



**How to View Benefit Statements Overview**

The purpose of this Job Aid is to walk through the process on how to view and print benefit statements through Employee Self Service.

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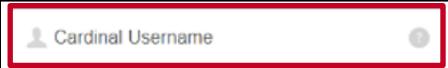

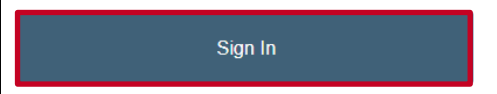
# Employee Self-Service Job Aid

## ESS\_ How to View Benefit Statements

### Revision History

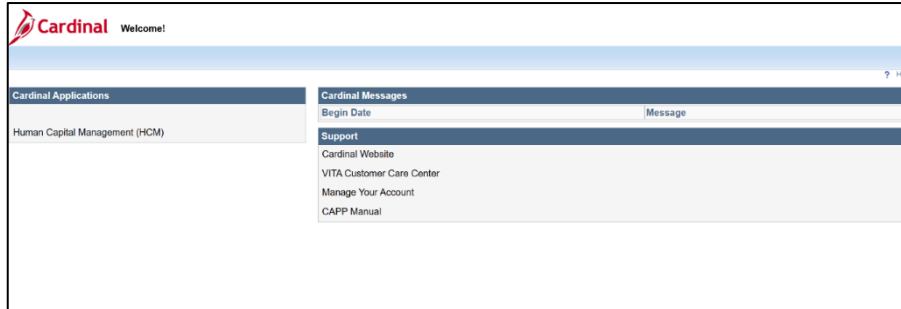
Revision Date	Summary of Changes
2/18/2025	Baseline

### Viewing Benefits Statements

Step	Action
1.	Log into Cardinal (my.cardinal.virginia.gov).
	For more information about Cardinal registration, see the Job Aid titled <b>Cardinal Registration Quick Start Guide</b> . This Job Aid is located on the Cardinal website in <b>Job Aids</b> under <b>Learning</b> .
<p>The <b>Cardinal Homepage</b> displays.</p> <div style="display: flex; align-items: center;">  <div data-bbox="997 632 1260 1100" style="width: 65%; border: 1px solid black; padding: 5px;">  <p><b>Notice and Warning</b></p> <p><small>This system is the property of the Commonwealth of Virginia. By accessing and using this computer system, you are consenting to system monitoring for law enforcement and other purposes. All activity on this system is monitored. Evidence of unauthorized access, unauthorized use, misuse, or abuse of this system or the information contained in this system shall be promptly reported to appropriate agency management, security personnel, and federal, state, and local law enforcement officials for investigation and criminal prosecution. You will also be subject to all criminal and civil penalties allowed by the law.</small></p> <div style="margin-top: 10px;"> <input type="text" value="Cardinal Username"/> </div> <div style="margin-top: 5px;"> <input type="password" value="Password"/> </div> <div style="margin-top: 10px; text-align: center;"> <input type="button" value="Sign In"/> </div> <div style="margin-top: 10px; font-size: small;"> <a href="#">Forgot Username</a>    <a href="#">Forgot Password</a>  <a href="#">User Registration</a>    <a href="#">Sign-on Help</a> </div> </div> </div>	
2.	Enter the Employee Username and Password in the <b>Cardinal Username</b> and <b>Password</b> field. <div style="margin-top: 10px;">     </div>
3.	Click the <b>Sign In</b> button. <div style="margin-top: 10px;">  </div>

Step	Action
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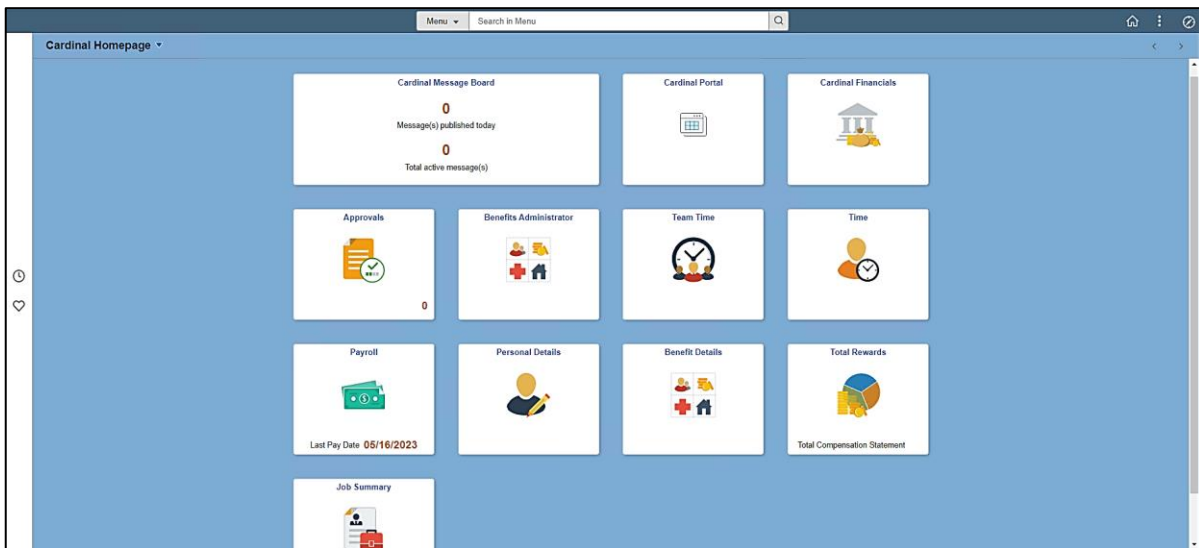
The **Portal Welcome** page displays.




4. Click the **Human Capital Management** link.

**Human Capital Management (HCM)**

The **Cardinal Homepage** displays.



The tiles displayed on the **Cardinal Homepage** for each user will vary based upon individual preferences and security settings.

Step	Action
5.	Click the <b>Benefit Details</b> tile. <div style="border: 2px solid red; padding: 10px; margin: 10px 0;"> <p style="text-align: center; color: blue;">Benefit Details</p>  </div>

The **Benefits Details** page displays with the **Benefits Summary** tab displayed by default.

< Cardinal Homepage
Benefit Details

- Benefits Summary
- Life Events
- Dependent/Beneficiary Info
- Benefits Enrollment
- Benefit Statements

**JOHN DOE**  
Transport Operatns Manager I

**Benefits Summary**

As Of

Refresh

Type of Benefit	Plan Description	Coverage or Participation
Medical	COVA Care + Expanded Dental	Single >
Imputed Life	Imputed Life Insurance Income	Salary X 2 >
403(b)	403(b) Plan No Employer Match	5% Before Tax >
Section 457	457 Plan 24 pay period EE	\$40 Before Tax >
Flex Spending Medical	Medical Flex Spending Account	\$1,000 Pledge
Flex Spending Dependent Care	Dependent Care FSA	\$2,000 Pledge

6.	Click the <b>Benefit Statements</b> tab. <div style="border: 2px solid red; padding: 10px; margin: 10px 0;">  Benefit Statements         </div>
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The **Benefit Statements** page displays.

< Cardinal Homepage
Benefit Details

- Benefits Summary
- Life Events
- Dependent/Beneficiary Info
- Benefits Enrollment
- Benefit Statements

**JOHN DOE**  
Transport Operatns Manager I

**Benefit Statements**


Statement Type

3 rows

Event Date	Issue Date	Enrollment Event	Statement Type
04/23/2021	04/23/2021 2:29:54PM	Event Maintenance	Confirmation Statement >
04/05/2021	04/23/2021 2:25:00PM	Event Maintenance	Submitted Enrollment >
04/04/2021	04/26/2021 3:02:57PM	Event Maintenance	Submitted Enrollment >

Step	Action
7.	Select the applicable statement type using the <b>Statement Type</b> dropdown button.

Statement Type

	The <b>Statement Type</b> field dropdown menu contains “Submitted Enrollment” statements and “Confirmation Statements”.
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8.	Click the <b>Expand</b> icon (>) to the far right of the corresponding row to view the applicable statement.
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Event Date	Issue Date	Enrollment Event	Statement Type	
04/23/2021	04/23/2021 2:29:54PM	Event Maintenance	Confirmation Statement	>
04/05/2021	04/23/2021 2:25:00PM	Event Maintenance	Submitted Enrollment	>
04/04/2021	04/26/2021 3:02:57PM	Event Maintenance	Submitted Enrollment	>

The **Benefits Statement** page displays for the applicable statement.

**Benefits Statement**

Statement Type Confirmation Statement      Description Event Maintenance      Print View

Enrollment Effective Date 04/23/2021      Statement Issue Date 04/23/2021 2:29PM

This statement confirms your Event Maintenance benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, please contact your benefits administrator. These coverages will remain in effect until the next Benefits Open Enrollment or you experience a change in family status or employment situation. Please keep the statement for your records.

**Statement Sections**

- > Personal Information
- > Cost Summary
- > Election Summary
- > Dependents and Beneficiaries
- > Investment Allocations

9.	Click the <b>Expand All</b> button to expand all sections or the <b>Individual Section Expand</b> icon (>) to expand an individual section.
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Step	Action
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The page refreshes and the expanded view of the statement displays.

**Benefits Statement**

Statement Type: Confirmation Statement      Description: Event Maintenance

Enrollment Effective Date: 04/23/2021      Statement Issue Date: 04/23/2021 2:29PM

[Print View](#)

This statement confirms your Event Maintenance benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, please contact your benefits administrator. These coverages will remain in effect until the next Benefits Open Enrollment or you experience a change in family status or employment situation. Please keep the statement for your records.

**Statement Sections**

[Collapse All](#)

**Personal Information**

This is your personal information currently on file. It is important that the data shown is complete and correct. If this information is not correct, update the information through the Personal Information or contact your Benefits Administrator.

**Contact Information**

Name: JOHN DOE  
 Mailing Address:  
 Email Address: noemail@virginia.gov

**Eligibility Information**

Home Address: 100 MAIN ST., RICHMOND, VA 24381-3618  
 Gender: Male  
 Marital Status: Unknown  
 Birth Date: 04/08/1958  
 Service Date: 11/06/2011

[Cost Summary](#)

10.	Review the expanded information on the statement.
11.	Click the <b>Print View</b> button in the top-right hand corner of the page to generate a PDF version of the Confirmation Statement that can be saved or printed.

**Print View**

The **Print View** of the statement displays in a separate window.

BEN\_Conf\_Stmt.pdf      1 / 9      100%      [Download] [Print] [Close]

1

2

3



**Cardinal**

VA Dept of Transportation  
Salaried Employee Benefit Pgm

**CONFIRMATION OF 2021 ELECTIONS**  
EVENT MAINTENANCE  
Statement Issue Date: 04/23/2021  
Enrollment Effective Date: 04/23/2021

JOHN DOE      Employee ID: 00049759900

This statement confirms your recent benefit elections. These coverages will remain in effect until you experience a change in family status or in your employment situation. If an error has been made in recording your elections, please contact your benefits administrator. Please keep a copy of this form for your records.

**PERSONAL INFORMATION**

Home Address: 100 MAIN ST., RICHMOND, VA 24381-3618  
 Email Address: noemail@virginia.gov  
 Gender: Male  
 Marital Status: Unknown  
 Birthdate: 1958-04-08

**ELECTION SUMMARY**

Benefit	Coverage	Category Base	Your Cost Per Pay Period
COVA Care + Expanded Dental	Single		\$ 62.50
Medical Flex Spending Account		\$ 1,000.00	\$ 250.00
Dependent Care FSA		\$ 2,000.00	\$ 500.00
Premium Reward Par Only			\$ -8.50
Flex Spending Admin Fee			\$ 2.10

\*Cost Reflected above are per pay period for agencies paid by the cardinal system, monthly for all others.

12.	Save or print the file as desired.
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