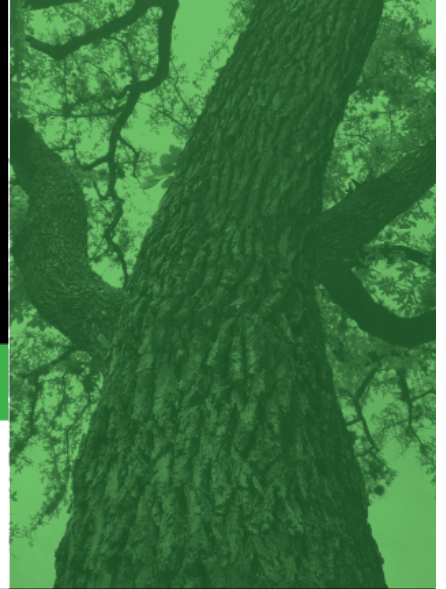




ASCENDER GUIDES



**body**






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<b>Retrieve an existing record</b>	<p>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 <b>Retrieve</b>. Or, click <b>Directory</b> to perform a search in the <a href="#">Employees Directory</a>.</p> <p><b>Note:</b> 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 <b>Yes</b>.</p>
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Click **+Add** to add a row.

<b>Field</b>	<b>Description</b>
<b>Company</b>	Click  to select an insurance company.
<b>Plan Number</b>	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.
<b>Plan Type</b>	Click  to select a plan type to include the appropriate family members.
<b>Employee Insurance ID</b>	Type the insurance ID for the employee. The field can be a maximum of 20 digits.

Under **Individuals Covered By:**

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

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

Click **Save**.