






body

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| Retrieve an existing record | <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 Retrieve. Or, click Directory to perform a search in the Employees Directory.</p> <p>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.</p> |
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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. |

Under **Individuals Covered By:**

Click **+Add** to add a row for each individual 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 | <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**.