

How to Review Benefit Statements Overview

This Job Aid provides guidance on how to access and review Benefit Statements.

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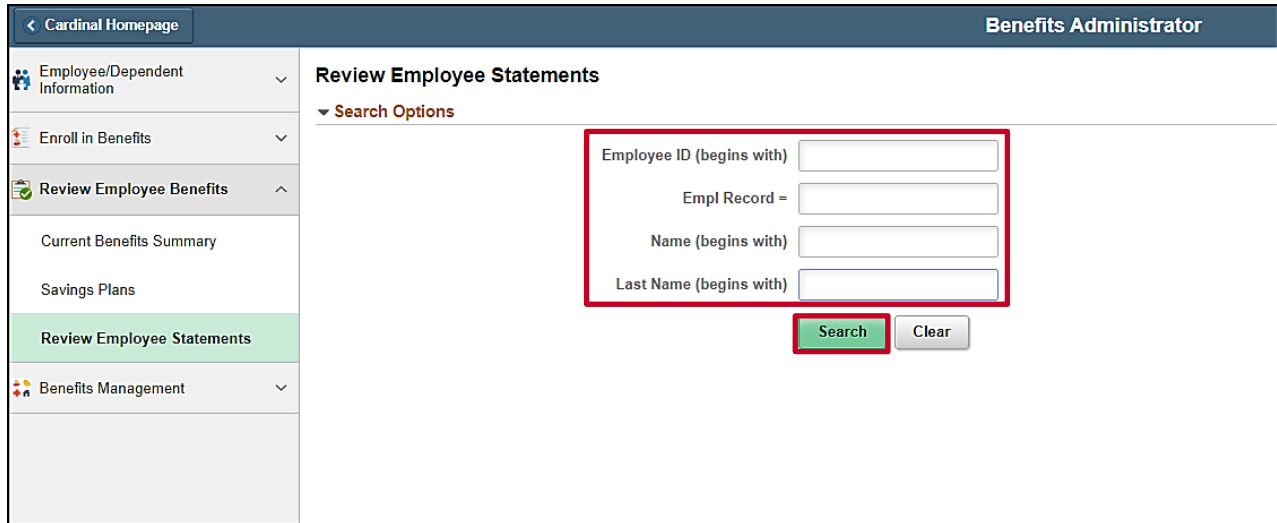
How to Review Benefit Statements

To review an employee's benefit statements the Locality BA can access the **Review Employee Statements** page.

1. Navigate to the **Review Employee Statements** page using the following path:

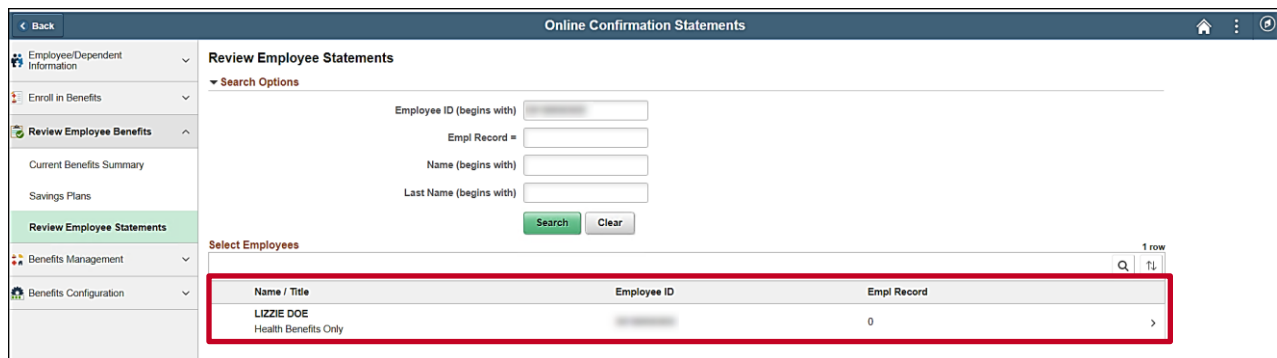
Benefit Administrator Tile > Review Employee Benefits > Review Employee Statements

The **Review Employee Statements Search** page displays.



2. Enter the **Employee ID** in the applicable search field.
3. Click the **Search** button.

The **Review Employee Statement Search** page refreshes.

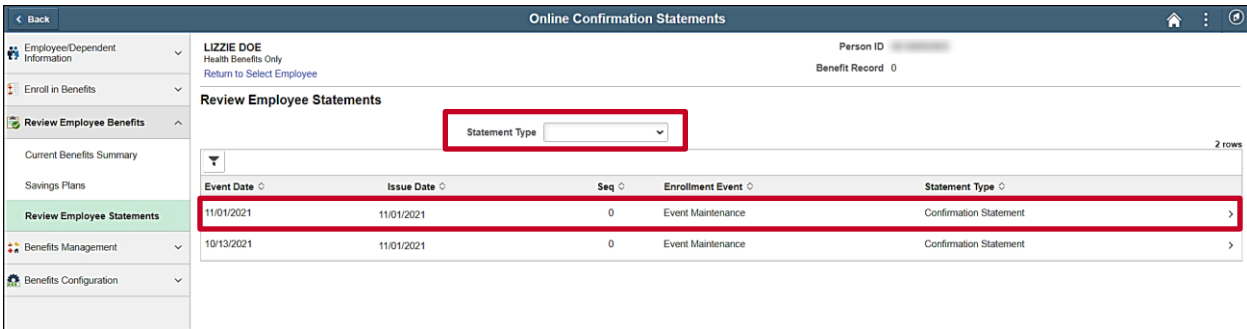


Name / Title	Employee ID	Empl Record
LIZZIE DOE Health Benefits Only		0

4. The **Review Employee Statements Search** page returns and displays results on the bottom of the page. Click on the appropriate employee/participant.

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The **Review Employee Statement** page displays with the employee's information.



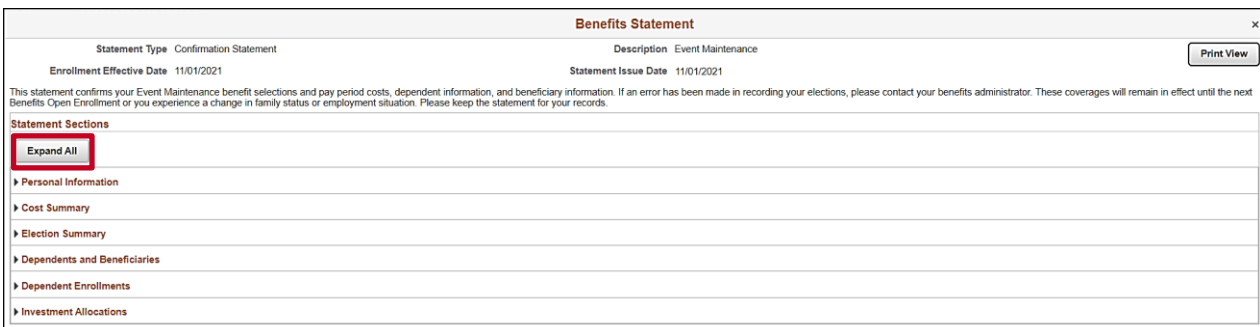
Event Date	Issue Date	Seq	Enrollment Event	Statement Type
11/01/2021	11/01/2021	0	Event Maintenance	Confirmation Statement
10/13/2021	11/01/2021	0	Event Maintenance	Confirmation Statement

5. Select the Statement desired to view and/or print from the **Statement Type** field drop-down menu. For this scenario, we will be viewing **Confirmation Statements**.

Note: COVA is only supporting Confirmation Statements – no other statement types.

6. Select the specific Statement row to view and/or print from the list that displays.

The **Confirmation Statement** displays.



Benefits Statement

Statement Type: Confirmation Statement Description: Event Maintenance [Print View](#)

Enrollment Effective Date: 11/01/2021 Statement Issue Date: 11/01/2021

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

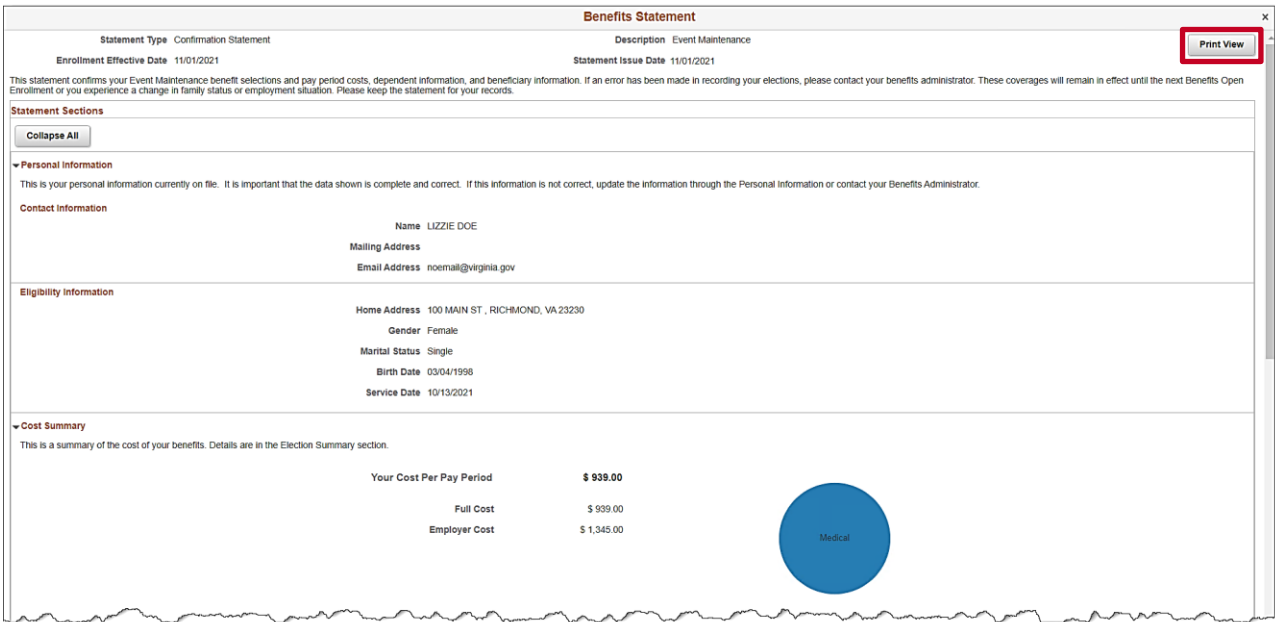
[Expand All](#)

- ▶ Personal Information
- ▶ Cost Summary
- ▶ Election Summary
- ▶ Dependents and Beneficiaries
- ▶ Dependent Enrollments
- ▶ Investment Allocations

7. To view the statement online click on the **Expand All** button.

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The **Expanded Confirmation Statement** displays.



Benefits Statement

Statement Type: Confirmation Statement Description: Event Maintenance

Enrollment Effective Date: 11/01/2021 Statement Issue Date: 11/01/2021

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

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: LIZZIE DOE
Mailing Address:
Email Address: noemail@virginia.gov

Eligibility Information

Home Address: 100 MAIN ST, RICHMOND, VA 23230
Gender: Female
Marital Status: Single
Birth Date: 03/04/1998
Service Date: 10/13/2021

Cost Summary

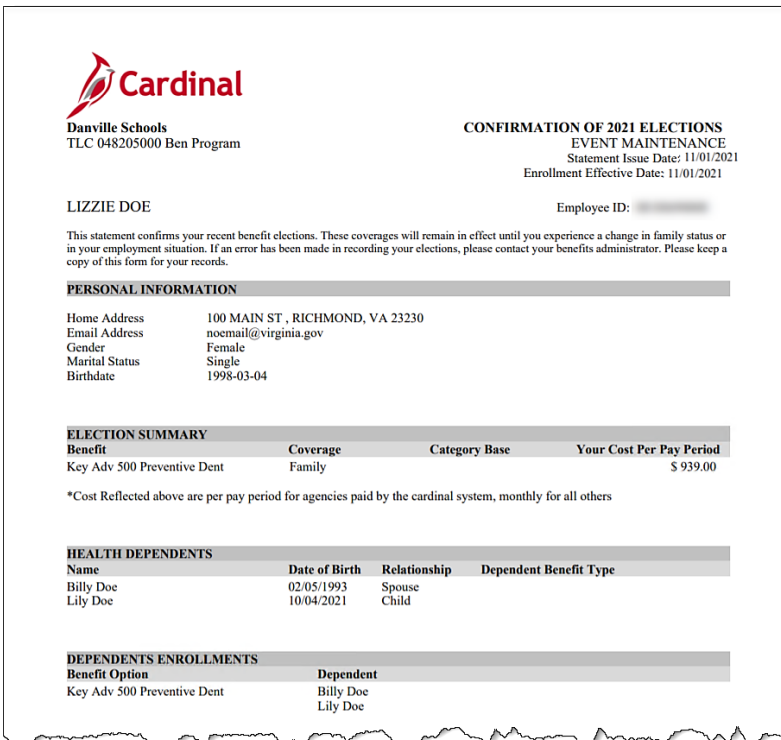
This is a summary of the cost of your benefits. Details are in the Election Summary section.

Your Cost Per Pay Period	\$ 939.00
Full Cost	\$ 939.00
Employer Cost	\$ 1,345.00

Medical

8. To print the statement, click on the **Print View** button.

The **Print View** for the selected **Statement** displays in a separate window.



Cardinal
Danville Schools
TLC 048205000 Ben Program

CONFIRMATION OF 2021 ELECTIONS
EVENT MAINTENANCE
Statement Issue Date: 11/01/2021
Enrollment Effective Date: 11/01/2021

LIZZIE DOE Employee ID: [REDACTED]

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 23230
Email Address: noemail@virginia.gov
Gender: Female
Marital Status: Single
Birthdate: 1998-03-04

ELECTION SUMMARY

Benefit	Coverage	Category Base	Your Cost Per Pay Period
Key Adv 500 Preventive Dent	Family		\$ 939.00

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

HEALTH DEPENDENTS

Name	Date of Birth	Relationship	Dependent Benefit Type
Billy Doe	02/05/1993	Spouse	
Lily Doe	10/04/2021	Child	

DEPENDENTS ENROLLMENTS

Benefit Option	Dependent
Key Adv 500 Preventive Dent	Billy Doe Lily Doe

9. Review the statement and print, as applicable.