



body

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| Retrieve an existing record | Begin typing the employee name or number. As you type the data, a drop-down list of corresponding data is displayed. Select an employee and click Retrieve . Or, click Directory to perform a search in the Employees Directory . Note: The employee autosuggest field includes employees whose records were created in Personnel but do not have a Pay Info or Job Info record. If the employee number does not exist in the system, a message is displayed prompting you to create a new employee. Click Yes . |
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Click **+Add** to add a row.

| Field | Description |
|------------------------------|---|
| Company | Click to select an insurance company. |
| Plan Number | Type or click to select a plan number for the selected insurance company. Or, press the SPACEBAR to view a list of available plan numbers. |
| Plan Type | Click to select a plan type to include the appropriate family members. |
| Employee Insurance ID | Type the insurance ID for the employee. The field can be a maximum of 20 digits. This field is optional. |

Under **Individuals Covered By:**

Click **+Add** to add a row for each individual (including the employee) covered by the selected plan in the top grid.

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|-----------------------|--|
| SSN | Type the nine-digit social security number of the family member covered by the employee's insurance policy. |
| DOB | Type the family member's date of birth in the MMDDYYYY format. |
| Relation | Click to select the relationship of the dependent to the employee. |
| First Name | Type the first name of the dependent. The field can be a maximum of 17 characters. |
| Middle Name | Type the middle name of the dependent. The field can be a maximum of 14 characters. |
| Last Name | Type the last name of the dependent. The field can be a maximum of 25 characters. |
| Gen | Click to select a generation code for the covered individual. |
| Coverage Begin | Type the date that the insurance coverage begins in the MMDDYYYY format. |
| Coverage End | Type the date that the insurance coverage was terminated in the MMDDYYYY format. If the insurance coverage is still active, leave this field blank. |

Click **Save**.