 24 pay periods. Verify and correct employee Months and Pay Periods value. Update 457 plan election if necessary.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.

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FBMC Upload Error Report (RHR147)

REVISED: 09/15/2021

DESCRIPTION:

This report lists employees on the semi-monthly Fringe Benefits Management Company (FBMC) Enrollment Data Upload file whose annuity or miscellaneous insurance changes were not loaded to Cardinal. Report includes the applicable error/warning message and enrollment information necessary to allow manual entry into Cardinal.

NAVIGATION PATH:

Menu > Benefits > Reports > FBMC Upload Error Report

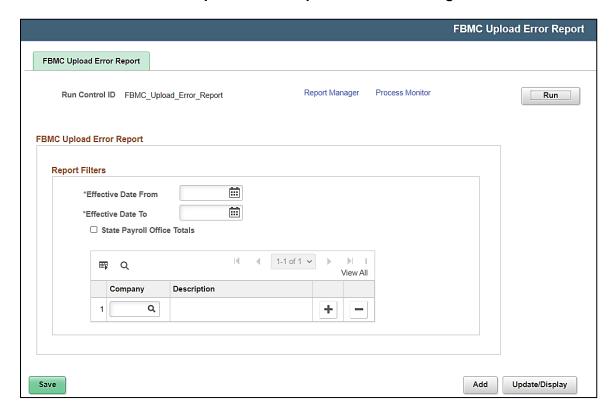
INPUT / SEARCH CRITERIA:

OUTPUT FORMAT:

PDF

Effective Date From
Effective Date To
State Payroll Office Totals (checkbox)
Company

Screenshot of the FBMC Upload Error Report Run Control Page



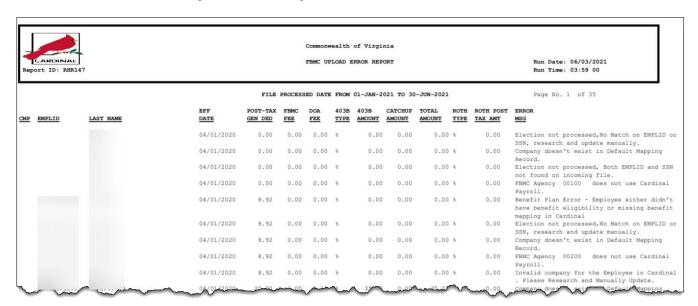
ADDITIONAL INFORMATION:

Effective Date from and Effective Date To fields are required fields.

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Screenshot of the FBMC Upload Error Report



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Flagged Participants Report (RBN050)

REVISED: 09/15/2021

DESCRIPTION:

This report lists benefit events that have had job or address eligibility information changes, events that have been processed out of sequence, and events that have been disconnected during processing. Report includes sections for each type of flag and displays the benefit event details as well as employee information.

NAVIGATION PATH:

Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Report On Flagged Items

PDF

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Schedule ID

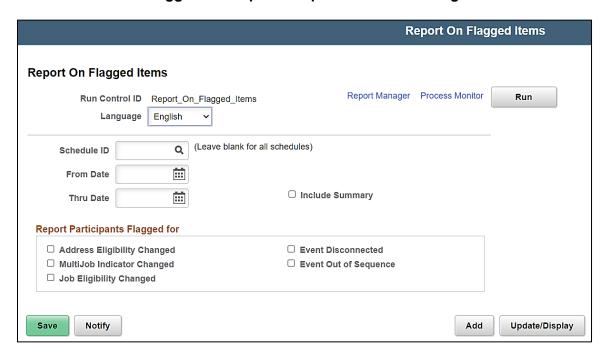
From Date

Thru Date

Include Summary (checkbox)

Flagged Reason(s) (checkboxes)

Screenshot of the Flagged Participants Report Run Control Page



ADDITIONAL INFORMATION:

From Date and **Thru Date** fields are required fields. **Thru Date** defaults to current day, but can be updated.

At least one of the **Report Participants Flagged for** reason checkboxes is a required field.

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Screenshot of the Flagged Participants Report

Report II): BAS008					FLAGGED	PARTICIPA	PeopleS NTS - ADDRE	oft SS ELIGIBILITY DATA CHANGED	Page No. 1 Run Date 05/20/2021
For the p	period 01/	01/2021 throu	gh 05/20/2021							Run Time 14:59:13
Sched	i Employee	Employee		Ben	Event	Event	Event	Process	Address Eligibility Data	
Nbr ID	ID	Name		Rcd#	ID	Date	Status	Status	Flagged Dt EffDt	
=== ====				====	=====				=======================================	
1 2107				0	0	07/01/2021	C	FE	05/05/2021 04/21/2021	
2 2107				0	0	07/01/2021	C	FE	05/05/2021 04/21/2021	
3 2107				1	0	07/01/2021	V	PR	05/06/2021 04/21/2021	
4 EM00				0	1	06/01/2020	0	PR	03/03/2021 12/16/1982	
5 EM00				0	1	12/01/2020	C	FE	03/01/2021 12/01/2020	
6 SNAP				0	0	11/09/2019	С	PR	03/01/2021 08/28/2019	

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FSA Contribution Election Audit Report (RBN238)

REVISED: 09/15/2021

DESCRIPTION:

This report lists employees who make a midyear enrollment or midyear change to their Flexible Spending Account (FSA) annual election that could result in a suspension of their deduction, due to an Internal Revenue Service (IRS) calendar year limit.

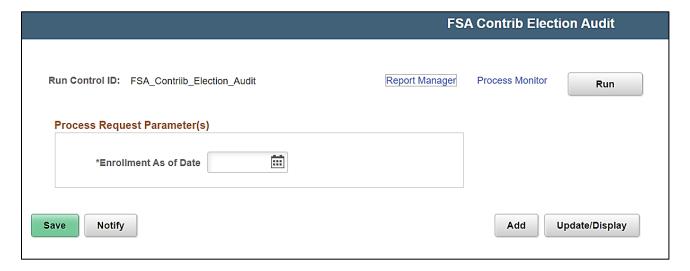
NAVIGATION PATH:

Menu > Benefits > Reports > Audits > FSA Contrib Election Audit

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Enrollment As of Date Excel

Screenshot of the FSA Contribution Election Audit Report Run Control Page



ADDITIONAL INFORMATION:

Enrollment As of Date field is a required field.

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Screenshot of the FSA Contribution Election Audit Report

LID	Emp Rcd	Benefit Record	Name	Phone	Email	Company	Department	Location	EFF Date	Plan	Plan Year Max	Annual PY Pledge	PY YTD Balance	PY Remaining Balances	CY Remaining Pays	Period Deduction	Current CY Balance	Reported Overages
	0	0			1	DOT	Right of Way -		2019-07-01	FLXME	2750	2160	0	2160	45	65.45	0	195.25
							Hampton Roads	Transportation		ь								
	0	0				SOV	Fund 1 LA	Senate of Virginia	2019-07-01	FLXME D	2750	1800	0	1800	21	200	0	1450
	0	0		1	1	VSB	Administration	Virginia State Bar	2019-07-01	FLXME D	2750	2544	0	2544	26	181.71	0	1974.46
	0	0		1	1	VSB	Administration	Virginia State Bar	2019-07-01	FLXME	2750	1992	0	1992	26	142.29	0	949.54
	0	0		1	1	VSB	Administration	Virginia State Bar	2019-07-01	FLXME	2750	1800	0	1800	26	128.57	0	592.82
	0	0		1	1	VSB	Administration	Virginia State Bar	2019-07-01	FLXME	2750	2688	0	2688	26	192	0	2242
	0	0		1	1	VSB	Bar Services	Virginia State Bar	2019-07-01	FLXME	2750	2688	0	2688	26	192	0	2242
	0	0		1	1	VSB	Clerk of the Disc System	Virginia State Bar	2019-07-01	FLXME	2750	2040	0	2040	26	145.71	0	1038.46
	0	0		1	T.	VSB	Clerk of the Disc System	Virginia State Bar	2019-07-01	FLXME	2750	2592	0	2592	26	185.14	0	2063.64
	0	0			i	VSB		Virginia State Bar	2019-07-01	FLXME D	2750	2688	0	2688	26	192	0	2242
	0	0		Ī	T	VSB	Discipline	Virginia State Bar	2019-07-01	FLXME	2750	1920	0	1920	26	137.14	0	815.64

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Health Benefit Recon Exception Report (RHR070)

REVISED: 09/15/2021

DESCRIPTION:

This report lists all employees for whom a variance was identified between the expected health premium amounts, based on employee elections in Benefits, with the actual health premiums collected through Payroll. Report also lists employees whose Health Premium Reward processed through Payroll does not match the Health Premium Reward enrollment in Benefits.

NAVIGATION PATH:

Menu > Benefits > Reports > Health Benefit Recon Exception

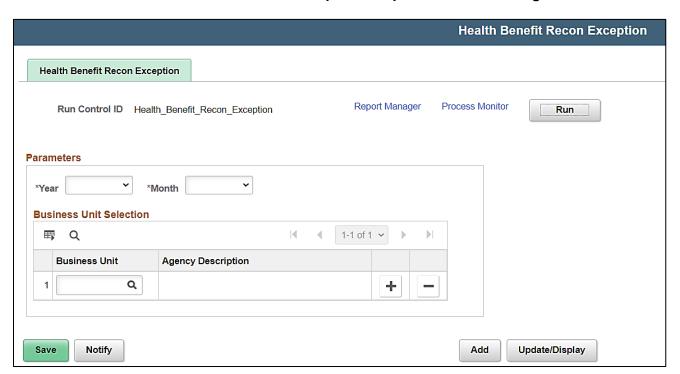
INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Year PDF

Month

Business Unit

Screenshot of the Health Benefit Recon Exceptions Report Run Control Page



ADDITIONAL INFORMATION:

Year and Month fields are required fields.

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Screenshot of the Health Benefit Recon Exceptions Report

Report	ID: RHR070	f State Police	•		нел		ealth of Virginia			
	Group ID: DSP010000	I beace rolle.	•	Co	overage Year:	2020	Coverage Month:	January		
Health Plan	Employee Name	EMPLID	Cvg Cd	Ded Cls	Expected Premium	Collected Premium	GL Actvy Charge (Credit)	Pending Arrears	Arrears Paid Back	Refunds Processed
	on: CoVA Care									
ACC0	02PY0707,Emplid 3 Redo bz 02PY0707,Emplid 3 Redo bz ACCO Total		1	B N	687.00 92.00	0.00	687.00 92.00 779.00	0.00	0.00	0.00

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Health Plan Participants Report (RBN054)

REVISED: 09/15/2021

DESCRIPTION:

This report lists active health plan participants as of a specified date. Report also displays Coverage Begin Date, Coverage End Date, and COBRA Event ID.

NAVIGATION PATH:

Menu > Benefits > Reports > Participation > Health Plan Participants

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

As of Date PDF

Screenshot of the Health Plan Participants Report Run Control Page



ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

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Screenshot of the Health Plan Participants Report

						PeopleSoft									
Report ID:	BEN001			He	ealth	Plan Partici	pants						1	Page No. 1	
Company:	A01 Lee C	ounty - DSS											1	Run Date 05/2	0/2021
Setid	STATE												1	Run Time 16:0	3:51
Provider	Anthem Bl	ue Cross Bl	ue Sheild												
AsOfDate:	05/20/202	1													
											_		_	_	
	Benefit		Department			Employee	Empl	Empl	Reg/		Pay		Coverage	Coverage	COBRA
	Plan	ID	Name	Name		ID	Status	Type	Temp	Part	Group	Coverage	Begin	End	Evt ID
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Single	07/01/2017		0
l	001KAExpC	047001000	047001000				A	S	R	F	MNP	EE+Spouse	10/01/2017		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Single	03/01/2014		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Single	06/01/2019		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Family	06/01/2018		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Family	05/01/2014		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	EE+Spouse	07/01/2013		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	EE+Spouse	07/01/2013		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Single	07/01/2013		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Family	01/01/2017		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	EE+Spouse	02/01/2015		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Single	07/01/2013		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Emp+Child	07/01/2013		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	EE+Spouse	07/01/2013		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Single	10/01/2019		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	EE+Spouse	07/01/2013		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Single	01/01/2019		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	EE+Spouse	07/01/2013		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Emp+Child	11/01/2015		0
Medical	001KAExpC	047001000	047001000				A	S	R	F	MNP	Single	07/01/2013		0
	001KAExpC	047001000	047001000				A	S	R	F	MNP	Single	07/01/2013		0
Medical	001KAExpC	047001000	047001000				A	S	R	F	MNP	EE+Spouse	07/01/2013		0
Medical	001KAExpC	047001000	047001000			1444	A	S	R	F	MNP	Family	01/01/2017	400 4 200	0
-	-0.1 HAF			The second secon		ALL LAND	استحصر		No. ///	-	~~	EE	-		_

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HMO Risk Equalization Report (RBN290)

REVISED: 09/15/2021

DESCRIPTION:

This report details the payment due to the suppliers, as well as the current enrollment by gender and age tier, for the current billing month. This report is attached to the payment and sent to the supplier and this report identifies enrollment counts and total dollars owed for the current billing month.

NAVIGATION PATH:

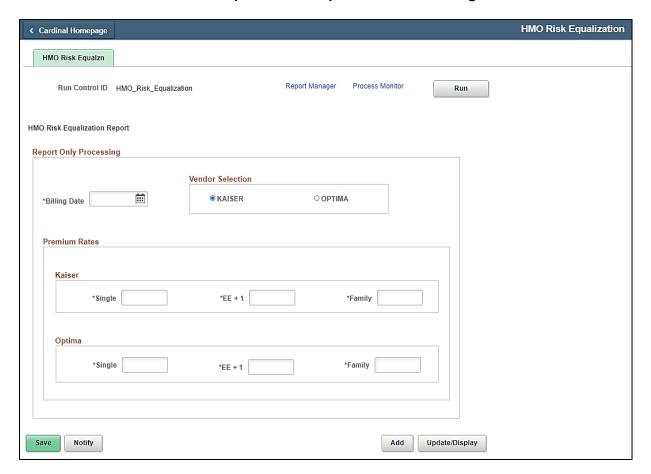
Menu > Benefits > Reports > Participation > HMO Risk Equalization

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Billing Date PDF

Vendor Selection (checkbox)
Premium Rates

Screenshot of the HMO Risk Equalization Report Run Control Page



ADDITIONAL INFORMATION:

Billing Date, Kaiser and Optima fields are required fields.

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Screenshot of the HMO Risk Equalization Report

Cardin	nal		ommonwealth o HMO RISK Equa		Run Date 06/03/2021
					Run Time 4:23:45 PM
Report ID: B	8N290				raye 1 of 1
		Calculation Of P	remium		
		OPTIMA			
		Premium Rat	tes		1-Aug-20
•		786			
•		1454			
•		2106			
		Activ	e Contracts		
Male	EE Age Range	Single	EE+1	Family	Total
	LESS THAN 30	o	o	0	o
	30-39	1	1	0	2
	40-44	o	o	0	0
	45-49	o	o	4	4
	50-54	o	0	0	o
	55-59	2	o	0	2
	60-64	o	1	0	1
	65+	0	1	0	1
		·	·	·	
emale	EE Age Range	Single	EE+1	Family	Total
	LESS THAN 30	2	o	0	2
	30-39	0	1	0	1
	40-44	0	0	0	Ó
	45-49	0	0	0	Ó
	50-54	2	1	o	3
	55-59	1	0	o	1
	60-64	1	2	o	3
	65+	0	0	0	Ó
Sather Table	T	6	7		20
Active Total		9	/	4	20

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Ineligible Participant Report (RBN051)

REVISED: 09/15/2021

DESCRIPTION:

This report lists all participants who are ineligible for any benefit program and their eligibility parameters, such as birth date and status. Report includes sections for job eligibility data.

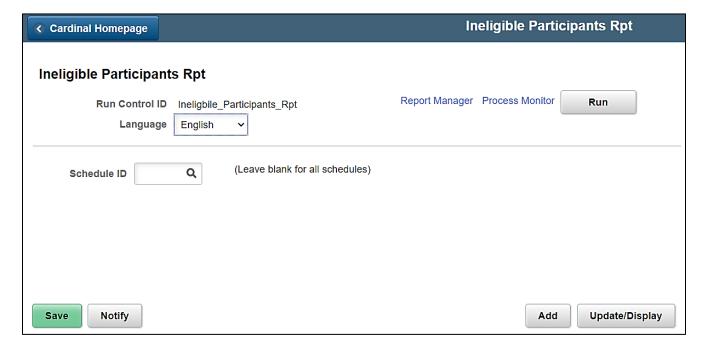
NAVIGATION PATH:

Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Ineligible Participants Rpt

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Schedule ID PDF

Screenshot of the Ineligible Participant Report Run Control Page



ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

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Screenshot of the Ineligible Participant Report

											Peop	leSoft									
eport	ID: BAS010									Ineli	gible Pa	rticipant	Report								1 05/20/202 15:45:04
	Employee ID	Emplo Name			ID	Rcd#	S	rocess Status	Bi	rthdate											
		Empl Rcd#	Service	Emp1	Benefits Status	Empl	Ful	1 Reg	Offic	er Union Code	Std Hrs	FTE	Company	Pay Grp Loctn		Stat	Regn	Unit		Grade	
		2-7-7-7-7-8								EligCnf	ig2 Elig	Cnfig3 El	igCnfig4	EligCnfig5	EligCnfig6	Elig	Cnfig	7 EligCnf			
1721					0		//2	om Non			USA/VA										
1721		0	11/16/1978	CLS	Terminate	o d S	F	rgm None R				0.400000	AES	MNP CENTR	USA/VA	N	USA	22900	SW	3	
		1	06/01/2019	RET	Active	S	F	R	N	0050010	40.00	1.000000	VRA	MNP VRA	USA/VA	N	USA	VRSRT 12-12	UG RR-	-GB	
721					0	0	F	ogm None	e		USA/VA										
		0	09/16/1984	APF	Terminate	d S	F	R	N		16.00 N	0.400000	AES	MNP CENTR	USA/VA	P	USA	22900 12-24	FA		
		1	05/01/2019	RET	Active	S	F	R	N	0050010		1.000000	VRA	MNP VRA	USA/VA	N	USA	VRSRT	UG RR-	-GB	
721					0	0	F	gm Non-	е		USA/VA										
		0	11/10/2000	APF	Terminate	d S	F	R	N		16.00 N	0.400000	AES	MNP CENTR	USA/VA	P	USA	22900 12-24	FA		
		1	06/01/2019	RET	Terminate	d S	F	R	N		40.00 N	1.000000	VRA	MNP VRA	USA/VA	N	USA	VRSRT	UG		
721					0	0	F	gm None	e		USA/VA										
		0	03/01/1985	CLS	Terminate	d S	F	R	N		16.00 N	0.400000	AES	MNP CENTR	USA/VA	N	USA	22900 12-24	SW	4	
		1	03/01/2019	RET	Active	S	F	R	N	0050010		1.000000	VRA	MNP VRA	USA/VA	N	USA	VRSRT	UG RR-	-GB	
721					0	0	F	gm None	e		USA/VA										
		0	08/25/2000	APF	Terminate	d S	F	R	N		16.00 N	0.400000	AES	MNP CENTR	USA/VA	P	USA	22900 12-24	FA		
721					0	0		gm Non-			USA/VA										
		0	09/10/2017	TNR	Terminate	d S	P	Х	N		16.00 N	0.400000	AES	MNP CENTR	USA/VA	P	USA	22900 12-24	FA		
721					0	0	F	gm None	е		USA/VA										
		0	01/25/2018	CLS	Terminate	d S	F	R	N		16.00 N	0.400000	AES	MNP CENTR	USA/VA	N	USA	22900	SW	4	
		1	03/01/2019	LOC	Active	S	F	R	N	0482060		1.000000	E55	MNP OHB	USA/VA	N	USA	LOCAL	UG TF-	-GB	
										0482060	00 N								TF-	GB	

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IRS 401a Maximum Compensation Report (RPY358)

REVISED: 09/15/2021

DESCRIPTION:

This report lists highly compensated employees (HCE) whose retirement contributions must stop when their annual creditable compensation reaches the IRS 401(a) limit in effect.

NAVIGATION PATH:

Menu > Benefits > Reports > Audits > IRS 401a Max Comp Report

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

(none) PDF

Screenshot of the IRS 401a Maximum Compensation Report Run Control Page

	IRS 401a Max Comp Report
IRS 401a Max Comp Report	
Run Control ID IRS_401a_Max_Comp_Report	Report Manager Process Monitor Run
Save Notify	Add Update/Display

ADDITIONAL INFORMATION:

No Input/Search fields are required fields.

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Screenshot of the IRS 401a Maximum Compensation Report

	Commonwe	ealth of Virginia				Run Date: 05/ Run Time: 11:	24/2021
Report ID:RPY358	IRS 401a Maxim	num Compensation Re	port			Page: 1 of 1	30:14
Company : ABC - Alcoholic Beverage Control Limit Effdt : 7/1/2019 INS 401a Limit : 280000							
Emplid Rcd Name	VRS Code	Grndfthrd Limit Ext	Total Max Comp Allwd 280000	YTD Amount	Base (CBS) Amt to Limit	ORP Base	Amt to Li
0		0	280000 280000	27777.8 0	252222.2 280000	48891666.68 999.99	-48611666 279000.01
Limit Effdt : 7/1/2020 IRS 401a Limit : 285000							
Empl Emplid Rcd Name	VRS Code	Grndfthrd Limit Ext	Total Max Comp Allwd	YTD Amount	Base (CBS) Amt to Limit	ORP Base	Amt to Li
1		0	285000	5555.56	279444.44	5204166.67	-4919166.
Company : CMU - Christopher Newport University Limit Effdt : 7/1/2019 IRS 401a Limit : 280000							
Emplid Rcd Name	VRS Code	Grndfthrd Limit Ext	Total Max Comp Allwd	YTD Amount	Base (CBS) Amt to Limit	ORP Base	Amt to Li
1		0	280000	25690	254310	28901.25	251098.75
Company : DEM - Dept of Emergency Management Limit Effet : 7/1/2019 IRS 401a Limit : 280000							
Emplid Red Name	VRS Code HBN0000	Grndfthrd Limit Ext	Total Max Comp Allwd 280000	Contrib YTD Amount 700000	Base (CBS) Amt to Limit -420000	ORP Base YTD Amount 750909.09	(ORP) Amt to Li -470909.0
· ·	MENCOCO	·	280000	70000	-420000	750909.09	-470909.0
Company : CMA - Department of Military Affairs Limit Effdt : 7/1/2019 IRS 401a Limit : 280000							
Emplid Rcd Name	VRS Code	Grndfthrd Limit Ext	Total Max Comp Allwd 280000	Contrib YTD Amount	Base (CBS) Amt to Limit 280000	ORP Base YTD Amount 12399999.96	(ORP) Amt to Li -12119999
0		0	280000 280000	0	280000 280000	12399999.96 2333333.38	-12119999 -2053333.

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Premium Rewards Audit Report (RBN063)

REVISED: 09/15/2021

DESCRIPTION:

This report lists employees whose health premium reward enrollment or additional pay amount require updating to align with their current health benefit enrollment.

NAVIGATION PATH:

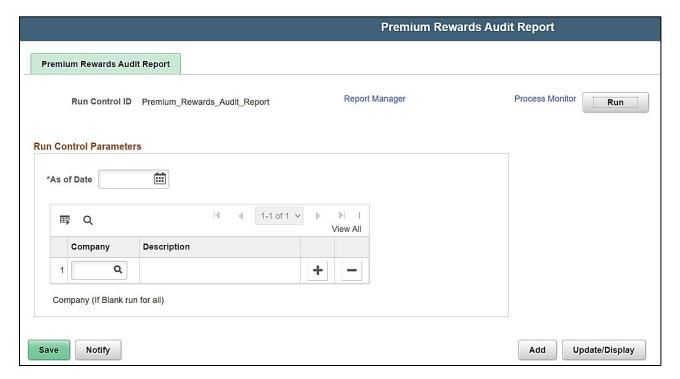
Menu > Benefits > Reports > Audits > Premium Rewards Audit Report

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

As of Date PDF

Company

Screenshot of the Premium Rewards Audit Report Run Control Page



ADDITIONAL INFORMATION:

As of Date field is a required field.

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Screenshot of the Premium Rewards Audit Report

Ca	ardinal			Prei		onwealt Reward		_{jinia} t Report						
eport ID: RB	BN063											Ri	un Date: 05/24/2 un Time: 11:37:5 e 1 of 1893	
s of Date: 4/3	30/2021													
BC: Alcoh	nolic Beverage Control													
mployee	Employee Name	EMPL	BEN	Hith	Hith	Hith	Hith	Smpl	Smpl	Smpl	Addl	AddlPay	AddlEnd	Audit
		RCD 0	RCD 0	Effdt 7/1/2019	Elec	Plan ACC4	CvCd	Effdt 6/30/2020	Elec	Plan	Effdt 7/1/2019	Amount 17	Effdt 6/30/2020	Code 6
		0	0	2/10/2020	T	ACC4		6/30/2020	Ť		7/1/2019	17	6/30/2020	2
		ő	0	8/1/2019	Ė	ACC2	1	6/30/2020	Ť		8/1/2019	17	6/30/2020	6
		Ō	0	7/1/2019	E	ACC4	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	CHA1	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
FC: C	. Futancian 8 Ass Functions													
ES: Coop	Extension & Agr Experimni Employee Name	t EMPL RCD	BEN RCD	Hith Effdt	Hith Elec	Hith Plan	Hith CvCd	Smpl Effdt	Smpl Elec	Smpl Plan	Addl Effdt	AddiPay Amount	AddlEnd Effdt	
		EMPL RCD 0	RCD 0	Effdt 7/1/2019	Elec	Plan ACC5	CvCd	Effdt 6/30/2020	Elec		Effdt 7/1/2019	Amount 17	Effdt 6/30/2020	Cod 6
		EMPL RCD 0 0	RCD 0 0	7/1/2019 7/1/2019	Elec E E	Plan ACC5 ACC5	CvCd 1 1	Effdt 6/30/2020 6/30/2020	Elec T T		Fffdt 7/1/2019 7/1/2019	Amount 17 17	Effdt 6/30/2020 6/30/2020	Cod 6 6
		EMPL RCD 0 0	0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019	Elec E E	Plan ACC5 ACC5 ACC0	CvCd 1 1	Effdt 6/30/2020 6/30/2020 6/30/2020	Elec T T T		Fffdt 7/1/2019 7/1/2019 7/1/2019	Amount 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020	6 6 6
		EMPL RCD 0 0 0 0	0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Elec E E E	Plan ACC5 ACC5 ACC0 ACC2	CvCd 1 1	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T T		Fffdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Amount 17 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020	6 6 6 6
		EMPL RCD 0 0	0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019	Elec E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC2	CvCd 1 1	6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T		Fffdt 7/1/2019 7/1/2019 7/1/2019	Amount 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	6 6 6
		EMPL RCD 0 0 0 0	0 0 0 0 0	Fffdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Elec E E E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC2 ACC4 ACC2	CvCd 1 1	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T T T T		Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Amount 17 17 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020	6 6 6 6
		EMPL RCD 0 0 0 0 0 0	RCD 0 0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019	Elec E E E E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC2 ACC4 ACC2 ACC2	CvCd 1 1 1 1 1 1 1 1 1 1 1 1 1	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T T T T T		Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019	Amount 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Cod 6 6 6 6 6 6
		EMPL RCD 0 0 0 0 0 0 0	RCD 0 0 0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019	Elec E E E E E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC2 ACC4 ACC2 ACC4 ACC2 ACC4	CvCd 1 1 1 1 1 1 1 3	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T T T T T		Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019	Amount 17 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Cod 6 6 6 6 6 6 6
		EMPL RCD 0 0 0 0 0 0	RCD 0 0 0 0 0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Elec E E E E E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC2 ACC4 ACC2 ACC4 ACC2 ACC4 ACC2	CvCd 1 1 1 1 1 1 1 1 1 1 1 1 1	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T T T T T T		Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Amount 17 17 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Cod 6 6 6 6 6 6 6 6 6
		EMPL RCD 0 0 0 0 0 0 0	RCD 0 0 0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 8/1/2019	Elec E E E E E E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC2 ACC4 ACC2 ACC4 ACC2 ACC4 ACC2 ACC4	CvCd 1 1 1 1 1 1 1 3	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T T T T T		Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019	Amount 17 17 17 17 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Cod 6 6 6 6 6 6 6
		EMPL RCD 0 0 0 0 0 0 0	RCD 0 0 0 0 0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Elec E E E E E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC2 ACC4 ACC2 ACC4 ACC2 ACC4 ACC2	CvCd 1 1 1 1 1 1 1 1 1 1 1 1 1	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T T T T T T		Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Amount 17 17 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Cod 6 6 6 6 6 6 6 6 6 6 6
		EMPL RCD 0 0 0 0 0 0 0	RCD 0 0 0 0 0 0 0 0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Elec	Plan ACC5 ACC5 ACC0 ACC2 ACC2 ACC4 ACC2 ACC4 ACC2 ACC4 ACC2 ACC4 ACC5 ACC4 ACC5	CvCd 1 1 1 1 1 1 1 1 1 1 1 1 1	Effét 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T T T T T T T T		Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Amount 17 17 17 17 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Cod 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		EMPL RCD 0 0 0 0 0 0 0	RCD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019	Elec E E E E E E E E E E E E E E E E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC4 ACC4 ACC2 ACC4 ACC2 ACC4 ACC5 ACC4 ACC5 ACC4 ACC5	CvCd 1 1 1 1 1 1 1 1 1 1 1 1 1	Effdt 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020 6/30/2020	Elec T T T T T T T T T T		Effot 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019	Amount 17 17 17 17 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020	Cod 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		EMPL RCD 0 0 0 0 0 0 0	RCD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 8/1/2019 7/1/2019 8/1/2019 7/1/2019 8/1/2019 7/1/2019 8/1/2019	Elec E E E E E E E E E E E E E E E E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC2 ACC4 ACC2 ACC4 ACC2 ACC4 ACC4	CvCd 1 1 1 1 1 1 1 1 1 1 1 1 1	Effdt 6/30/2020	T T T T T T T T T T T T T T T T T T T		Erfot 7/1/2019	Amount 17 17 17 17 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020	Cod 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
		EMPL RCD 0 0 0 0 0 0 0	RCD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Effdt 7/1/2019	Elec E E E E E E E E E E E E E E E E E E E	Plan ACC5 ACC0 ACC0 ACC2 ACC2 ACC2 ACC2 ACC2 ACC2	CvCd 1 1 1 1 1 1 1 1 1 1 1 1 1	Effdt 6/30/2020	Elec T T T T T T T T T T T		Erfot 7/1/2019	Amount 17 17 17 17 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020	6 6 6 6 6 6 6 6 6 6 6 6 6
		EMPL RCD 0 0 0 0 0 0 0	RCD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Effdt 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 7/1/2019 8/1/2019 7/1/2019 8/1/2019 7/1/2019 8/1/2019 7/1/2019 8/1/2019 7/1/2019 8/1/2019	Elec E E E E E E E E E E E E E E E E E E E	Plan ACC5 ACC5 ACC0 ACC2 ACC2 ACC4 ACC2 ACC4 ACC2 ACC4 ACC4	CvCd 1 1 1 1 1 1 1 1 1 1 1 1 1	Effdt 6/30/2020	T T T T T T T T T T T T T T T T T T T		Erfot 7/1/2019	Amount 17 17 17 17 17 17 17 17 17 17 17 17 17	Effdt 6/30/2020	Cod 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

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Section 415 Compliance Report (RBN144)

REVISED: 09/15/2021

DESCRIPTION:

This report lists employee amounts either over or under the Section 415 limit. Fields include Company, Employee ID, Effective Date, Special Accumulator, Benefit Program, Percent of Salary, Maximum Benefit Base, and Gross Amount Year-to-Date (YTD).

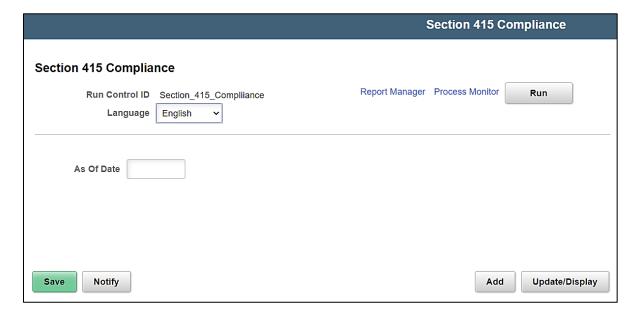
NAVIGATION PATH:

Menu > Benefits > Reports > Regulatory and Compliance > Section 415 Compliance

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

As of Date PDF

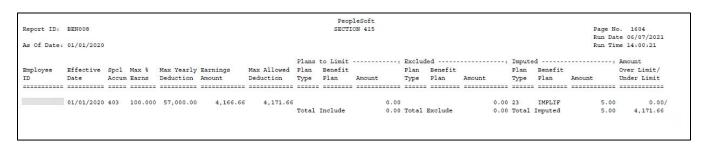
Screenshot of the Section 415 Compliance Report Run Control Page



ADDITIONAL INFORMATION:

As of Date field is a required field.

Screenshot of the Section 415 Compliance Report



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Section 415 Noncompliance Report (RBN145)

REVISED: 09/15/2021

DESCRIPTION:

This report lists employees who have exceeded the Section 415 limits.

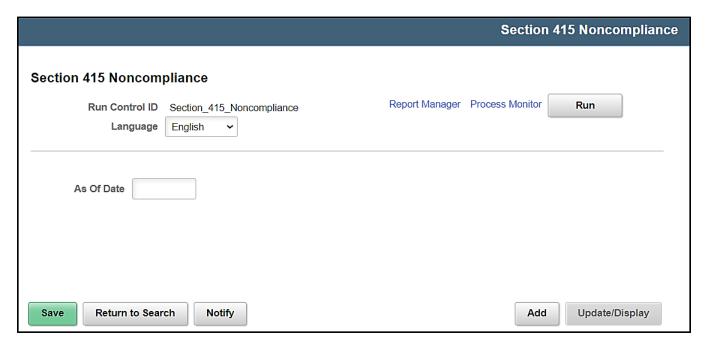
NAVIGATION PATH:

Menu > Benefits > Reports > Regulatory and Compliance > Section 415 Noncompliance

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

As of Date PDF

Screenshot of the Section 415 Noncompliance Report Run Control Page



ADDITIONAL INFORMATION:

As of Date field is a required field.

Screenshot of the Section 415 Noncompliance Report



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VNAV Elections Upload Error Report (RHR149)

REVISED: 09/15/2021

DESCRIPTION:

This report lists employees on the semi-monthly VNAV (myVRSNavigator) Upload file whose retirement enrollment changes were not loaded to Cardinal. Report includes the applicable error/warning message and enrollment information necessary to allow manual entry into Cardinal.

NAVIGATION PATH:

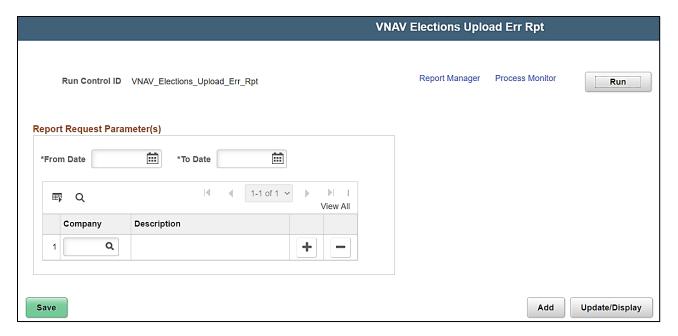
Menu > Benefits > Reports > VNAV Elections Upload Err Rpt

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

From Date PDF

To Date Company

Screenshot of the VNAV Elections Upload Error Report Run Control Page



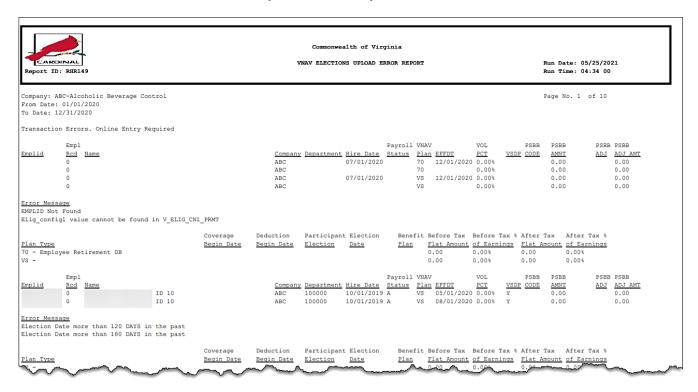
ADDITIONAL INFORMATION:

From Date and To Date fields are required fields.

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Screenshot of the VNAV Elections Upload Error Report



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VRS Billing Exceptions Report (RHR078)

REVISED: 09/15/2021

DESCRIPTION:

This report displays employee-level detail of the variances between Virginia Retirement System (VRS) billed amounts and those amounts collected through payroll. Agency benefits administrators and payroll processors use this report to validate the General Ledger (GL) adjustments automatically created and to correct employee retirement enrollment or premiums, as needed.

NAVIGATION PATH:

Menu > Benefits > Reports > VRS Billing Exceptions

INPUT / SEARCH CRITERIA:

OUTPUT FORMAT:

PDF

Employee

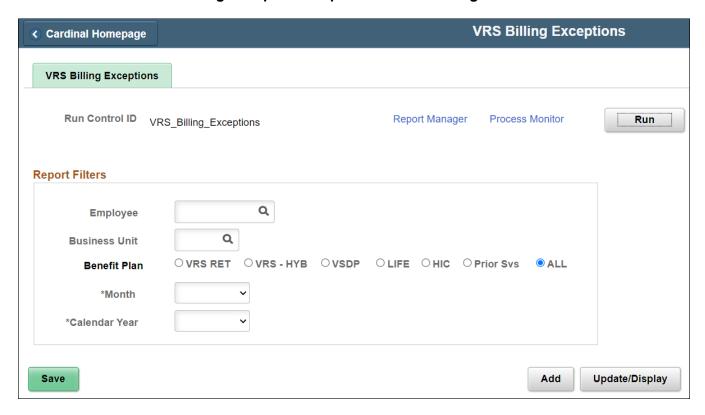
Business Unit

Benefit Plan (checkboxes)

Month

Calendar Year

Screenshot of the VRS Billing Exceptions Report Run Control Page



ADDITIONAL INFORMATION:

Month and Calendar Year fields are required fields.

Employee Search criteria is Empl ID.

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Screenshot of the VRS Billing Exceptions Report

EMPLID Name	0100 - VA Dept of Transportat:	Pay Status A A	<u>Dedcd</u>	rent Year: 20	1	COSTED Cu EE Payroll Deduction	rrent Month: JAN EE Recon GL	ER VRS	Page No	te: 05/25/202: me: 03:09 00 o. 1 of 3 ER Recon GL
S ORG CODE: 3050 nefit Section: E	<u>e</u> 01	Pay Status A A	<u>Dedcd</u>		EE VRS	Cu EE Payroll	EE Recon GL	VRS	ER Payroll	ER
TRS ORG CODE: 3050 Henefit Section: E	<u>e</u> 01	Pay Status A A	<u>Dedcd</u>		EE VRS	Cu EE Payroll	EE Recon GL	VRS	Payroll	
VRS ORG CODE: 3050 Benefit Section: E	01	<u>Status</u> A A		Benefit Plan	VRS	Payroll	Recon GL	VRS	Payroll	
VRS ORG CODE: 3050 Benefit Section: E	01	<u>Status</u> A A		Benefit Plan						
Senefit Section: E		A	VRSRET				Adjustment	Bill	Deduction	Adjustment
Senefit Section: E		A	VRSRET							
Section Total		A	VRSRET							
		A		VRSMDB	0.00	141.13	141.13	0.00	381.60	381.60
		A	VRSRET	VRSMDB	0.00	114.59	114.59	0.00	309.86	309.86
			VRSRET	VRSMDB	0.00	1,164.46	1,164.46	0.00	3,148.71	3,148.71
		A	VRSRET	VRSMDB	0.00	285.74	285.74	0.00	772.64	772.64
		A	VRSRET	VRSMDB	0.00	666.67	666.67	0.00	1,802.67	1,802.67
		A	VRSRET	VRSMDB	0.00	811.74	811.74	0.00	2,194.95	2,194.95
		P		VRSMDB	0.00	531.90	531.90	0.00	1,438.27	1,438.27
		P		VRSMDB	0.00	544.78	544.78	0.00	1,473.09	1,473.09
		A		VRSMDB	0.00	106.18	106.18	0.00	287.10	287.10
		P		VRSMDB	0.00	633.88	633.88	0.00	1,714.02	1,714.02
		P		VRSMDB	0.00	704.36	704.36	0.00	1,904.58	1,904.58
		A		VRSMDB	0.00	145.48	145.48	0.00	393.38	393.38
		A		VRSMDB	0.00	970.26	970.26	0.00	2,623.56	2,623.56
		A		VRSMDB	0.00	880.26	880.26	0.00	2,380.24	2,380.24
		P		VRSMDB	0.00	492.15 446.28	492.15 446.28	0.00	1,330.77	1,330.77
		P P		VRSMDB	0.00	546.28	446.28 546.78	0.00	1,206.75	1,206.75
		P P		VRSMDB VRSMDB	0.00	433.68	433.68	0.00	1,478.49	1,478.49
		A		VRSMDB	0.00	130.11	130.11	0.00	351.81	351.81
		A		VRSMDB	0.00	103.04	103.04	0.00	278.62	278.62
		A		VRSMDB	0.00	99.56	99.56	0.00	269.21	269.21
		A		VRSMDB	166.66	0.00	-166.66	450.66	0.00	-450.66
		A		VRSMDB	0.00	155.57	155.57	0.00	420.66	420.66
					166.66	10,108.60	9,941.94	450.66	27,333.64	26,882.98
	Hybrid Retirement				100.00	10,100.00	3,342.34	450.66	27,333.04	20,002.90
		A	HBDBER	HBDBER	0.00	104.65	104.65	0.00	327.55	327.55
Section Total					0.00	104.65	104.65	0.00	327.55	327.55
Benefit Section: G	Group Term Life	A	GRPLFR	CTLD	0.00	0.00	0.00	0.00	36.97	36.97
			GRPLFR		0.00	0.00	0.00	0.00	36.97	30.02
		A A	GRPLFR		0.00	0.00	0.00	0.00	30.02	30.02

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VRS Billing Summary Report (RHR079)

REVISED: 09/15/2021

DESCRIPTION:

This report compares the totals for the employee/employer contributions for Retirement, Virginia Sickness and Disability Program (VSDP), Group Life, Retiree Health Credit and Purchase Prior Service plans to the VRS billing file. It is used to ensure the reconciliation of all contributions on a monthly basis.

NAVIGATION PATH:

Menu > Benefits > Reports > VRS Billing Summary

INPUT / SEARCH CRITERIA: OUTPUT FORMAT:

Business Unit PDF

Month Year

Screenshot of the VRS Billing Summary Report Run Control Page

	VR	S Billing Su	mmary
VRS Billing Summary Report			
Run Control ID VRS_Billing_Summary	Report Manager	Process Monitor	Run
Process Request Parameters Business Unit *Month *Year			
Save Sav		Add J Up	pdate/Display

ADDITIONAL INFORMATION:

Month and Year fields are required fields.

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Screenshot of the VRS Billing Summary Report

	ID: RHR079	Commonwealth of Virginia VRS BILLING SUMMARY REPORT								Run Date: 05/25/2021 Run Time: 03:27 00		
							POSTED				Page No. 1 c	f 12
		Billing Month :January 2020										
BU	VRS Org Code	Benefit Plan Type	GL Acct EE	VRS Bill Amt EE	Payroll Amt EE	GL Adjstmnt EE	Rounding Non Billed EE	GL Acct ER	VRS Bill Amt ER	Payroll Amt ER	GL Adjstmnt ER	Rounding Non Billed ER
10000	30100	Employee Retirement DB Employee Retirement DB Group Term Life Hybrid Retirement Retiree Health Credit VSDP LTD	22051424 22051448 22051448	0.00 0.00 0.00 0.00 0.00	16,625.70 0.00 0.00 5,890.26 0.00 0.00	-16,625.70 0.00 0.00 -5,890.26 0.00 0.00	0.00 0.00 0.00 0.00 0.00	5011110 5011110 50111140 5011110 5011160 5011170	0.00 0.00 0.00 0.00 0.00	52,734.42 0.00 6,835.28 18,436.46 6,104.70 1,453.96	-52,734.42 0.00 -6,835.28 -18,436.46 -6,104.70 -1,453.96	0.00 0.00 0.00 0.00 0.00
0:	rg Code Tota	al		0.00	22,515.96	-22,515.96	0.00		0.00	85,564.82	-85,564.82	0.00
Oz	XB100 rg Code Tot	Employee Retirement DB Group Term Life Retiree Health Credit VSDP LTD	22051424	0.00 0.00 0.00 0.00 0.00	103.20 0.00 0.00 0.00 103.20	-103.20 0.00 0.00 0.00 -103.20	0.00 0.00 0.00 0.00 0.00	5011110 5011140 5011160 5011170	0.00 0.00 0.00 0.00	279.05 27.04 24.15 12.80 343.04	-279.05 -27.04 -24.15 -12.80 -343.04	0.00 0.00 0.00 0.00
Pl	lan Type To	Employee Retirement DB Hybrid Retirement VSDP LTD Group Term Life Retiree Health Credit		0.00 0.00 0.00 0.00	16,728.90 5,890.26 0.00 0.00	-16,728.90 -5,890.26 0.00 0.00	0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00 0.00	53,013.47 18,436.46 1,466.76 6,862.32 6,128.85	-53,013.47 -18,436.46 -1,466.76 -6,862.32 -6,128.85	0.00 0.00 0.00 0.00
BU	U Total			0.00	22,619.16	-22,619.16	0.00		0.00	85,907.86	-85,907.86	0.00
10100	101	Employee Retirement DB Group Term Life Hybrid Retirement Retiree Health Credit VSDP LTD	22051448 22051448	0.00 0.00 0.00 0.00	0.00 0.00 39.20 0.00 0.00	0.00 0.00 -39.20 0.00 0.00	0.00 0.00 0.00 0.00	5011110 5011140 5011110 5011160 5011170	0.00 0.00 0.00 0.00	0.00 12.84 122.70 11.47 6.08	0.00 -12.84 -122.70 -11.47 -6.08	0.00 0.00 0.00 0.00
Oz	rg Code Tota	al		0.00	39.20	-39.20	0.00		0.00	153.09	-153.09	0.00
	30101	Employee Retirement DB Employee Retirement DB General Deduction Group Term Life Hybrid Retirement Retiree Health Credit VSDP LTD	22051424 22051448 22051411 22051448	370.57 0.00 0.00 0.00 175.01 0.00 0.00	23,827.46 0.00 0.00 0.00 14,337.32 0.00 0.00	-23,456.89 0.00 0.00 0.00 -14,162.31 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	5011110 5011110 5011110 5011110 5011160 5011170	1,002.02 0.00 0.00 154.42 504.00 137.90 63.51	78,329.93 0.00 0.00 11,902.74 44,828.67 10,630.45 3,009.33	-77,327.91 0.00 0.00 -11,748.32 -44,324.67 -10,492.55 -2,945.82	0.00 0.00 0.00 0.00 0.00

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