

### 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 Agency BA can access the **Review Employee Statements** page.

| Step          | Action  |
|---------------|---|
| 1.            | Navigate to the Review Employee Statements page using the following path:   |
|               | Benefit Administrator Tile > Review Employee Benefits > Review Employee Statements  |
| The <b>Re</b> | view Employee Statements Search page displays.  |
|               | Benefits Administrator  |
|               | Review Employee Statements - Search Options   |
|               | Employee ID (begins with)   |
|               | Name (begins with)  |
|               | Last Name (begins with)  Search Clear   |
| 2.            | Enter the employee's Employee ID in the <b>Empl ID</b> field.   |
|               | <b>Note</b> : Users can also search for the applicable employee using the various Name fields if the Employee ID is not known |
|               |   |
|               | Empl ID begins with ~   |
| 3.            | Click the <b>Search</b> button.   |
|               | Secret Class  |
|               | Search  |
| The <b>Re</b> | view Employee Statement Search page refreshes with the search results at the bottom of the                                    |
| page.         |   |
|               | Benefits Administrator 👚 : 🔮<br>Review Employee Statements  |
|               | ✓ Search Options Employee ID (begins wh0)   |
|               | EmplRecord =  |
|               | Last Name (begins with)   |
|               | Select Employees  |
|               | Name / Title         Employee ID         Empl Record           0         >  |



| Step | Action                          |                           |             |       |
|------|---------------------------------|---------------------------|-------------|-------|
| 4.   | Click the <b>Expand</b> icon fo | or the applicable employe | e.          | Q, TJ |
|      | Name / Title                    | Employee ID               | Empi Record | >     |

The Review Employee Statement refreshes and the employee's individual Benefit Statements display.

**Note**: Optionally, use the **Statement Type** dropdown button to narrow the search results down to a specific type of Benefit Statement. At this time, COVA is only using the "Confirmation Statements" Statement Type.

|                         |                       | Benefits Admin | istrator                      |                        | Â | : (  |
|-------------------------|-----------------------|----------------|-------------------------------|------------------------|---|------|
| Return to Select Employ | /ce                   |                | Person ID<br>Benefit Record   | 0                      |   |      |
| Review Employee         | e Statements          |                |                               |                        |   |      |
|                         | Statement T           | ype            | •                             |                        |   | 2 10 |
| T Event Date            | Incure Date           | fee.           | Foundament Front              | Enternant Trees        |   |      |
| 07/01/2022              | 06/01/2022 10:08:19PM | 2              | Open Enrollment May 2022 COVA | Confirmation Statement |   | >    |
| 07/01/2022              | 05/10/2022 8:08:18PM  | 0              | Open Enrollment May 2022 COVA | Confirmation Statement |   | >    |

5.

Click the **Expand** icon for the specific Benefit Statement that needs to be reviewed.

| ſ | T          |                       |     |                               |                        |   |
|---|------------|-----------------------|-----|-------------------------------|------------------------|---|
| I | Event Date | Issue Date            | Seq | Enrollment Event              | Statement Type         |   |
| l | 07/01/2022 | 06/01/2022 10:08:19PM | 2   | Open Enrollment May 2022 COVA | Confirmation Statement | > |
|   | 07/01/2022 | 05/10/2022 8:08:18PM  | ٥   | Open Enrollment May 2022 COVA | Confirmation Statement | > |

The **Benefits Statement** displays for the selected Benefit Statement.

|  |  | Benefits Statement   | ×   |
|--|--|--|---|
| Statement Type   | Confirmation Statement   | Description Open Enrollment May 2022 COVA  | Print View                                  |
| Statement Issue Date   | 06/01/2022 10:08PM   |  |   |
| This statement confirms your Open E<br>until the next Benefits Open Enrollme | nrollment May 2022 COVA benefit selections and pay period costs, on tor you experience a change in family status or employment situation of the second s | dependent information, and beneficiary information. If an error has been made in recording your elections, please contact your benefits administra-<br>tion. Please keep the statement for your records. | ator. These coverages will remain in effect |
| Statement Sections   |  |  |   |
| Expand All   |  |  |   |
| Personal Information   |  |  |   |
| Cost Summary   |  |  |   |
| Election Summary   |  |  |   |
| Dependents and Beneficiaries   |  |  |   |
| Dependent Enrollments  |  |  |   |
| ► Investment Allocations   |  |  |   |
|  |  |  |   |
| Click the <b>Ex</b>  | nand All button to vi  | ow the detailed information  |   |
|  | pand An Dutton to Vie  |  |   |
| Expand Al  | I  |  |   |



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# **BN361\_How to Review Benefit Statements**

|               |   |  | Benefits Statemen   | t   |   | ×                          |     |
|---------------|---|--|---|---|---|----------------------------|-----|
|               | Statement Type Confirmation Statement   |  | Description Ope   | n Enrollment May 2022 COVA                          |   | Print View                 |     |
|               | Statement Issue Date 06/01/2022 10:08PM   |  |   |   |   |                            |     |
|               | his statement confirms your Open Enrolment May 2022 COVA benefit selections and pay perior<br>flect until the next Benefits Open Enrolment or you experience a change in family status or emp | Losts, dependent inform<br>Asyment situation. Please | ation, and beneficiary information. It<br>keep the statement for your records | an error has been made in recording your elections  | please contact your benefits administrator. The | e coverages will remain in |     |
|               | Statement Sections  |  |   |   |   |                            |     |
|               | Collapse All  |  |   |   |   |                            |     |
|               | - Personal Information  |  |   |   |   |                            |     |
|               | This is your personal information currently on file. It is important that the data shown is comple  | te and correct. If this infr                         | ormation is not correct, update the in  | formation through the Personal Information or conta | ct your Benefits Administrator.                 |                            |     |
|               | Contact Information   |  |   |   |   |                            |     |
|               | Name  |  |   |   |   |                            |     |
|               | Mailing Address   |  |   |   |   |                            |     |
|               | Email Address   |  |   |   |   |                            |     |
|               | Eligibility Information   |  |   | _   |   |                            |     |
|               | Home Address  |  |   |   |   |                            |     |
|               | Gender  |  |   |   |   |                            |     |
|               | Marital Status  |  |   |   |   |                            |     |
|               | Birth Oste  |  |   |   |   |                            |     |
|               | Service Date  |  |   |   |   |                            |     |
|               | <ul> <li>Cost Summary</li> <li>This is a summary of the cost of your benefits. Details are in the Election Summary section.</li> </ul>  |  |   |   |   |                            |     |
|               | Your Cost Pe  | r Pay Period   | \$ 93.00  |   |   |                            |     |
|               |   |  |   |   |   |                            |     |
|               |   | Full Cost  | \$ 110.00   |   |   |                            |     |
|               |   | Improyer Cost  | 3/647.00  | Medical   |   |                            |     |
|               |   |  |   |   |   |                            |     |
|               |   |  |   |   |   |                            |     |
|               |   |  |   |   |   |                            |     |
|               |   |  | (   |   |   |                            | (1  |
|               | eview the information as need   | aea. Us  | se the vert   | cal scrolldar to                                    | scroll down ar                                  | id view all of             | the |
| / inf         | formation   |  |   |   |   |                            |     |
|               |   |  |   |   |   |                            |     |
| $\rightarrow$ |   |  |   |   |   |                            |     |
| -             |   |  |   |   |   |                            |     |
|               | print the Benefits Statemen   | t, click t   | ne Print V  | iew button.   |   |                            |     |
|               | -   |  |   |   |   |                            |     |



#### Step Action

The Benefits Statement displays as a PDF document in a separate window. If the Benefits Statement does not display, the user may need to allow pop-ups from the website.

| = MRCovel_Stant.pdf  | x / +   −   1000 + + 100 Ø   | ± 🖶 i |
|----------------------|--|-------|
|                      | CONTRACTION OF DE2 ELECTIONS<br>OF 12 DOUBLEMENT MAY PROVIDE TO THE DESCRIPTION<br>Description of the Description of the Description of the Description of the Description of the Description<br>Description of the Description of the |       |
|                      | FESSIVAL INCOMMETON  |       |
|                      | ELECTION SUBJECT         Coverage         Category flow         Your Cast Per Par Partial           COVA Cast - Pero Davat         187-Sprine         \$10000           Provide Model         187-Sprine         \$10000           Provide Model         687-Sprine         \$10000   |       |
|                      | *Con Reflected daws are par pay point for synchron paid by the curdinal synchron, manifely for all release<br>BELACTER DEPENDENTS<br>Name Been of Kirth Reflectenable Dependent Represent<br>Spread Dependent Dependent  |       |
| -<br>-<br>           | BEZYSNBOLLSHEYTS -<br>Benefic Opion<br>COVIA Clare + Proc Datall   |       |
| Review the statement | and print as needed.   |       |