



## Add or update staff insurance data



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Use this tab to create and maintain health insurance plan data, covered individuals, and coverage dates for each employee record.

If this data is maintained throughout the calendar year, you can extract this data to the 1095 forms. While most data will populate accurately, there are some records that may require manual edits.

Since ACA is reported over a calendar year, some employees may have multiple rows if they changed insurance companies during the last enrollment period and you added insurance codes for each plan.

<b>Retrieve an existing record</b>	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> . <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> .
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Click **+Add** to add a row.

Field	Description
<b>Company</b>	Click <b>▼</b> to select an insurance company.
<b>Plan Number</b>	Type or click <b>⋮</b> 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 <b>▼</b> 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. 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.

<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>	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**.



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