Cardinal HCM Benefits Reports Catalog

VIRGINIA DEPARTMENT OF ACCOUNTS

Revised 5/11/2025

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Revision History

Revision Date	Summary of Changes
5/11/2025	Added the Monthly Enrollment Report.
1/15/2025	Baseline

Learning Materials and Resources

The **Cardinal HCM Benefits Reports Catalog** covers the Benefits (BN) functional area. Each functional area contains queries and reports specific to that area.

Note: Since reports and queries may be used by more than one functional area, if you do not find the report or query in your functional area, please use the **Find** feature (ctrl F) to search the other Cardinal HCM Reports Catalogs, as the report or query may be located in a different functional area.

After reviewing this **Cardinal HCM Benefits Reports Catalog**, if any additional information or guidance is needed, please refer to the following:

- **Cardinal SW NAV225 Cardinal Reporting (HCM):** This Web Based Training (WBT) course provides training and interactive demonstrations that cover the fundamentals of how to run or access reports and queries. This course is available in **Cardinal Learning** and on the **Cardinal Website**. The course provides:
  - Key concepts in Cardinal HCM reporting
  - How to navigate to the Query Viewer, how to search for and run an HCM query and how to access query results online or by download
  - How to run HCM reports and how to navigate to the Report Manager and view reports

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Benefit Audit Queries
V_OHB_AUDIT_DEP_ADR
V_OHB_AUDIT_DEP_MEDICARE
V_OHB_AUDIT_DEP_NAME
V_OHB_AUDIT_EVENTS
V_OHB_AUDIT_PAR_MEDICARE
V_OHB_AUDIT_QMCSO

REVISED: 09/15/2021

DESCRIPTION:
This audit query is used to investigate benefit changes and is identified by the user, date, and time of the change.

Note: This query is for Office of Health Benefits (OHB); however, due to query export size limitations, it is not for OHB Statewide use.

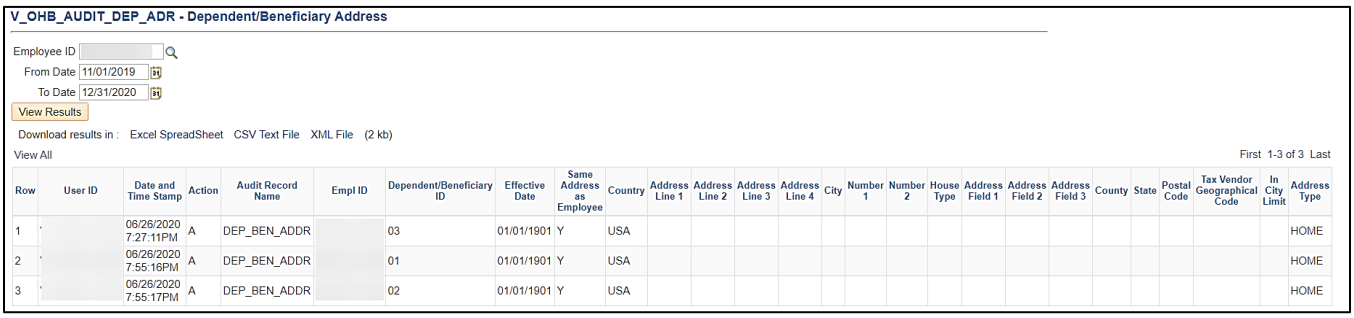
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_DEP_ADR
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_DEP_MEDICARE
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_DEP_NAME
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_EVENTS
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_PAR_MEDICARE
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_OHB_AUDIT_QMCSO

INPUT / SEARCH CRITERIA:
Employee ID
From Date
To Date

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
Employee ID, **From Date** and **To Date** fields are required fields.

Screenshot of the Dependent/Beneficiary Address Query


V_OHB_AUDIT_DEP_ADR - Dependent/Beneficiary Address

Employee ID
From Date 11/01/2019
To Date 12/31/2020
View Results
Download results in : Excel SpreadSheet CSV Text File XML File (2 kb)
View All
First 1-3 of 3 Last

Row	User ID	Date and Time Stamp	Action	Audit Record Name	Empl ID	Dependent/Beneficiary ID	Effective Date	Same Address as Employee	Country	Address Line 1	Address Line 2	Address Line 3	Address Line 4	City	Number 1	Number 2	House Type	Address Field 1	Address Field 2	Address Field 3	County	State	Postal Code	Tax Vendor Geographical Code	In City Limit	Address Type
1		06/26/2020 7:27:11PM	A	DEP_BEN_ADDR		03	01/01/1901	Y	USA																	HOME
2		06/26/2020 7:55:16PM	A	DEP_BEN_ADDR		01	01/01/1901	Y	USA																	HOME
3		06/26/2020 7:55:17PM	A	DEP_BEN_ADDR		02	01/01/1901	Y	USA																	HOME

Screenshot of the Dependent/Beneficiary Medicare Effective Date Query

V_OHB_AUDIT_DEP_MEDICARE - Dependent/Beneficiary Effdt

Employee ID
From Date 06/01/2021
To Date 06/30/2021
View Results
Download results in : Excel SpreadSheet CSV Text File XML File (1 kb)
View All
First 1-1 of 1 Last

Row	User ID	Date and Time Stamp	Action	Audit Record Name	Empl ID	Dependent/Beneficiary ID	Effective Date	Medicare A Indicator	Medicare B Indicator	Medicare D Indicator	Medicare Number	Alternate Medicare Number	Medicare Reason A	Medicare Reason B	Medicare Reason D	HIPAA Medicare Elig Reason
1		06/02/2021 10:03:31AM	A	BN_DEPBEN_EFFDT		01	06/02/2021	Y	Y	N	123456789					

Screenshot of the Dependent/Beneficiary Name Query

V_OHB_AUDIT_DEP_NAME - Dependent/Beneficiary Name

Employee ID
From Date 01/01/2020
To Date 12/31/2020
View Results
Download results in : Excel SpreadSheet CSV Text File XML File (5 kb)
View All

Row	User ID	Date and Time Stamp	Action	Audit Record Name	Empl ID	Dependent/Beneficiary ID	Effective Date	Format Using	Name	Name Initials	Name Prefix	Name Suffix	Name Royal Prefix	Name Royal Suffix	Title	Last Name	First Name	Last Name	First Name	M
1		06/26/2020 7:27:11PM	A	DEP_BEN_NAME		03	01/01/1901	001												R
2		06/26/2020 7:55:16PM	A	DEP_BEN_NAME		01	01/01/1901	001												R
3		06/26/2020 7:55:17PM	A	DEP_BEN_NAME		02	01/01/1901	001												A

Screenshot of the Dependent/Beneficiary Name Query (scrolled right)

First 1-3 of 3 Last

Title	Last Name	First Name	Last Name	First Name	Middle Name	Second Last Name	Second Last Name	Alternate Character Name	Preferred First Name	Last Name Partner	Prefix Partner	Last Name Preference	Display Name	Formal Name	Entity Name	Tax ID	Document ID	Documentation Date
					R							1						
					R							1						
					A							1						

Screenshot of the Update Event Status Query

V_OHB_AUDIT_EVENTS - Update Event Status

Employee ID
From Date 06/01/2021
To Date 06/30/2021
View Results
Download results in : Excel SpreadSheet CSV Text File XML File (1 kb)
View All

Row	User ID	Date and Time Stamp	Action	Audit Record Name	Empl ID	Schedule ID	Benefit Record Number	Event Identification	Address Effective Date	Empl Record	Job Effective Date	Job Effective Sequence	Benefit Program	Event Classification	Event Status	Process Status	Process Indicator	Address Eligibility Changed	MultiJob Indicator Changed	Job Eligibility Changed	Event Disconnected	Event Out of Sequence	Address Elig Changed Date
1		06/02/2021 10:20:19AM	C	BAS_PARTIC		EM00	0	1	11/10/2018	0	11/09/2019	0	SAL	BIR	O	PR	N	N	N	N	N	N	

Screenshot of the Update Event Status Query (scrolled right)

First 1-1 of 1 Last

Event Out of Sequence	Address Elig Changed Date	MultiJob Effective Date	Job Elig Changed Date	Event Disconnect Date	Event Changed Date	Finalize/Apply Defaults	Excess Credit Rollover To	Election Source	Event Empl Record	Event Date	Effective Sequence of Event	Event Priority	Source of Action	Multi-Activity Indicator	Status Date	Date Notified of Options	Elections Received Date	Date Notified of Confirmation	Confirmation Received Date	Service Date	COBRA Action	Available through Self Service	Hire Date	Service Comp Date - TSP	Print Option	Days to Print
N						N	F	N	0	06/01/2021	0	410	ME	N	06/02/2021					11/10/2018		Y			B	0

Screenshot of the Benefit Person Effective Date

V_OHB_AUDIT_PAR_MEDICARE - Benefit Person Effective Date

Employee ID

From Date 06/01/2021

To Date 06/30/2021

View Results

Download results in : Excel SpreadSheet CSV Text File XML File (1 kb)

View All

First 1-1 of 1 Last

Row	User ID	Date and Time Stamp	Action	Audit Record Name	Empl ID	Effective Date	Medicare A Indicator	Medicare B Indicator	Medicare D Indicator	Champus Indicator	Medicare Number	Alternate Medicare Number	Medicare Reason A	Medicare Reason B	Medicare Reason D	HIPAA Medicare Elig Reason
1		06/02/2021 10:07:15AM	A	BN_PERSON_EFFDT		06/01/2021	Y	Y	N	N						0

Screenshot of the Dependent/Beneficiary Rider

V_OHB_AUDIT_QMCSO - Dependent/Beneficiary Rider

Employee ID

From Date 06/01/2021

To Date 06/30/2021

View Results

Download results in : Excel SpreadSheet CSV Text File XML File (1 kb)

View All

First 1-1 of 1 Last

Row	User ID	Date and Time Stamp	Action	Audit Record Name	Empl ID	Dependent/Beneficiary ID	Plan Type	Start Date	Effective Sequence	Status as of Effective Date	End Date	State	Court Order Number	Comment	Rider Type
1		06/02/2021 10:28:48AM	A	DEPBEN_RIDER		04	10	06/01/2021	1	A	08/31/2023	VA		C	

COVA Health Plan Participants Query
V_ BN_COVA_HLTH_PARTC

REVISED: 09/15/2021

DESCRIPTION:
This query lists all employees enrolled in a health benefit plan as of a certain date. This report can be run for all carriers or for a specific carrier. The output can be used mailing labels for open enrollment.

Note: Due to query export size limitations, this query is not for OHB Statewide use.

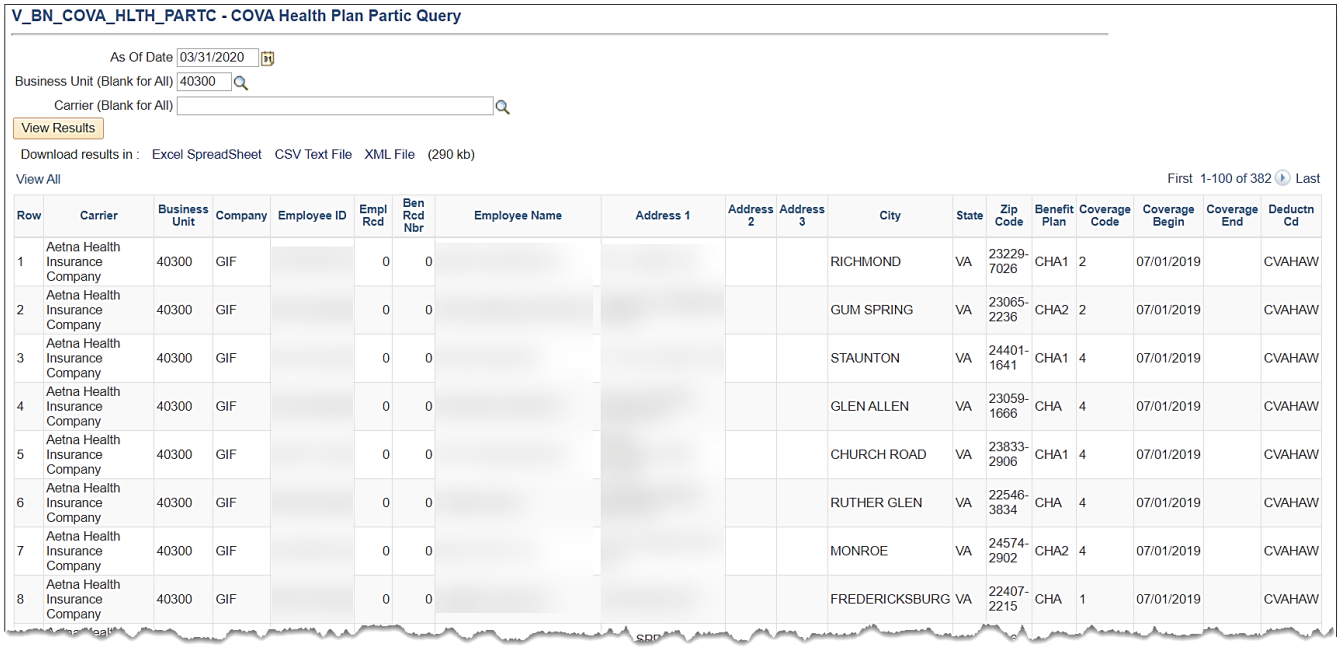
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_COVA_HLTH_PARTC

INPUT / SEARCH CRITERIA:
As Of Date
Business Unit (Blank for All)
Carrier (Blank for All)

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
As Of Date field is a required field.

Screenshot of the COVA Health Plan Participants Query



V_BN_COVA_HLTH_PARTC - COVA Health Plan Partic Query

As Of Date 03/31/2020
Business Unit (Blank for All) 40300
Carrier (Blank for All)
View Results
Download results in : Excel SpreadSheet CSV Text File XML File (290 kb)
View All
First 1-100 of 382 Last

Row	Carrier	Business Unit	Company	Employee ID	Empl Rcd	Ben Rcd Nbr	Employee Name	Address 1	Address 2	Address 3	City	State	Zip Code	Benefit Plan	Coverage Code	Coverage Begin	Coverage End	Deductn Cd
1	Aetna Health Insurance Company	40300	GIF		0	0					RICHMOND	VA	23229-7026	CHA1	2	07/01/2019		CVAHAW
2	Aetna Health Insurance Company	40300	GIF		0	0					GUM SPRING	VA	23065-2236	CHA2	2	07/01/2019		CVAHAW
3	Aetna Health Insurance Company	40300	GIF		0	0					STAUNTON	VA	24401-1641	CHA1	4	07/01/2019		CVAHAW
4	Aetna Health Insurance Company	40300	GIF		0	0					GLEN ALLEN	VA	23059-1666	CHA	4	07/01/2019		CVAHAW
5	Aetna Health Insurance Company	40300	GIF		0	0					CHURCH ROAD	VA	23833-2906	CHA1	4	07/01/2019		CVAHAW
6	Aetna Health Insurance Company	40300	GIF		0	0					RUTHER GLEN	VA	22546-3834	CHA	4	07/01/2019		CVAHAW
7	Aetna Health Insurance Company	40300	GIF		0	0					MONROE	VA	24574-2902	CHA2	4	07/01/2019		CVAHAW
8	Aetna Health Insurance Company	40300	GIF		0	0					FREDERICKSBURG	VA	22407-2215	CHA	1	07/01/2019		CVAHAW

Data Sheet Status Query
V_BN_EMPL_DATA_SHEET_STATUS

REVISED: 09/15/2021

DESCRIPTION:
This query is used by OHB to monitor the status of The Local Choice (TLC) jurisdictions who have or have not completed and certified their Employer Data Sheet.

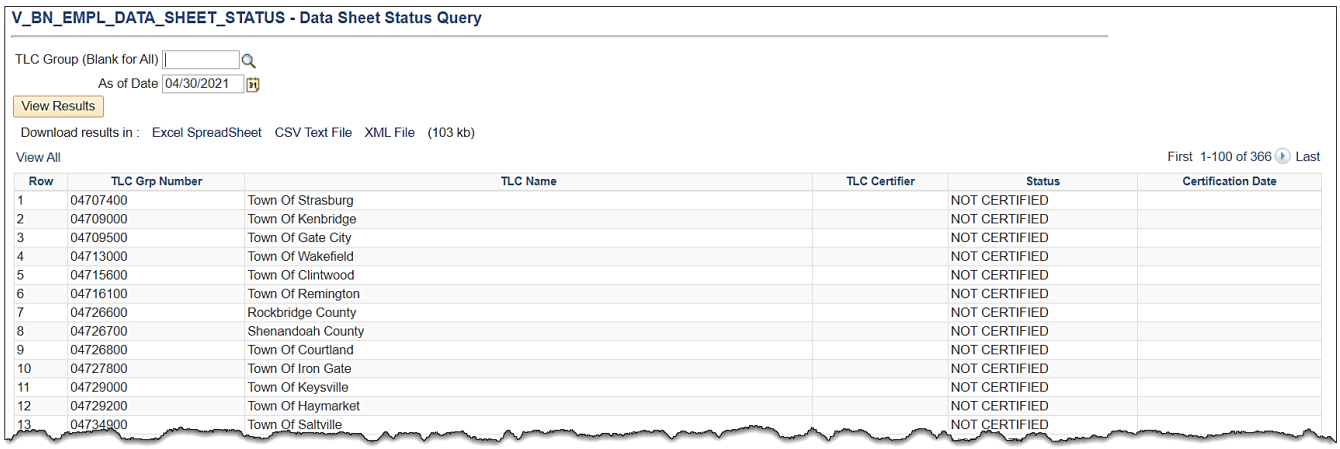
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_EMPL_DATA_SHEET_STATUS

INPUT / SEARCH CRITERIA:
TLC Group (Blank for All)
As of Date

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
As of Date field is a required field.

Screenshot of the Data Sheet Status Query



Row	TLC Grp Number	TLC Name	TLC Certifier	Status	Certification Date
1	04707400	Town Of Strasburg		NOT CERTIFIED	
2	04709000	Town Of Kenbridge		NOT CERTIFIED	
3	04709500	Town Of Gate City		NOT CERTIFIED	
4	04713000	Town Of Wakefield		NOT CERTIFIED	
5	04715600	Town Of Clintwood		NOT CERTIFIED	
6	04716100	Town Of Remington		NOT CERTIFIED	
7	04726600	Rockbridge County		NOT CERTIFIED	
8	04726700	Shenandoah County		NOT CERTIFIED	
9	04726800	Town Of Courtland		NOT CERTIFIED	
10	04727800	Town Of Iron Gate		NOT CERTIFIED	
11	04729000	Town Of Keysville		NOT CERTIFIED	
12	04729200	Town Of Haymarket		NOT CERTIFIED	
13	04734900	Town Of Saltville		NOT CERTIFIED	

Defaulted OE Elections Query
V_BN_OE_DEFLT_EE

REVISED: 09/15/2021

DESCRIPTION:
This query lists employees whose Open Enrollment (OE) health benefit plan defaults to a new plan if no action is taken because the old plan is no longer offered.

This query is used by agency Benefits Administrators.

NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_OE_DEFLT_EE

INPUT / SEARCH CRITERIA:
Schedule ID
COMMIT (checkbox)

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
During OE, run this query with the COMMIT checkbox unchecked. At the end of OE, run this query with the COMMIT checkbox checked.

Screenshot of the Defaulted OE Elections Query

V_BN_OE_DEFLT_EE - Defaulted OE Elections Query

Schedule ID
COMMIT ☑
View Results
Download results in : Excel SpreadSheet CSV Text File XML File (5 kb)
View All
First 1-7 of 7 Last

Row	Employee ID	Empl Rcd	Name	Business Unit	Department	Address 1	Address 2	City	State	Postal	Phone Number	Email Address	Benefit Program	Old Benefit Plan	New Benefit Plan	Coverage Code	Time Date Stamp
1		0		35000	350			RICHMOND	VA	23222-3213			SAL	OH	CHA3	1	05/04/2021 2:44:47PM
2		0		10900	10900			MIDLOTHIAN	VA	23114-4550			SAL	OH	CHA3	4	05/04/2021 2:44:47PM
3		0		10900	10900			RICHMOND	VA	23225-1072			SAL	OH	CHA3	4	05/04/2021 2:44:47PM
4		0		85100	80100			FERRUM	VA	24088-3308			SAL	OH	CHA3	3	04/16/2021 4:36:18PM
5		0		10900	10900			HENRICO	VA	23231-6516			SAL	OH	CHA3	4	04/16/2021 4:36:18PM
6		0		35000	350			GLEN ALLEN	VA	23060-2267			SAL	OH	CHA3	1	05/04/2021 2:44:47PM
7		0		10900	10900			RICHMOND	VA	23220-3905			SAL	OH	CHA3	1	05/04/2021 2:44:47PM

Employee Benefit Data Query
V_BN_EMPL_BEN_DATA

REVISED: 09/15/2021

DESCRIPTION:
This query lists employee benefit enrollments as of a certain date with parameters to filter data for a specified population.

NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_EMPL_BEN_DATA

INPUT / SEARCH CRITERIA:

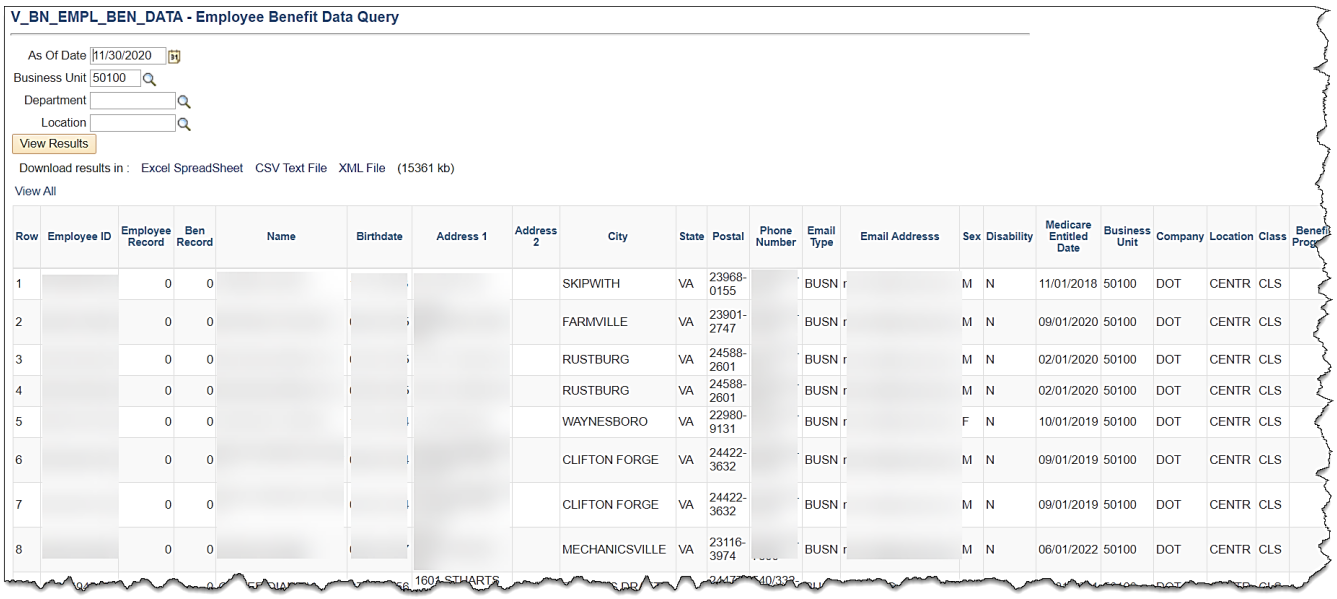
As Of Date
Business Unit
Department
Location

OUTPUT FORMAT:

HTML
Excel

ADDITIONAL INFORMATION:
As Of Date field is a required field.

Screenshot of the Employee Benefit Data Query



V_BN_EMPL_BEN_DATA - Employee Benefit Data Query

As Of Date 11/30/2020
Business Unit 50100
Department
Location
View Results
Download results in : Excel SpreadSheet CSV Text File XML File (15361 kb)
View All

Row	Employee ID	Employee Record	Ben Record	Name	Birthdate	Address 1	Address 2	City	State	Postal	Phone Number	Email Type	Email Addresss	Sex	Disability	Medicare Entitled Date	Business Unit	Company	Location	Class	Benefit Prog
1		0	0					SKIPWITH	VA	23968-0155		BUSN		M	N	11/01/2018	50100	DOT	CENTR	CLS	
2		0	0					FARMVILLE	VA	23901-2747		BUSN		M	N	09/01/2020	50100	DOT	CENTR	CLS	
3		0	0					RUSTBURG	VA	24588-2601		BUSN		M	N	02/01/2020	50100	DOT	CENTR	CLS	
4		0	0					RUSTBURG	VA	24588-2601		BUSN		M	N	02/01/2020	50100	DOT	CENTR	CLS	
5		0	0					WAYNESBORO	VA	22980-9131		BUSN		F	N	10/01/2019	50100	DOT	CENTR	CLS	
6		0	0					CLIFTON FORGE	VA	24422-3632		BUSN		M	N	09/01/2019	50100	DOT	CENTR	CLS	
7		0	0					CLIFTON FORGE	VA	24422-3632		BUSN		M	N	09/01/2019	50100	DOT	CENTR	CLS	
8		0	0					MECHANICSVILLE	VA	23116-3974		BUSN		M	N	06/01/2022	50100	DOT	CENTR	CLS	

Screenshot of the Employee Benefit Data Query (scrolled right)

lass	Benefit Program	Eligibility 1	Eligibility 2	Eligibility 3	Eligibility 4	Eligibility 5	Eligibility 6	Eligibility 7	Eligibility 8	Eligibility 9	Linked Employee ID	Coverage Begin Date	Coverage End Date	Coverage Election	Benefit Plan	Coverage Code	FSA Effective Date	FSA Coverage Begin Date	FSA Election Date	FSA Coverage End Date	FSA Plan	FSA Annual Pledge	FSA Deduction Override	S Be Begi
LS		VSN0000	501042000	Y			30501		12-24	SF-GB		07/01/2019		E	ACC5	1	07/01/2019	07/01/2019	08/04/2020			0.00	0.00	07/0
LS		VSN0000	501032000	Y			30501		12-24	SF-GB		07/01/2019		E	ACC5	2	07/01/2019	07/01/2019	08/04/2020			0.00	0.00	07/0
LS		VSN0000	501032000	Y			30501		12-24	SF-GB		09/01/2019		E	ACC5	2	07/01/2019	07/01/2019	08/04/2020			0.00	0.00	07/0
LS		VSN0000	501032000	Y			30501		12-24	SF-GB		09/01/2019		E	ACC5	2	07/01/2019	07/01/2019	08/04/2020			0.00	0.00	06/3
LS		VSN0000	501082000	Y			30501		12-24	SF-GB		07/01/2019		E	ACC2	1	07/01/2019	07/01/2019	08/04/2020			0.00	0.00	07/0
LS		VSN0000	501022000	N			30501		12-24	SF-GB		07/01/2019		E	ACC5	2	07/01/2019	07/01/2019	08/04/2020			0.00	0.00	07/0
LS		VSN0000	501022000	N			30501		12-24	SF-GB		07/01/2019		E	ACC5	2	07/01/2019	07/01/2019	08/04/2020			0.00	0.00	06/3
LS		VSN0000	501062000	Y			30501		12-24	SF-GB		07/01/2019		E	ACC4	4	07/01/2019	07/01/2019	08/04/2020			0.00	0.00	07/0

Screenshot of the Employee Benefit Data Query (continued scrolled right)

First 1-100 of 10172 Last

FSA eduction verride	Simple Benefit Begin Date	Simple Benefit Election	Simple Benefit Plan	Savings Effective Date	Savings Coverage Begin Date	Savings Election Date	Savings End Date	Savings Plan	Deduction Amount	Percent of Gross	Deduction Amt After-Tax	Percent of Gross After-Tax	Agency Use 1	Agency Use 2	Agency Use 3
0.00	07/01/2019	W		11/25/2019	11/25/2019	07/14/2020		457P24	40.00	0.000	0.00	0.000			
0.00	07/01/2019	W		11/25/2019	11/25/2019	07/14/2020		457P24	50.00	0.000	0.00	0.000			
0.00	07/01/2019	W		11/25/2019	11/25/2019	07/14/2020		457P24	40.00	0.000	0.00	0.000			
0.00	06/30/2020	T		11/25/2019	11/25/2019	07/14/2020		457P24	40.00	0.000	0.00	0.000			
0.00	07/01/2019	W		11/25/2019	11/25/2019	07/14/2020		457P24	100.00	0.000	0.00	0.000			
0.00	07/01/2019	W		11/25/2019	11/25/2019	07/14/2020		457P24	100.00	0.000	0.00	0.000			
0.00	06/30/2020	T		11/25/2019	11/25/2019	07/14/2020		457P24	100.00	0.000	0.00	0.000			
0.00	07/01/2019	W		11/25/2019	11/25/2019	07/14/2020		457P24	125.00	0.000	0.00	0.000			

Employee FSA Election Changes Query
V_BN_FSA_DIFFERENCES

REVISED: 12/10/2024

DESCRIPTION:
This query is used to identify employees that may have had a change to their FSA benefit elections. The report will show the current election and the two prior elections.

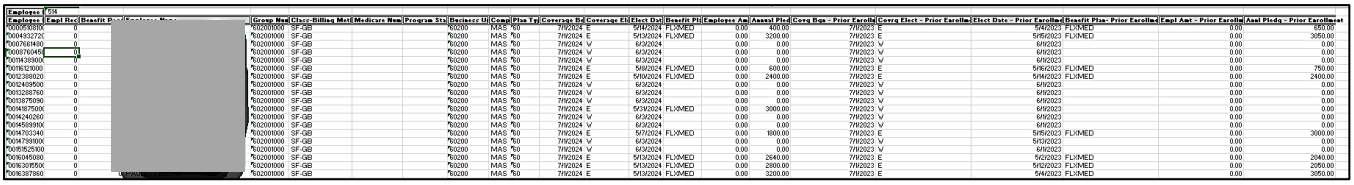
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_FSA_DIFFERENCES

INPUT / SEARCH CRITERIA:	OUTPUT FORMAT:
Current Date	HTML
Plan Type	Excel

ADDITIONAL INFORMATION:
The **Current Date** and **Plan Type** fields are required fields.

- For the Plan Type field, choose either “60 / Flex Spending Medical” or “61 / Flex Spending Dependent Care”

Screenshot of the Employee FSA Election Changes Query



Employee	654																												
Employee	Empl Rcd	Benefit Rcd	Employee Name	Group Nam	Class-Billing Mat	Medicare Nem	Program Sta	Business U	Comp	Plan Ty	Coverage Bd	Coverage Ele	Elect Dat	Benefit Pl	Employee Am	Annual Ple	Coverg Bgn - Prior Enrolle	Coverg Elect - Prior Enrolle	Elect Date - Prior Enrolled	Benefit Plan- Prior Enrolled	Empl Amt - Prior Enrolle	Annl Pledg - Prior Enrollment
*0000698806	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	E	5/14/2024	FLXMED	0.00	400.00	7/1/2023	E	5/4/2023	FLXMED	0.00	950.00
*0004932720	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	E	5/13/2024	FLXMED	0.00	3200.00	7/1/2023	E	5/15/2023	FLXMED	0.00	3050.00
*0007661480	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	6/1/2023		0.00	0.00
*0009760460	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	6/1/2023		0.00	0.00
*0011438900	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	6/1/2023		0.00	0.00
*0011623000	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	E	5/16/2024	FLXMED	0.00	600.00	7/1/2023	E	5/16/2023	FLXMED	0.00	750.00
*0012388020	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	E	5/10/2024	FLXMED	0.00	2400.00	7/1/2023	E	5/14/2023	FLXMED	0.00	2400.00
*0012405500	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	6/1/2023		0.00	0.00
*0013288760	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	6/1/2023		0.00	0.00
*0013875090	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	6/1/2023		0.00	0.00
*0014987500	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	E	5/13/2024	FLXMED	0.00	3000.00	7/1/2023	V	6/1/2023		0.00	0.00
*0014240260	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	6/1/2023		0.00	0.00
*0014588980	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	6/1/2023		0.00	0.00
*0014703340	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	E	5/17/2024	FLXMED	0.00	1000.00	7/1/2023	E	5/15/2023	FLXMED	0.00	3000.00
*0014789900	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	5/15/2023		0.00	0.00
*0015852900	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	V	6/3/2024		0.00	0.00	7/1/2023	V	6/1/2023		0.00	0.00
*0016045090	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	E	5/13/2024	FLXMED	0.00	2640.00	7/1/2023	E	5/12/2023	FLXMED	0.00	2040.00
*0016305850	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	E	5/13/2024	FLXMED	0.00	2800.00	7/1/2023	E	5/12/2023	FLXMED	0.00	2050.00
*0016387860	0			*82000000	SF-GB			*80200	MAS	*60	7/1/2024	E	5/13/2024	FLXMED	0.00	3200.00	7/1/2023	E	5/4/2023	FLXMED	0.00	3050.00

Employee HLTH Election Changes Query
V_BN_HEALTH_DIFFERENCES

REVISED: 12/10/2024

DESCRIPTION:
This query is used to identify employees that may have had a change to their Health benefit elections. The report will show the current election and their prior election.

NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_HEALTH_DIFFERENCES

INPUT / SEARCH CRITERIA:
Current Date
Company
Business Unit

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
The **Current Date** field is a required field.

- The Company and Business Unit fields are optional fields that can be used the number of employees (search results) returned.

Screenshot of the Employee HLTH Election Changes Query

Employee ID	Empl Rec	Benefit Rec	Employee Name	Group Num	Class Billing Meth	Medicare Num	Program Sta	Business Un	Comp	Linked ID	Coverage Be	Coverage En	Elect Date	Benefit Pl	Coverage C	Covg Bgn - Prior Enrollme	Covrg Elect - Prior Enrollme	Elect Date - Prior Enrollme	Benefit Plan- Prior Enrollme	Coverage C	HR St
	0	0		501052000	SF-GB		50100	DOT			7/1/2020	E	3/26/2021	ACC5	2						A
	0	0		501032000	SF-GB		50100	DOT			7/1/2020	E	3/26/2021	ACC5	2						A
	0	0		501082000	SF-GB		50100	DOT			2/15/2021	E	3/26/2021	ACC2	1	12/1/2020	E	12/2/2021	ACC2	1	A
	0	0		501022000	SF-GB		50100	DOT			7/1/2020	E	3/26/2021	ACC5	2						A
	0	0		501062000	SF-GB		50100	DOT			10/1/2021	E	11/24/2021	ACC4	2	7/1/2020	E	9/28/2021	ACC4	4	A
	0	0		501052000	SF-GB		50100	DOT			7/1/2020	E	3/26/2021	ACC2	1						A
	0	0		501022000	SF-GB		50100	DOT			7/1/2019	E	10/14/2021	ACC2	1	12/1/2012	E	9/28/2021	ACC0	1	A
	0	0		501042000	SF-GB		50100	DOT			7/1/2020	E	3/26/2021	ACC4	1						A
	0	0		501042000	SF-GB		50100	DOT			7/1/2020	E	3/26/2021	ACC5	2						A
	0	0		501052000	SF-GB		50100	DOT			7/1/2020	E	3/26/2021	ACC4	2						A
	0	0		501032000	SF-GB		50100	DOT			3/1/2021	E	3/26/2021	ACC3	2	7/1/2020	E	12/2/2021	ACC3	2	A
	0	0		501022000	SF-GB		50100	DOT			7/1/2020	E	3/26/2021	ACC2	2						A
	0	0		501032000	SF-GB		50100	DOT			7/1/2024	E	5/15/2024	ACC4	2	7/1/2022	E	5/26/2022	ACC0	2	A

Employee PRW Election Changes Query
V_BN_PRW_FEE_DIFFERENCES

REVISED: 12/10/2024

DESCRIPTION:
This query is used to identify employees that may have had a change to their Simple Health (premium rewards) benefit elections. The report will show the current election and their prior elections.

NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_PRW_FEE_DIFFERENCES

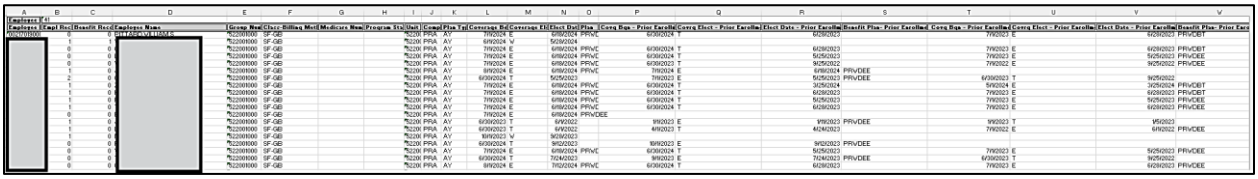
INPUT / SEARCH CRITERIA:
Current Date
Plan Type
Company
Business Unit

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
The **Current Date** and **Plan Type** fields are required fields.

- The Company and Business Unit fields are optional fields that can be used the number of employees (search results) returned.

Screenshot of the Employee PRW Election Changes Query



A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
Employee Fil																						
Employee	Empl Rec	Benefit Rec	Employee Name	Group Nam	Chrgr Billing Mod	Medicare Nam	Program Sta	Unit	Comp	Plan Ty	Coverage Ed	Coverage Eff	Elect Dat	Plan	Covrg Bgn - Prior Enrolle	Covrg Elect - Prior Enrolle	Elect Date - Prior Enrolle	Benefit Plan- Prior Enrolled	Covg Bgn - Prior Enrolle	Covrg Elect - Prior Enrolle	Elect Date - Prior Enrolle	Benefit Plan- Prior Enro
4294967000	0	0	[redacted]	82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVE	6/30/2024	T	6/28/2023		7/9/2023	E	6/28/2023	PRVDBT
	1	0		82200R000	SF-GB			82200	PRA	AY	6/9/2024	V	5/30/2024									
	0	0		82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVE	6/30/2024	T	6/28/2023		7/9/2023	E	6/28/2023	PRVDBT
	0	0		82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVE	6/30/2024	T	5/25/2023		7/9/2023	E	5/25/2023	PRVDEE
	0	0		82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVE	6/30/2023	T	9/25/2022		7/9/2022	E	9/25/2022	PRVDEE
	1	0		82200R000	SF-GB			82200	PRA	AY	8/9/2024	E	6/09/2024	PRVE	7/9/2024	E	6/09/2024	PRVDEE				
	2	0		82200R000	SF-GB			82200	PRA	AY	6/30/2024	T	5/25/2023		7/9/2023	E	5/25/2023	PRVDEE	6/30/2023	T	9/25/2022	
	1	0		82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVE	6/30/2024	T	3/25/2024		5/9/2024	E	3/25/2024	PRVDBT
	1	0		82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVE	6/30/2024	T	6/28/2023		7/9/2023	E	6/28/2023	PRVDBT
	1	0		82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVE	6/30/2024	T	5/25/2023		7/9/2023	E	5/25/2023	PRVDEE
	1	0		82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVE	6/30/2024	T	6/28/2023		7/9/2023	E	6/28/2023	PRVDEE
	0	0		82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVDEE								
	1	0		82200R000	SF-GB			82200	PRA	AY	6/30/2023	T	6/9/2022		9/9/2023	E	9/9/2023	PRVDEE	9/9/2023	T	9/5/2023	
	1	0		82200R000	SF-GB			82200	PRA	AY	6/30/2023	T	6/9/2022		4/9/2023	T	4/24/2023		7/9/2022	E	6/9/2022	PRVDEE
	1	0		82200R000	SF-GB			82200	PRA	AY	10/9/2023	V	9/30/2023									
	0	0		82200R000	SF-GB			82200	PRA	AY	6/30/2024	T	9/02/2023		10/9/2023	E	9/02/2023	PRVDEE				
	0	0		82200R000	SF-GB			82200	PRA	AY	7/9/2024	E	6/09/2024	PRVE	6/30/2024	T	5/25/2023		7/9/2023	E	5/25/2023	PRVDEE
	0	0		82200R000	SF-GB			82200	PRA	AY	6/30/2024	T	7/24/2023		9/9/2023	E	7/24/2023	PRVDEE	6/30/2023	T	9/25/2022	
	0	0		82200R000	SF-GB			82200	PRA	AY	6/9/2024	E	7/02/2024	PRVE	6/30/2024	T	6/28/2023		7/9/2023	E	6/28/2023	PRVDEE

Events Closing Date Query (RBN296)
V_BN_EVNT_NEAR_CLSDT

REVISED: 09/15/2021

DESCRIPTION:
This query lists events on the Benefits Administration System (BAS) Activity Table that are within 15 days of the closing date defined by event rules.

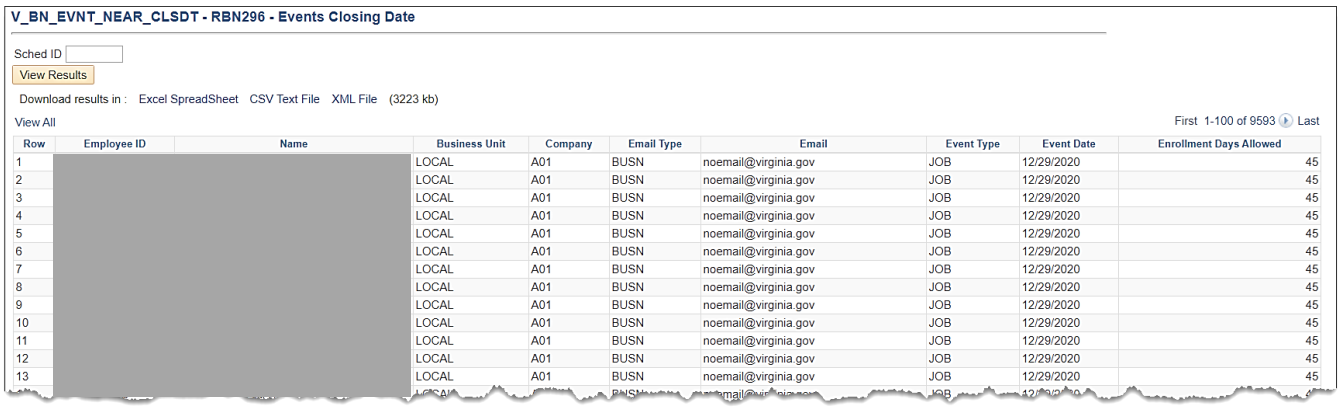
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_EVNT_NEAR_CLSDT

INPUT / SEARCH CRITERIA:
Schedule ID

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
This query has no required fields.

Screenshot of the Events Closing Date Query



V_BN_EVNT_NEAR_CLSDT - RBN296 - Events Closing Date

Sched ID

View Results

Download results in : Excel SpreadSheet CSV Text File XML File (3223 kb)

View All

First 1-100 of 9593 Last

Row	Employee ID	Name	Business Unit	Company	Email Type	Email	Event Type	Event Date	Enrollment Days Allowed
1			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
2			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
3			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
4			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
5			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
6			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
7			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
8			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
9			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
10			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
11			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
12			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45
13			LOCAL	A01	BUSN	noemail@virginia.gov	JOB	12/29/2020	45

FSA and Admin Fee Errors- Balance Audit Query
V_BN_HMO_PYMNT_DETAIL

REVISED: 09/15/2021

DESCRIPTION:
This is one of two queries used to identify the employees that may have an error with their Flexible Spending Account (FSA) plan enrollment and/or their FSA Admin Fee.

NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_FSA_ADMINFEE_BAL_AUDIT

INPUT / SEARCH CRITERIA:
Year
Period

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
Year and **Period** fields are required fields.

Screenshot of the FSA Account and Admin Fee Errors - Balance Audit Query

V_BN_FSA_ADMINFEE_BAL_AUDIT - FSA and Admin Fee Errors

Year 2020
Period 12
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (7 kb)

View All

First 1-16 of 16 Last

Row	Employee ID	Employee Record	Employee Name	Company	Pay Group	Descr	HR Status	Payroll Status	Admin Fee Effdt	Admin Fee Election	Admin Fee Benefit Plan	Admin Fee Mthly Bal	Email Type	Elig Fld 8	Email
1		0		ABC	SM1	Store 250	A	A	07/01/2019	E	FLXFEE	2.10	BUSN	10-20	
2		0		ABC	SM1	Store 118	A	A	07/01/2019	E	FLXFEE	2.10	BUSN	09-18	
3		1		CCA	SM1	CHILD & ADOL SVCS (GEN)	A	A	11/01/2019	E	FLXFEE	2.10	BUSN		
4		1		DEM	SM1	Business Systems & Analytics	A	A	07/01/2019	E	FLXFEE	2.10	BUSN		
5		0		DEM	SM1	Situation Awareness Unit	A	A	07/01/2019	E	FLXFEE	2.10	BUSN		
6		1		DGS	SM1	Central Procurement	A	A	07/01/2019	E	FLXFEE	2.10	BUSN		
7		0		DGS	SM1	Human Resources	A	A	10/25/2019	E	FLXFEE	0.00	BUSN	12-24	
8		1		NSU	SM1	Facilities Mgmt	A	A	07/01/2019	E	FLXFEE	2.10	BUSN		
9		1		SOV	WK1	Clerk's Administration	A	A	07/01/2019	E	FLXFEE	2.10	BUSN		
10		0		UMW	SM1	Art and Art History	A	A	11/25/2019	E	FLXFEE	0.00	BUSN	12-24	
11		0		UMW	SM1	Art and Art History	A	A	10/25/2019	E	FLXFEE	2.10	BUSN		
12		0		UMW	SM1	Art and Art History	A	A	04/01/2020	E	FLXFEE	0.00	BUSN	12-24	
13		0		UMW	SM1	Art and Art History	A	L	11/25/2019	E	FLXFEE	0.00	BUSN	12-24	
14		0		UMW	SM1	Art and Art History	A	A	11/25/2019	E	FLXFEE	0.00	BUSN	12-24	
15		0		UMW	SM1	Art and Art History	A	A	11/25/2019	E	FLXFEE	0.00	BUSN	12-24	
16		0		UMW	SM1	Art and Art History	A	A	12/01/2019	E	FLXFEE	0.00	BUSN	12-24	

FSA and Admin Fee Errors- Enroll Audit Query
V_BN_FSA_ADMINFEE_ENROLL_AUDIT

REVISED: 09/15/2021

DESCRIPTION:
This is one of two queries used to identify the employees that may have an error with their Flexible Spending Account (FSA) plan enrollment and/or their FSA Administrative Fee.

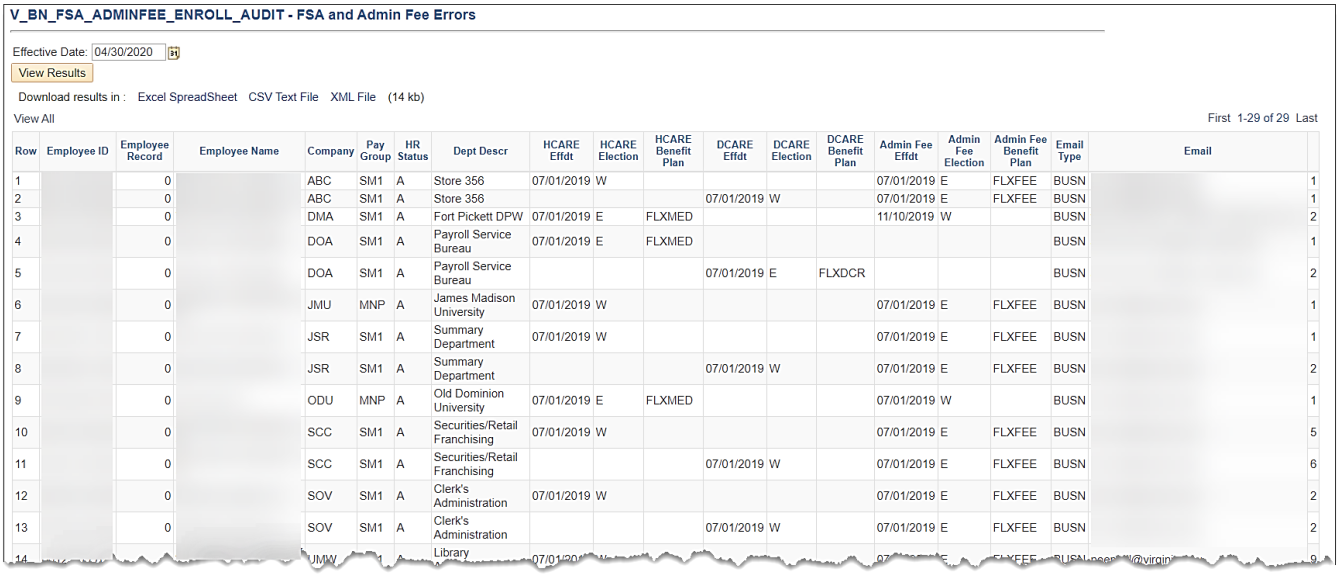
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_FSA_ADMINFEE_ENROLL_AUDIT

INPUT / SEARCH CRITERIA:
Effective Date

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
Effective Date field is a required field.

Screenshot of the FSA and Admin Fee Errors -Enroll Audit Query



V_BN_FSA_ADMINFEE_ENROLL_AUDIT - FSA and Admin Fee Errors

Effective Date: 04/30/2020

View Results

Download results in : Excel SpreadSheet CSV Text File XML File (14 kb)

View All

First 1-29 of 29 Last

Row	Employee ID	Employee Record	Employee Name	Company	Pay Group	HR Status	Dept Descr	HCARE Effdt	HCARE Election	HCARE Benefit Plan	DCARE Effdt	DCARE Election	DCARE Benefit Plan	Admin Fee Effdt	Admin Fee Election	Admin Fee Benefit Plan	Email Type	Email	
1		0		ABC	SM1	A	Store 356	07/01/2019	W					07/01/2019	E	FLXFEE	BUSN		1
2		0		ABC	SM1	A	Store 356				07/01/2019	W		07/01/2019	E	FLXFEE	BUSN		1
3		0		DMA	SM1	A	Fort Pickett DPW	07/01/2019	E	FLXMED				11/10/2019	W		BUSN		2
4		0		DOA	SM1	A	Payroll Service Bureau	07/01/2019	E	FLXMED							BUSN		1
5		0		DOA	SM1	A	Payroll Service Bureau				07/01/2019	E	FLXDCR				BUSN		2
6		0		JMU	MNP	A	James Madison University	07/01/2019	W					07/01/2019	E	FLXFEE	BUSN		1
7		0		JSR	SM1	A	Summary Department	07/01/2019	W					07/01/2019	E	FLXFEE	BUSN		1
8		0		JSR	SM1	A	Summary Department				07/01/2019	W		07/01/2019	E	FLXFEE	BUSN		2
9		0		ODU	MNP	A	Old Dominion University	07/01/2019	E	FLXMED				07/01/2019	W		BUSN		1
10		0		SCC	SM1	A	Securities/Retail Franchising	07/01/2019	W					07/01/2019	E	FLXFEE	BUSN		5
11		0		SCC	SM1	A	Securities/Retail Franchising				07/01/2019	W		07/01/2019	E	FLXFEE	BUSN		6
12		0		SOV	SM1	A	Clerk's Administration	07/01/2019	W					07/01/2019	E	FLXFEE	BUSN		2
13		0		SOV	SM1	A	Clerk's Administration				07/01/2019	W		07/01/2019	E	FLXFEE	BUSN		2
14				JMW			Library												9

Health Census Query
V_BN_HEALTH_CENSUS

REVISED: 07/26/2022

DESCRIPTION:
This query provides a listing of employee and dependents that are enrolled in healthcare as of a certain date. The report includes employees who are active, on paid or unpaid leave, and who are suspended. Terminated employees will remain on the report for 90 days from date of termination. Employees who are enrolled in COBRA will also appear on this report.

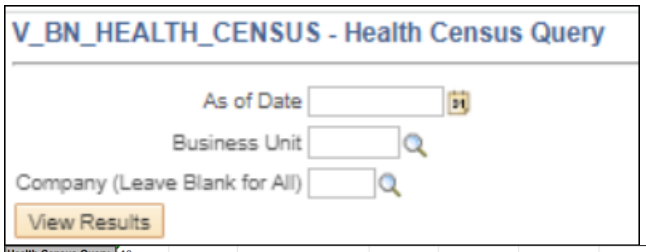
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_HEALTH_CENSUS

INPUT / SEARCH CRITERIA:
As of Date
Business Unit
Company (Leave Blank for All)

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
The **As of Date** is the only required field; however, it is suggested that the user enter other search criteria.

Screenshot of the Health Census Query



Health Census Query 10

Business Unit	Company	Employee ID	Employee Name	Empl Record	Benefit Record	Cobra Event ID	Coverage Begin	Coverage End	Coverage Elect	Benefit Plan	Coverage Code	Dependent ID	Dependent Name	Relationship	Gender	Birthdate
23300	BBE			0	0	0	7/1/2021		E	ACC5	3	01		C	M	
23300	BBE			0	0	0	7/1/2021		E	ACC1	4	01		C	M	
23300	BBE			0	0	0	7/1/2021		E	ACC1	4	02		SP	M	
23300	BBE			0	0	0	7/1/2021		E	ACC1	4	03		C	F	
23300	BBE			0	0	0	1/1/2014		W							
23300	BBE			0	0	0	7/1/2021		E	ACC4	1					
23300	BBE			0	0	0	7/1/2022		E	ACC2	3	01		C	F	
23300	BBE			0	0	0	7/1/2021		E	ACC5	1					
23300	BBE			0	0	0	7/1/2021		E	ACC0	2	01		SP	M	
23300	BBE			0	0	0	7/1/2021		E	ACC5	1					

HMO Payment Query
V_BN_HMO_PYMNT_DETAIL

REVISED: 09/15/2021

DESCRIPTION:
This query lists all current month enrollments and premium amounts by Health Maintenance Organization (HMO) supplier and billing method. The query includes retroactive changes that affect previously paid amounts.

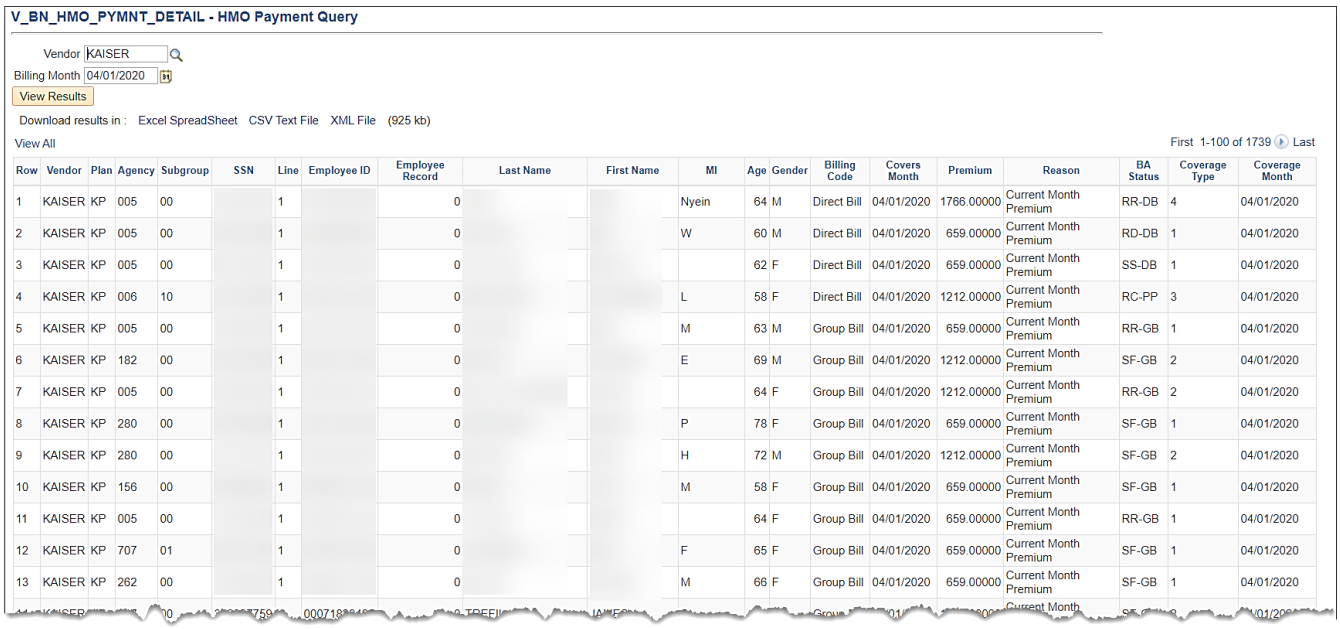
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_HMO_PYMNT_DETAIL

INPUT / SEARCH CRITERIA:
Vendor
Billing Month

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
Vendor and **Billing Month** fields are required fields.

Screenshot of the HMO Payment Query



V_BN_HMO_PYMNT_DETAIL - HMO Payment Query

Vendor KAISER
Billing Month 04/01/2020
View Results
Download results in : Excel SpreadSheet CSV Text File XML File (925 kb)
View All
First 1-100 of 1739 Last

Row	Vendor	Plan	Agency	Subgroup	SSN	Line	Employee ID	Employee Record	Last Name	First Name	MI	Age	Gender	Billing Code	Covers Month	Premium	Reason	BA Status	Coverage Type	Coverage Month
1	KAISER	KP	005	00		1		0			Nyein	64	M	Direct Bill	04/01/2020	1766.00000	Current Month Premium	RR-DB	4	04/01/2020
2	KAISER	KP	005	00		1		0			W	60	M	Direct Bill	04/01/2020	659.00000	Current Month Premium	RD-DB	1	04/01/2020
3	KAISER	KP	005	00		1		0				62	F	Direct Bill	04/01/2020	659.00000	Current Month Premium	SS-DB	1	04/01/2020
4	KAISER	KP	006	10		1		0			L	58	F	Direct Bill	04/01/2020	1212.00000	Current Month Premium	RC-PP	3	04/01/2020
5	KAISER	KP	005	00		1		0			M	63	M	Group Bill	04/01/2020	659.00000	Current Month Premium	RR-GB	1	04/01/2020
6	KAISER	KP	182	00		1		0			E	69	M	Group Bill	04/01/2020	1212.00000	Current Month Premium	SF-GB	2	04/01/2020
7	KAISER	KP	005	00		1		0				64	F	Group Bill	04/01/2020	1212.00000	Current Month Premium	RR-GB	2	04/01/2020
8	KAISER	KP	280	00		1		0			P	78	F	Group Bill	04/01/2020	659.00000	Current Month Premium	SF-GB	1	04/01/2020
9	KAISER	KP	280	00		1		0			H	72	M	Group Bill	04/01/2020	1212.00000	Current Month Premium	SF-GB	2	04/01/2020
10	KAISER	KP	156	00		1		0			M	58	F	Group Bill	04/01/2020	659.00000	Current Month Premium	SF-GB	1	04/01/2020
11	KAISER	KP	005	00		1		0				64	F	Group Bill	04/01/2020	659.00000	Current Month Premium	RR-GB	1	04/01/2020
12	KAISER	KP	707	01		1		0			F	65	F	Group Bill	04/01/2020	659.00000	Current Month Premium	SF-GB	1	04/01/2020
13	KAISER	KP	262	00		1		0			M	66	F	Group Bill	04/01/2020	659.00000	Current Month Premium	SF-GB	1	04/01/2020

Missing ACA Certification Query
V_BN_MISSING_ACA_CERT

REVISED: 09/15/2021

DESCRIPTION:
This query lists agencies who have not completed their Affordable Care Act (ACA) Certification in Cardinal. Report used by OHB during the ACA Certification period (December - January).

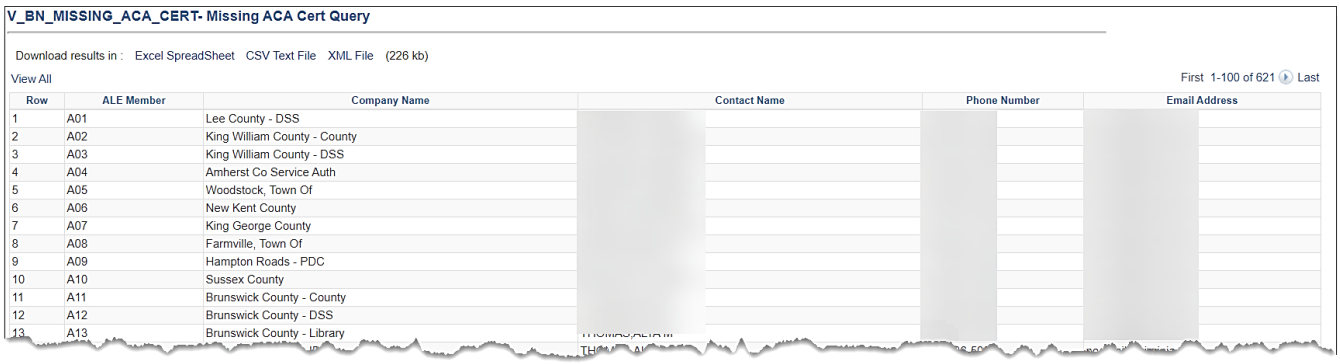
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_MISSING_ACA_CERT

INPUT / SEARCH CRITERIA:
(none)

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
This query has no required fields and runs automatically after selecting the type of query.

Screenshot of the Missing ACA Certification Query



V_BN_MISSING_ACA_CERT- Missing ACA Cert Query

Download results in : Excel SpreadSheet CSV Text File XML File (226 kb)

View All First 1-100 of 621 Last

Row	ALE Member	Company Name	Contact Name	Phone Number	Email Address
1	A01	Lee County - DSS			
2	A02	King William County - County			
3	A03	King William County - DSS			
4	A04	Amherst Co Service Auth			
5	A05	Woodstock, Town Of			
6	A06	New Kent County			
7	A07	King George County			
8	A08	Farmville, Town Of			
9	A09	Hampton Roads - PDC			
10	A10	Sussex County			
11	A11	Brunswick County - County			
12	A12	Brunswick County - DSS			
13	A13	Brunswick County - Library			

OE (Open Enrollment) Incomplete Election Query
V_BN_OE_ELECT_NO_SUBMIT

REVISED: 05/24/2023

DESCRIPTION:
This query returns a listing of employees who made an election on their Open Enrollment event using Employee Self-Service (ESS) but did not click the SUBMIT button.

NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_OE_ELECT_NO_SUBMIT

INPUT / SEARCH CRITERIA:
Company
Business Unit

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
N/A

Screenshot of the OE Incomplete Election Query

V_BN_OE_ELECT_NO_SUBMIT - OE Incomplete Election Query

Business Unit (Optional)
Company (Optional)
View Results
Download results in : Excel SpreadSheet CSV Text File XML File (177 kb)
View All
First 1-100 of 230 Last

Row	Schedule ID	Business Unit	Company	Description	EmplId	Empl Record	First Name	Middle Name	Last Name	Event Status	Status Date	Process Status	Election Made	Email	BA Name	BA Email
1	237COV	99900	ABC	Alcoholic Beverage Control		0				Open	05/11/2023	Notified	Y			
2	237COV	99900	ABC	Alcoholic Beverage Control		0				Open	05/15/2023	Notified	Y			
3	237COV	99900	ABC	Alcoholic Beverage Control		0				Open	05/03/2023	Notified	Y			
4	237COV	99900	ABC	Alcoholic Beverage Control		0				Open	05/10/2023	Notified	Y			
5	237COV	99900	ABC	Alcoholic Beverage Control		0				Open	05/12/2023	Notified	Y			
6	237COV	75400	ACC	Augusta Correctional Center		0				Open	05/10/2023	Notified	Y			
7	237COV	30100	ACS	Agriculture & Consumer Svcs		0				Open	05/12/2023	Notified	Y			
8	237COV	30100	ACS	Agriculture & Consumer Svcs		0				Open	05/14/2023	Notified	Y			
9	237COV	30100	ACS	Agriculture & Consumer Svcs		0				Open	05/10/2023	Notified	Y			
10	237COV	22900	AES	Coop Extension & Agr Experimnt		0				Open	05/09/2023	Notified	Y			
11	237COV	26200	ARS	Dept for Aging & Rehab Svcs		0				Open	05/13/2023	Notified	Y			
12	237COV	26200	ARS	Dept for Aging & Rehab Svcs		0				Open	05/09/2023	Notified	Y			
13	237TLC	LOCAL	B68	New River Valley Comm Services		1				Open	05/11/2023	Notified	Y			
14	237COV	71600	BCC	Bland Correctional Center		0				Open	05/05/2023	Notified	Y			
15	237COV	71600	BCC	Bland Correctional Center		1				Open	05/15/2023	Notified	Y			
16	237COV	72000	BHD	Dept Behavioral Health/Develop		0				Open	05/15/2023	Notified	Y			
17	237COV	72000	BHD	Dept Behavioral Health/Develop		0				Open	05/15/2023	Notified	Y			
18	237COV	60600	BPD	VA Board People w/Disabilities		0				Open	05/15/2023	Notified	Y			
19	237COV	74900	BUC	Buckingham Correctional Center		0				Open	05/10/2023	Notified	Y			
20	237COV	74900	BUC	Buckingham Correctional Center		0				Open	05/11/2023	Notified	Y			
21	237COV	70200	BVI	Dept for Blind/Vision Impaired		0				Open	05/14/2023	Notified	Y			
22	237TLC	LOCAL	C97	Winchester, City Of		2				Open	05/15/2023	Notified	Y			
23	237COV	72400	CAT	Catawba Hospital		0				Open	05/10/2023	Notified	Y			
24	237COV	72400	CAT	Catawba Hospital		0				Open	05/10/2023	Notified	Y			

QMCSO Participants Query
V_BN_PARTIC_QMCSO

REVISED: 09/15/2021

DESCRIPTION:
This query lists any employee with an active Qualified Medical Child Support Order (QMSCO) court order/rider on the dependent record and reflects information used to confirm enrollment in court-ordered coverage.

NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_PARTIC_QMCSO

INPUT / SEARCH CRITERIA:
(none)

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
This query has no required fields and runs automatically after selecting the type of query.

Screenshot of the QMCSO Participants Query

V_BN_PARTIC_QMCSO- Query of QMCSO Participants

Download results in : Excel SpreadSheet CSV Text File XML File (4 kb)

View All First 1-7 of 7 Last

Row	Business Unit	Company	Department ID	Employee ID	Employee Name	Email Type	Employee Email	Dependent Name	Plan Type	Effect Status	Start Date	End Date	Court Order Number	State	Dependent Birth Date
1	99900	ABC	410806			BUSN			10	Active	12/01/2020	12/31/2021	678YtQ998P	VA	
2	18100	DLI	18100			BUSN			10	Active	02/01/2021	02/01/2022	123456		
3	12300	DMA	FACILITIES			BUSN			10	Active	01/01/2021	12/31/2021	A00987554	VA	
4	12300	DMA	CHALLENGE			BUSN			10	Active	10/01/2020		COURT_ORDER_NUMBER		
5	50100	DOT	15021			BUSN			10	Active	11/10/2021	01/22/2038	VA-JAN-2021-123456789	VA	
6	21500	UMW	402000			BUSN			10	Active	08/01/2020	09/01/2021	3247879	VA	
7	21500	UMW	203101			BUSN			10	Active	08/04/2020	08/04/2021	QMCS01	VA	

TLC Data Queries
V_BA_CONTACT
V_BA_CNTCT_ADDR
V_TLC_CONTACT
V_TLC_EE_CLASS
V_TLC_GRP_DEPT
V_TLC_GRP_PLAN
V_TLC_GRP_PROF
V_TLC_HC_RATES

REVISED: 09/15/2021

DESCRIPTION:
Eight queries provide the OHB a means to extract the data in Cardinal and load it to a tool to perform data mining, statistical reporting, and program planning.

These queries will be used by OHB only.

NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BA_CONTACT
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BA_CNTCT_ADDR
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_CONTACT
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_EE_CLASS
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_GRP_DEPT
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_GRP_PLANTLC
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_GRP_PROF
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_HC_RATES

INPUT / SEARCH CRITERIA:	OUTPUT FORMAT:
From Date	HTML
To Date	Excel

ADDITIONAL INFORMATION:
From Date and **To Date** fields are required fields.

Screenshot of the V_ BA_Contact Query

V_BA_CONTACT - V_BA_CONTACT Query

From Date 01/01/1901
To Date 07/01/2019
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (21 kb)

View All First 1-100 of 375 Last

Row	Unit	Group ID	Eff Date
1	70600	706005000	01/01/1901
2	70600	706006000	01/01/1901
3	70600	706007000	01/01/1901
4	70600	706010000	01/01/1901
5	70600	706011000	01/01/1901
6	70600	706012000	01/01/1901
7	70600	706013000	01/01/1901
8	70700	707001000	01/01/1901
9	70700	707002000	01/01/1901
10	70700	707003000	01/01/1901
11	70700	707004000	01/01/1901
12	70700	707005000	01/01/1901
13	70700	707007000	01/01/1901

Screenshot of the V_ BA_Contact_Address Query

V_BA_CNTCT_ADDR - V_BA_CNTCT_ADDR Query

From Date 01/01/1901
To Date 07/01/2019
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (1551 kb)

View All First 1-100 of 1500 Last

Row	Unit	Group ID	Eff Date	Contact Type	ID	Name	Email ID	Phone	Address 1	Address 2	City	State	Postal	Address1	Address2	City	State	Postal
1	73300	733001000	01/01/1901	BA								VA	23891			WAVERLY	VA	23891
2	73300	733001000	01/01/1901	BE								VA	23891			WAVERLY	VA	23891
3	73300	733001000	01/01/1901	BIA								VA	23891			WAVERLY	VA	23891
4	60100	601006000	01/01/1901	BE								VA	22302			ALEXANDRIA	VA	22302
5	60100	601006000	01/01/1901	BIA								VA	22302			ALEXANDRIA	VA	22302
6	60100	601006000	01/01/1901	BIE								VA	22302			ALEXANDRIA	VA	22302
7	60100	601008000	01/01/1901	BA								VA	23219			RICHMOND	VA	23219

Screenshot of the V_TLC_Contact Query

V_TLC_CONTACT - V_TLC_CONTACT Query

From Date 01/01/1901
To Date 07/01/2019
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (1874 kb)

View All First 1-100 of 1768 Last

Row	Unit	TLC Group	Eff Date	Sequence	Dept ID	Contact Type	ID	Name	Email ID	Phone	Address 1	Address 2	City	State	Postal	Address1	Address2	City	State	Postal
1	LOCAL	04820400	01/01/1901	1	048204000	BA							WEST POINT	VA	23181			WEST POINT	VA	23181
2	LOCAL	04743400	01/01/1901	1	047434000	BIE							LUNENBURG	VA	23952			LUNENBURG	VA	23952
3	LOCAL	04743400	01/01/1901	1	047434001	BA							LUNENBURG	VA	23952			LUNENBURG	VA	23952
4	LOCAL	04743400	01/01/1901	1	047434001	BE							LUNENBURG	VA	23952			LUNENBURG	VA	23952
5	LOCAL	04743400	01/01/1901	1	047434001	BIA							LUNENBURG	VA	23952			LUNENBURG	VA	23952
6	LOCAL	04743400	01/01/1901	1	047434001	BIE							LUNENBURG	VA	23952			LUNENBURG	VA	23952

Screenshot of the V_TLC_EE_Class Query (Employee)

V_TLC_EE_CLASS - V_TLC_EE_CLASS Query

From Date 01/01/1901
To Date 07/01/2019
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (303 kb)

View All First 1-100 of 2975 Last

Row	Unit	TLC Group	Eff Date	Sequence	Dept ID	Empl Classif	Billing Method
1	LOCAL	04727400	01/01/1901	1	047274000	FT	GB
2	LOCAL	04727400	01/01/1901	1	047274000	MR	DB
3	LOCAL	04727400	01/01/1901	1	047274000	SCR	DB
4	LOCAL	04727400	01/01/1901	1	047274000	SCRM	DB
5	LOCAL	04727500	01/01/1901	1	047275000	CBD	DB
6	LOCAL	04727500	01/01/1901	1	047275000	CBR	DB
7	LOCAL	04727500	01/01/1901	1	047275000	ER	DB
8	LOCAL	04727500	01/01/1901	1	047275000	FT	GB
9	LOCAL	04727500	01/01/1901	1	047275000	FTEO	GB
10	LOCAL	04727500	01/01/1901	1	047275000	MR	DB
11	LOCAL	04727500	01/01/1901	1	047275000	RSM	DB
12	LOCAL	04727500	01/01/1901	1	047275000	RSNM	DB
13	LOCAL	04727500	01/01/1901	1	047275000	SCR	DB

Screenshot of the V_TLC_Group_Department Query

V_TLC_GRP_DEPT - V_TLC_GRP_DEPT Query

From Date 01/01/1901
To Date 07/01/2019
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (57 kb)

View All First 1-100 of 442 Last

Row	Unit	TLC Group	Eff Date	Sequence	Dept ID	Primary	OE Begin Date	OE End Date
1	LOCAL	04742600	01/01/1901	1	047426004	N	04/11/2019	05/07/2019
2	LOCAL	04742700	01/01/1901	1	047427000	Y	05/06/2019	05/10/2019
3	LOCAL	04742800	01/01/1901	1	047428000	Y	04/15/2019	05/06/2019
4	LOCAL	04742800	01/01/1901	1	047428001	N	04/15/2019	05/06/2019
5	LOCAL	04742800	01/01/1901	1	047428002	N	04/15/2019	05/06/2019
6	LOCAL	04742800	01/01/1901	1	047428003	N	04/15/2019	05/06/2019
7	LOCAL	04742800	01/01/1901	1	047428004	N	04/15/2019	05/06/2019
8	LOCAL	04742900	01/01/1901	1	047429000	Y	04/01/2019	04/30/2019
9	LOCAL	04743100	01/01/1901	1	047431000	Y	04/15/2019	05/14/2019
10	LOCAL	04743200	01/01/1901	1	047432000	Y	05/03/2019	05/15/2019
11	LOCAL	04743300	01/01/1901	1	047433000	Y	04/01/2019	04/28/2019
12	LOCAL	04743400	01/01/1901	1	047434000	Y	04/26/2019	05/06/2019
13	LOCAL	04743400	01/01/1901	1	047434001	N	04/26/2019	05/06/2019

Screenshot of the V_TLC_Group_Plan Query

V_TLC_GRP_PLAN - V_TLC_GRP_PLAN Query

From Date 01/01/1901
To Date 07/01/2019
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (785 kb)

View All First 1-100 of 10614 Last

Row	Unit	TLC Group	Eff Date	Sequence	Plan
1	LOCAL	04701000	01/01/1901	1	009P02
2	LOCAL	04701000	01/01/1901	1	009P03
3	LOCAL	04701000	01/01/1901	1	009P04
4	LOCAL	04701000	01/01/1901	1	009P05
5	LOCAL	04701000	01/01/1901	1	009P06
6	LOCAL	04701000	01/01/1901	1	009P07
7	LOCAL	04701000	01/01/1901	1	009P08
8	LOCAL	04701000	01/01/1901	1	009P09
9	LOCAL	04701000	01/01/1901	1	009P10
10	LOCAL	04701000	01/01/1901	1	009P11
11	LOCAL	04701000	01/01/1901	1	009P12
12	LOCAL	04701000	01/01/1901	1	009P13
13	LOCAL	04701300	01/01/1901	1	011F01

Screenshot of the V_TLC_Group_Prof Query

V_TLC_GRP_PROF - V_TLC_GRP_PROF Query

From Date 01/01/1901
To Date 07/01/2019
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (170 kb)

View All

First 1-100 of 366 Last

Row	Unit	TLC Group	Eff Date	Sequence	Status	Group Type	Group Descr	Renewal Period	Wait Prd Days	Prem Avg Used?	Ben Progrm	Total Emp Enrol	Total Emp Waive	Employer Contri	Certified	Certifier Name	CertificationDt	by	Last Upd DtTm
1	LOCAL	04707400	01/01/1901	1	A	G	Town Of Strasburg	J	0	N	069	60	0		N				
2	LOCAL	04709000	01/01/1901	1	A	G	Town Of Kenbridge	J	0	N	080	16	0		N				
3	LOCAL	04709500	01/01/1901	1	A	G	Town Of Gate City	J	0	N	085	16	0		N				
4	LOCAL	04713000	01/01/1901	1	A	G	Town Of Wakefield	J	60	N	104	4	0		N				
5	LOCAL	04715600	01/01/1901	1	A	G	Town Of Clintwood	J	0	N	117	14	0		N				
6	LOCAL	04716100	01/01/1901	1	A	G	Town Of Remington	J	0	N	119	5	0		N				
7	LOCAL	04726600	01/01/1901	1	A	G	Rockbridge County	J	15	N	222	178	0		N				
8	LOCAL	04726700	01/01/1901	1	A	G	Shenandoah County	J	0	N	223	326	0		N				
9	LOCAL	04726800	01/01/1901	1	A	G	Town Of Courtland	J	0	N	224	2	0		N				
10	LOCAL	04727800	01/01/1901	1	A	G	Town Of Iron Gate	J	0	N	234	3	0		N				
11	LOCAL	04729000	01/01/1901	1	A	G	Town Of Keysville	J	60	N	244	4	0		N				
12	LOCAL	04729200	01/01/1901	1	A	G	Town Of Haymarket	J	0	N	246	9	0		N				
13	LOCAL	04734900	01/01/1901	1	A	G	Town Of Saltville	J	0	N	288	16	0		N				

Screenshot of the V_TLC_HC_Rates Query (Health Care)

V_TLC_HC_RATES - V_TLC_HC_RATES Query

From Date 01/01/1901
To Date 07/01/2019
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (9544 kb)

View All

First 1-100 of 47722 Last

Row	Unit	TLC Group	Eff Date	Sequence	Dept ID	Plan	Coverage Type	Employee Rate	Employer Rate	Total Rate
1	LOCAL	04817600	01/01/1901	1	048176000	133F13	4	763.60	1145.40	1909.00
2	LOCAL	04817600	01/01/1901	1	048176000	133F15	1	0.00	0.00	0.00
3	LOCAL	04817600	01/01/1901	1	048176000	133F16	1	80.40	120.60	201.00
4	LOCAL	04817600	01/01/1901	1	048176000	133F17	1	0.00	0.00	0.00
5	LOCAL	04817600	01/01/1901	1	048176000	133P01	1	335.60	503.40	839.00
6	LOCAL	04817600	01/01/1901	1	048176000	133P01	2	620.80	931.20	1552.00
7	LOCAL	04817600	01/01/1901	1	048176000	133P01	3	620.80	931.20	1552.00
8	LOCAL	04817600	01/01/1901	1	048176000	133P01	4	906.00	1359.00	2265.00
9	LOCAL	04817600	01/01/1901	1	048176000	133P02	1	329.20	493.80	823.00
10	LOCAL	04817600	01/01/1901	1	048176000	133P02	2	609.02	913.53	1522.55
11	LOCAL	04817600	01/01/1901	1	048176000	133P02	3	609.02	913.53	1522.55
12	LOCAL	04817600	01/01/1901	1	048176000	133P02	4	888.84	1333.26	2222.10
13	LOCAL	04817600	01/01/1901	1	048176000	133P03	1	314.00	471.00	785.00

TLC Employer Data Sheet Queries
V_TLC_BEN_DEFN_COST
V_TLC_BEN_DEFN_OPTN
V_TLC_BEN_DEFN_PGM
V_TLC_BEN_DEFN_PLAN
V_TLC_BN_RATE_DATA
V_BN_ENROLL_DAYS

REVISED: 09/15/2021

DESCRIPTION:
Six queries used by OHB to collect the TLC-entered employer health benefit offerings in order to update benefit plans, rates, and other configuration tables.

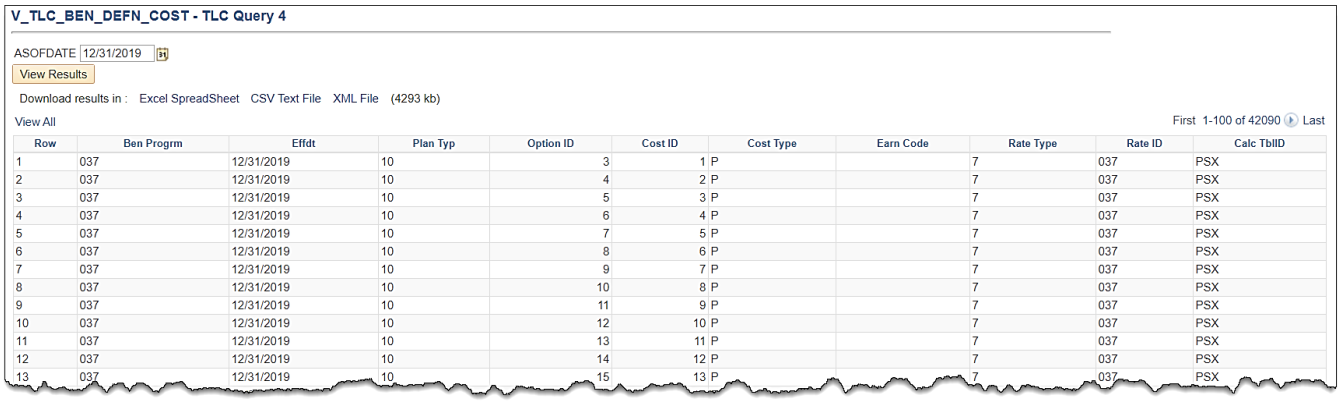
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_BEN_DEFN_COST
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_BEN_DEFN_OPTN
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_BEN_DEFN_PGM
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_BEN_DEFN_PLAN
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_TLC_BN_RATE_DATA
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_BN_ENROLL_DAYS

INPUT / SEARCH CRITERIA:
As of Date

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
As of Date fields is a required field.

Screenshot of the TLC Query 4 – Ben Defn Cost



Row	Ben Progrm	Effdt	Plan Typ	Option ID	Cost ID	Cost Type	Earn Code	Rate Type	Rate ID	Calc TblID
1	037	12/31/2019	10	3	1	P		7	037	PSX
2	037	12/31/2019	10	4	2	P		7	037	PSX
3	037	12/31/2019	10	5	3	P		7	037	PSX
4	037	12/31/2019	10	6	4	P		7	037	PSX
5	037	12/31/2019	10	7	5	P		7	037	PSX
6	037	12/31/2019	10	8	6	P		7	037	PSX
7	037	12/31/2019	10	9	7	P		7	037	PSX
8	037	12/31/2019	10	10	8	P		7	037	PSX
9	037	12/31/2019	10	11	9	P		7	037	PSX
10	037	12/31/2019	10	12	10	P		7	037	PSX
11	037	12/31/2019	10	13	11	P		7	037	PSX
12	037	12/31/2019	10	14	12	P		7	037	PSX
13	037	12/31/2019	10	15	13	P		7	037	PSX

Screenshot of the TLC Query 3 – Ben Defn Optn

V_TLC_BEN_DEFN_OPTN - TLC Query 3

ASOFDATE 03/31/2020

View Results

Download results in : Excel SpreadSheet CSV Text File XML File (15360 kb)

View All

First 1-100 of 85333 Last

Row	Ben Progrm	Effdt	Plan Typ	Option ID	DispOptSeq	Opt Type	Plan	Covg Cd	OptionCd	Opt Level	Deductn Cd	Dflt Opt	ELIG_RULE_ID	Locn TblID	XPType	XPlan	XLimPct	XDep
1	009	03/31/2020	10	93	92	O	009P08	4	91	1	TLCMED	N	009P				0.00	
2	009	03/31/2020	10	93	92	O	009P08	4	91	1	TLCMED	N	009P				0.00	
3	009	03/31/2020	10	93	92	O	009P08	4	91	1	TLCMED	N	009P				0.00	
4	009	03/31/2020	10	93	92	O	009P08	4	91	1	TLCMED	N	009P				0.00	
5	009	03/31/2020	10	94	93	O	009P09	1	92	1	TLCMED	N	009P				0.00	
6	009	03/31/2020	10	94	93	O	009P09	1	92	1	TLCMED	N	009P				0.00	
7	009	03/31/2020	10	94	93	O	009P09	1	92	1	TLCMED	N	009P				0.00	
8	009	03/31/2020	10	94	93	O	009P09	1	92	1	TLCMED	N	009P				0.00	
9	009	03/31/2020	10	95	94	O	009P09	2	93	1	TLCMED	N	009P				0.00	
10	009	03/31/2020	10	95	94	O	009P09	2	93	1	TLCMED	N	009P				0.00	
11	009	03/31/2020	10	95	94	O	009P09	2	93	1	TLCMED	N	009P				0.00	
12	009	03/31/2020	10	95	94	O	009P09	2	93	1	TLCMED	N	009P				0.00	
13	009	03/31/2020	10	96	95	O	009P09	3	94	1	TLCMED	N	009P				0.00	

Screenshot of the TLC Query 1 – Ben Defn Pgm

V_TLC_BEN_DEFN_PGM - TLC Query 1

ASOFDATE 06/30/2020

View Results

Download results in : Excel SpreadSheet CSV Text File XML File (102 kb)

View All

First 1-100 of 366 Last

Row	Ben Progrm	Effdt	Status	Descr	Short Desc	Prog Type	FSA Run ID	MaxAnlPldg	Currency	DaysTilDfl	Apply Excs	COBRA %	Disabled %	Plan ID	Show Credits	Cost Freq	Handbook URL ID	Incld Sales Tax	Show ER Costs	Show Tax Impact	Contact ID
1	001	06/30/2020	A	TLC 047001000 Ben Program	047001000	A		7750.00	USD	0	F	0	50		N	D		N	Y	N	1
2	002	06/30/2020	A	TLC 047002000 Ben Program	047002000	A		7750.00	USD	0	F	0	50		N	D		N	Y	N	1
3	003	06/30/2020	A	TLC 047004000 Ben Program	047004000	A		7750.00	USD	0	F	0	50		N	D		N	Y	N	1
4	004	06/30/2020	A	TLC 047005000 Ben Program	047005000	A		7750.00	USD	0	F	0	50		N	D		N	Y	N	1
5	005	06/30/2020	A	TLC 048005000 Ben Program	048005000	A		7750.00	USD	0	F	0	50		N	D		N	Y	N	1
6	006	06/30/2020	A	TLC 047007000 Ben Program	047007000	A		7750.00	USD	0	F	0	50		N	D		N	Y	N	1
7	007	06/30/2020	A	TLC 047009000 Ben Program	047009000	A		7750.00	USD	0	F	0	50		N	D		N	Y	N	1
[illegible]	[illegible]	[illegible]	[illegible]	TLC 048009000 Ben [illegible]	[illegible]	A	[illegible]	7750.00	USD	0	F	[illegible]	50	[illegible]	N	D	[illegible]	N	Y	N	[illegible]

Screenshot of the TLC Query 2 – Ben Defn Plan

V_TLC_BEN_DEFN_PLAN - TLC Query 2

ASOFDATE 12/31/2020

View Results

Download results in : Excel SpreadSheet CSV Text File XML File (143 kb)

View All

First 1-100 of 732 Last

Row	Ben Progrm	Effdt	Plan Typ	DispPlnSeq	Min Contrb	Max Contrb	Waive OK	RestrictMM	EventRules	COBRA Plan	HIPAA	Collect Dep/Ben	Collect Funds	Show no choice	Handbook URL ID	Dep Rules ID
1	268	12/31/2020	01	01	0.00	0.00	X	0	268P	N	N	N	N	N		
2	268	12/31/2020	10	10	0.00	0.00	Y	0	268P	Y	Y	Y	N	N		COVA
3	001	12/31/2020	01	01	0.00	0.00	X	0	001P	N	N	N	N	N		
4	001	12/31/2020	10	10	0.00	0.00	Y	0	001P	Y	Y	Y	N	N		COVA
5	002	12/31/2020	01	01	0.00	0.00	X	0	002P	N	N	N	N	N		
6	002	12/31/2020	10	10	0.00	0.00	Y	0	002P	Y	Y	Y	N	N		COVA
7	003	12/31/2020	01	01	0.00	0.00	X	0	003P	N	N	N	N	N		
8	003	12/31/2020	10	10	0.00	0.00	Y	0	003P	Y	Y	Y	N	N		COVA
9	004	12/31/2020	01	01	0.00	0.00	X	0	004P	N	N	N	N	N		
10	004	12/31/2020	10	10	0.00	0.00	Y	0	004P	Y	Y	Y	N	N		COVA
11	006	12/31/2020	01	01	0.00	0.00	X	0	006P	N	N	N	N	N		
12	006	12/31/2020	10	10	0.00	0.00	Y	0	006P	Y	Y	Y	N	N		COVA
13	007	12/31/2020	01	01	0.00	0.00	X	0	007P	N	N	N	N	N		

Screenshot of the TLC Query 5 – BN Rate Data

V_TLC_BN_RATE_DATA - TLC Query 5

ASOFDATE 12/31/2020

View Results

Download results in : Excel SpreadSheet CSV Text File XML File (15360 kb)

View All

First 1-100 of 42666 Last

Row	Rate ID	Effdt	Key 1	Key 2	Key 3	Employee Rate	Employer Rate	B-Tax Rate	A-Tax Rate	N-Tax Rate	T-Tax Rate	NonTx BTx Rt	Others Rt Exist
1	251	12/31/2020	251P02	1		326.00	489.00	0.00000	0.00000	0.00000	0.00000	0.00000	N
2	251	12/31/2020	251P02	2		603.20	904.80	0.00000	0.00000	0.00000	0.00000	0.00000	N
3	251	12/31/2020	251P02	3		603.20	904.80	0.00000	0.00000	0.00000	0.00000	0.00000	N
4	251	12/31/2020	251P02	4		880.40	1320.60	0.00000	0.00000	0.00000	0.00000	0.00000	N
5	251	12/31/2020	251P03	1		302.40	453.60	0.00000	0.00000	0.00000	0.00000	0.00000	N
6	251	12/31/2020	251P03	2		559.60	839.40	0.00000	0.00000	0.00000	0.00000	0.00000	N
7	251	12/31/2020	251P03	3		559.60	839.40	0.00000	0.00000	0.00000	0.00000	0.00000	N
8	251	12/31/2020	251P03	4		816.40	1224.60	0.00000	0.00000	0.00000	0.00000	0.00000	N
9	251	12/31/2020	251P04	1		296.00	444.00	0.00000	0.00000	0.00000	0.00000	0.00000	N
10	251	12/31/2020	251P04	2		547.60	821.40	0.00000	0.00000	0.00000	0.00000	0.00000	N
11	251	12/31/2020	251P04	3		547.60	821.40	0.00000	0.00000	0.00000	0.00000	0.00000	N
12	251	12/31/2020	251P04	4		799.20	1198.80	0.00000	0.00000	0.00000	0.00000	0.00000	N
13	251	12/31/2020	251P05	1		279.20	418.80	0.00000	0.00000	0.00000	0.00000	0.00000	N

Screenshot of the TLC Query RBN332 – BN ENROLL DAYS

V_BN_ENROLL_DAYS- V_BN_ENROLL_DAYS Query RBN332

Download results in : Excel SpreadSheet CSV Text File XML File (321 kb)

View All

First 1-100 of 13405 Last

Row	Benefit Program	Event Classification	Enrollment Days
1	089	DIV	60
2	089	DLE	60
3	089	DSP	60
4	089	ELG	60
5	089	FPP	60
6	089	FSC	60
7	089	FSD	60
8	089	GEM	60
9	089	HIP	60
10	089	HIR	30
11	089	JOB	60
12	089	LAT	0
13	089	LEG	30
14	089	LAT	0

VRS Billing Detail Query
V_VRS_BILLING_REPORT

REVISED: 8/19/2024

DESCRIPTION:
This query provides the agency with a list of Virginia Retirement System (VRS) billed transactions. This query includes error messages when agency action is required and Cardinal did not process a transaction. Warning messages are included when Cardinal processed a transaction but agency research is recommended.

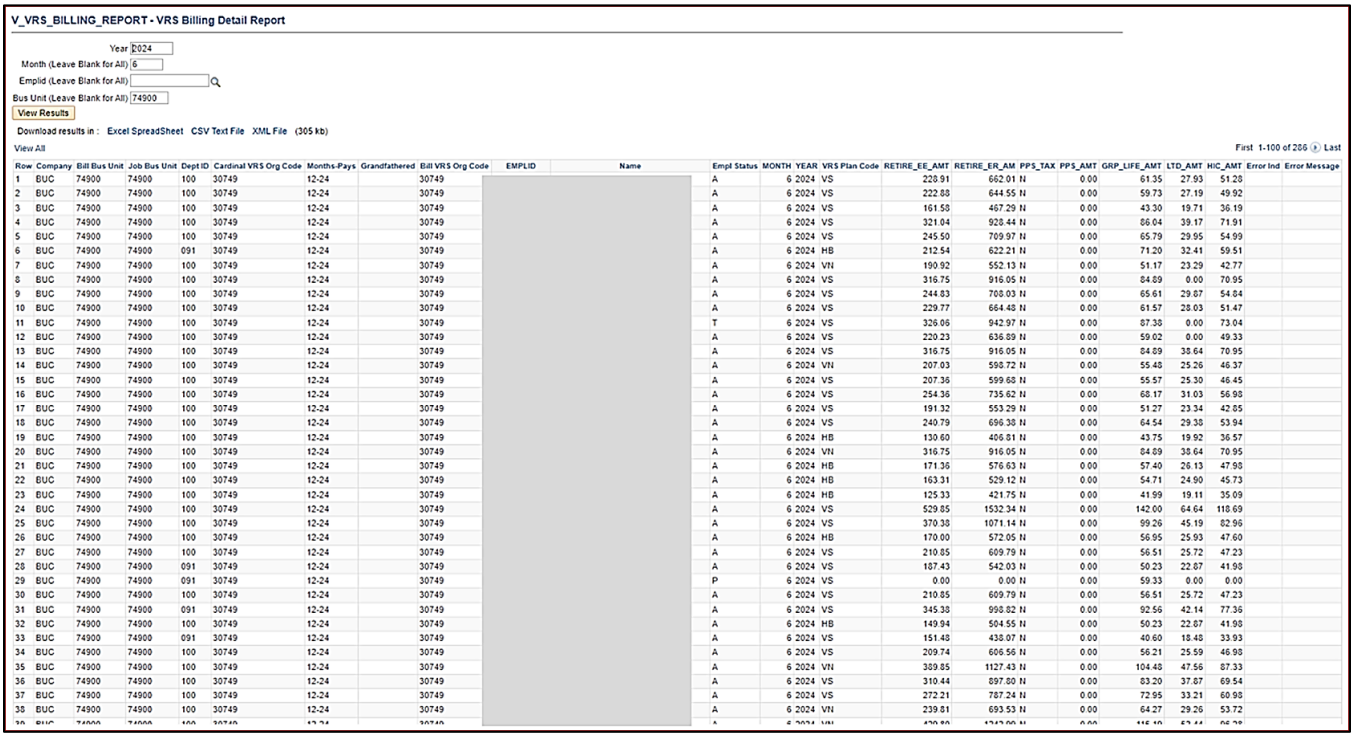
NAVIGATION PATH:
NavBar > Menu > Reporting Tools > Query > Query Viewer > V_VRS_BILLING_REPORT

INPUT / SEARCH CRITERIA:
Business Unit (BU) (Leave Blank for All)
Year
Month (Leave Blank for All)
Emplid (Leave Blank for All)

OUTPUT FORMAT:
HTML
Excel

ADDITIONAL INFORMATION:
The **Year** field is a required field.

Screenshot of the VRS Billing Detail Query



V_VRS_BILLING_REPORT - VRS Billing Detail Report

Year 2024
Month (Leave Blank for All) 6
Emplid (Leave Blank for All)
Bus Unit (Leave Blank for All) 74900
View Results

Download results in : Excel SpreadSheet CSV Text File XML File (305 kb)

View All

First 1-100 of 286 Last

Row	Company	Bill Bus Unit	Job Bus Unit	Dept ID	Cardinal VRS Org Code	Months-Pays	Grandfathered	Bill VRS Org Code	EMPLID	Name	Empl Status	MONTH	YEAR	VRS Plan Code	RETIRE_EE_AMT	RETIRE_ER_AM	PPS_TAX	PPS_AMT	GRP_LIFE_AMT	LTD_AMT	HIC_AMT	Error Ind	Error Message
1	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	228.91	662.01	N	0.00	61.35	27.93	51.28		
2	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	222.88	644.55	N	0.00	59.73	27.19	49.92		
3	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	161.58	467.29	N	0.00	43.30	19.71	36.19		
4	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	321.04	928.44	N	0.00	86.04	39.17	71.91		
5	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	245.50	709.97	N	0.00	65.79	29.95	54.99		
6	BUC	74900	74900	091	30749	12-24		30749			A	6	2024	HB	212.54	622.21	N	0.00	71.20	32.41	59.51		
7	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VN	190.92	552.13	N	0.00	51.17	23.29	42.77		
8	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	316.75	916.05	N	0.00	84.89	0.00	70.95		
9	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	244.83	708.03	N	0.00	65.61	29.87	54.84		
10	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	229.77	664.48	N	0.00	61.57	28.03	51.47		
11	BUC	74900	74900	100	30749	12-24		30749			T	6	2024	VS	326.06	942.97	N	0.00	87.38	0.00	73.04		
12	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	220.23	636.89	N	0.00	59.02	0.00	49.33		
13	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	316.75	916.05	N	0.00	84.89	38.64	70.95		
14	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VN	207.03	598.72	N	0.00	55.48	25.26	46.37		
15	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	207.36	599.68	N	0.00	55.57	25.30	46.45		
16	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	254.36	735.62	N	0.00	68.17	31.03	56.98		
17	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	191.32	553.29	N	0.00	51.27	23.34	42.85		
18	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	240.79	696.38	N	0.00	64.54	29.38	53.94		
19	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	HB	130.60	406.81	N	0.00	43.75	19.92	36.57		
20	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VN	316.75	916.05	N	0.00	84.89	38.64	70.95		
21	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	HB	171.36	576.63	N	0.00	57.40	26.13	47.98		
22	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	HB	163.31	529.12	N	0.00	54.71	24.90	45.73		
23	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	HB	125.33	421.75	N	0.00	41.99	19.11	35.09		
24	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	529.85	1532.34	N	0.00	142.00	64.64	118.69		
25	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	370.38	1071.14	N	0.00	99.26	45.19	82.96		
26	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	HB	170.00	572.05	N	0.00	56.95	25.93	47.60		
27	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	210.85	609.79	N	0.00	56.51	25.72	47.23		
28	BUC	74900	74900	091	30749	12-24		30749			A	6	2024	VS	187.43	542.03	N	0.00	50.23	22.87	41.98		
29	BUC	74900	74900	091	30749	12-24		30749			P	6	2024	VS	0.00	0.00	N	0.00	59.33	0.00	0.00		
30	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	210.85	609.79	N	0.00	56.51	25.72	47.23		
31	BUC	74900	74900	091	30749	12-24		30749			A	6	2024	VS	345.38	998.82	N	0.00	92.56	42.14	77.36		
32	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	HB	149.94	504.55	N	0.00	50.23	22.87	41.98		
33	BUC	74900	74900	091	30749	12-24		30749			A	6	2024	VS	151.48	438.07	N	0.00	40.60	18.48	33.93		
34	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	209.74	606.56	N	0.00	56.21	25.59	46.98		
35	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VN	389.85	1127.43	N	0.00	104.48	47.56	87.33		
36	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	310.44	897.80	N	0.00	83.20	37.87	69.54		
37	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VS	272.21	787.24	N	0.00	72.95	33.21	60.98		
38	BUC	74900	74900	100	30749	12-24		30749			A	6	2024	VN	239.81	693.53	N	0.00	64.27	29.26	53.72		

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ACA Reconciliation Report (RBN218)

REVISED: 12/9/2024

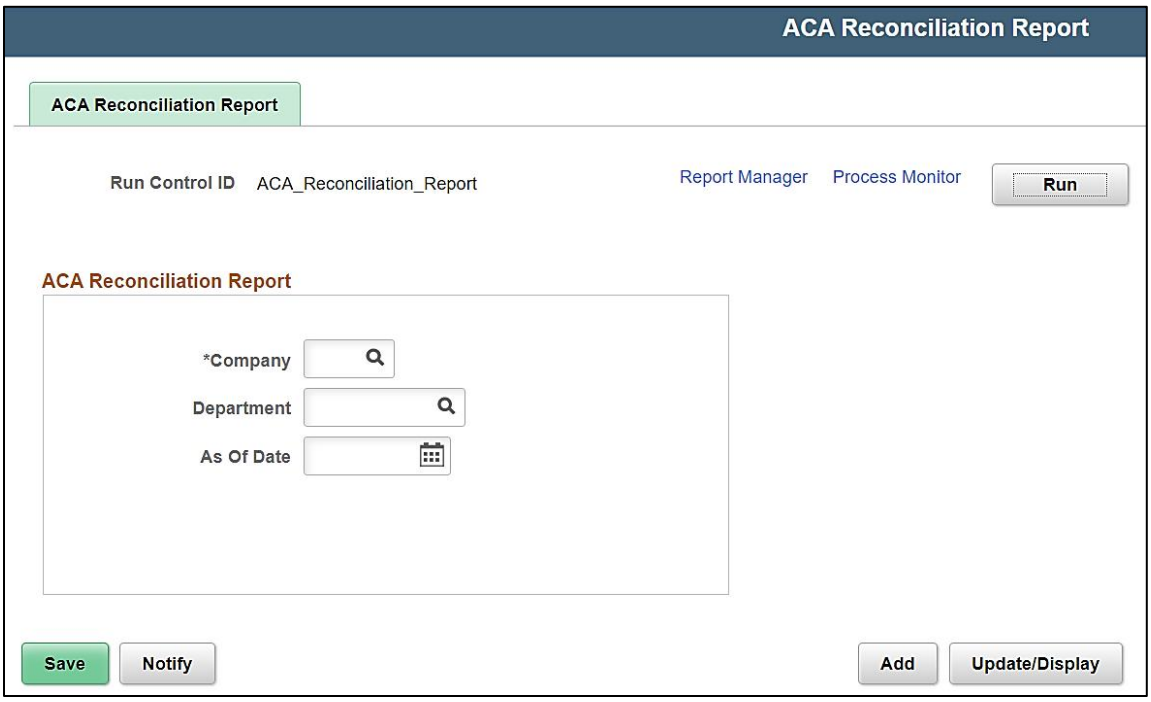
DESCRIPTION:
This report lists individual health benefit information for Agencies to validate prior to Affordable Care Act (ACA) reporting. Two Lines will display for each participant. The first Line displays the Offer of Coverage Codes (Boxes 14 and 16 on the 1095-C form) and the second Line displays the Months of coverage with a Y/N value.

NAVIGATION PATH:
NavBar > Menu > Benefits > ACA Annual Processing > ACA Preparation > ACA Reconciliation Report

INPUT / SEARCH CRITERIA:
Company
Department
As of Date

OUTPUT FORMAT:
Excel

Screenshot of the ACA Reconciliation Report Run Control Page



ADDITIONAL INFORMATION:
Company field is a required field.

Screenshot of the ACA Reconciliation Report

ACA Recc 2141

Instance = 3780904

Company	Departme	FEIN	SSN	Employee	Empl Rec	Last Nam	First Nam	Middle Na	Sfx	Seq	ValHC	Dep DOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
E49	04820100	546001690								0	0.00000		1E/	1E/	1E/	1E/	1E/	1E/	1H/2A	1H/2A	1H/2A	1H/2A	1H/	1H/2A
E49	04820100	546001690								0	4788.00000		1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1H/2A	1H/2A	1H/2A	1H/2A	1H/2A	1H/2A
E49	04820100	546001690								0	4788.00000		Y	Y	Y	Y	Y	Y	N	N	N	N	N	N
E49	04820100	546001690								0	9744.00000		1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C
E49	04820100	546001690								0	9744.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E49	04820100	546001690								0	9744.00000		1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C
E49	04820100	546001690								0	9744.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E49	04820100	546001690								0	9318.00000		1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C
E49	04820100	546001690								0	9318.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E49	04820100	546001690								0	0.00000		1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/
E49	04820100	546001690								0	14736.00000		1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C
E49	04820100	546001690								0	14736.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E49	04820100	546001690								2	0.00000	8/16/1968	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E49	04820100	546001690								0	0.00000		1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/	1E/
E49	04820100	546001690								0	9744.00000		1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C
E49	04820100	546001690								0	9744.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E49	04820100	546001690								0	9744.00000		1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C
E49	04820100	546001690								0	9744.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E49	04820100	546001690								0	25152.00000		1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C	1E/2C
E49	04820100	546001690								0	25152.00000		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E49	04820100	546001690								1	0.00000	9/17/2015	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
E49	04820100	546001690								2	0.00000	########	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Note: For Agencies with 49 or less employees, the employees will receive a 1095-B form. Row 1 for each participant will display “1095B” for each applicable Month instead of Offer of Coverage Codes (screenshot example below).

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	-/-
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-
1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	1095B	-/-
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-/-

Base Benefit Consistency Audit Report (RBN304)

REVISED: 09/15/2021

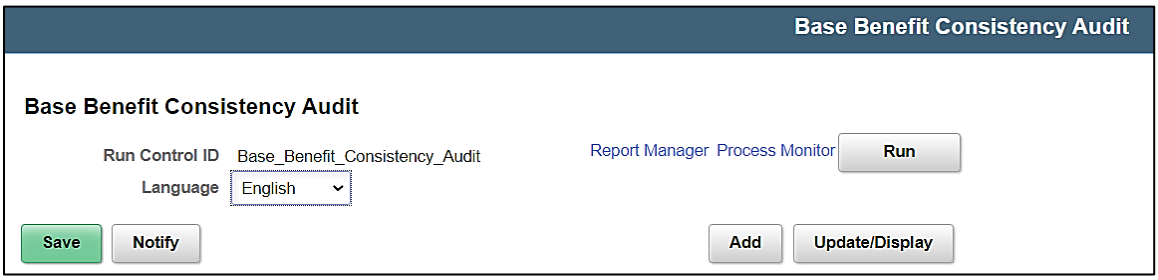
DESCRIPTION:
This report displays data that has been entered into the benefit plan, employee data, dependent data, or enrollment data pages which does not appear to follow policy or regulations. The identified items could simply require corrections to some data elements or could require enrollment changes.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Audits > Base Benefits Consistency Audit

INPUT / SEARCH CRITERIA:

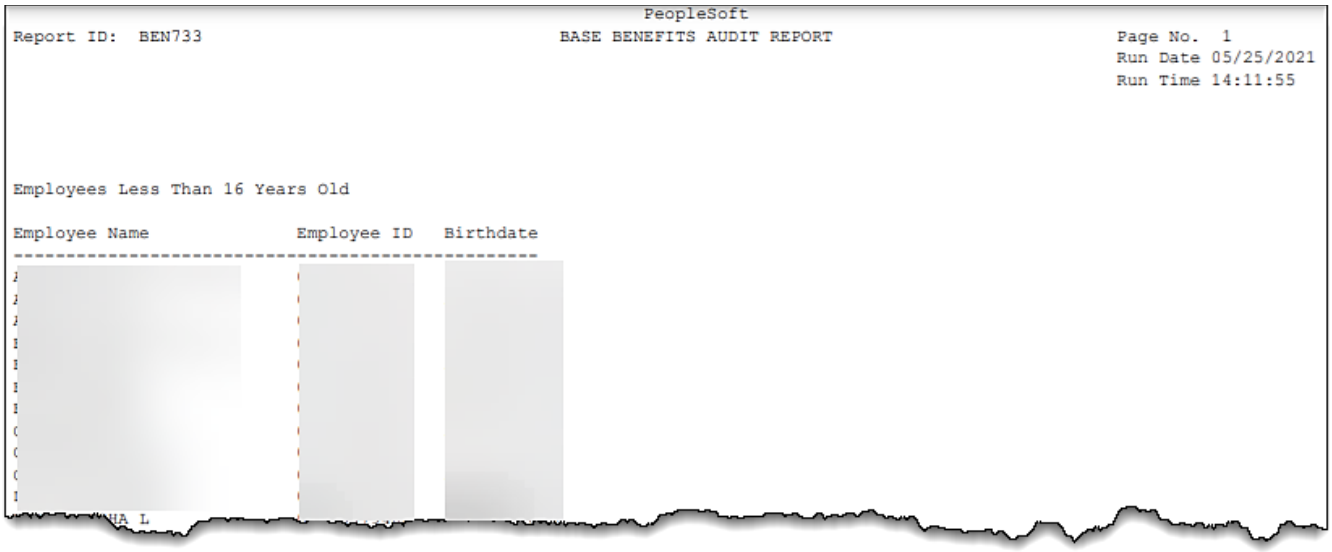
OUTPUT FORMAT:
PDF

Screenshot of the Base Benefit Consistency Audit Report Run Control Page



ADDITIONAL INFORMATION:
There are no required fields for this query

Screenshot of the BAS Benefit Consistency Audit Report



```
                                        PeopleSoft
Report ID:  BEN733                  BASE BENEFITS AUDIT REPORT                    Page No.  1
                                                                                  Run Date 05/25/2021
                                                                                  Run Time 14:11:55



Employees Less Than 16 Years Old

Employee Name              Employee ID   Birthdate
-------------------------------------------------
```

BenAdmin Missing Elections Report (RBN045)

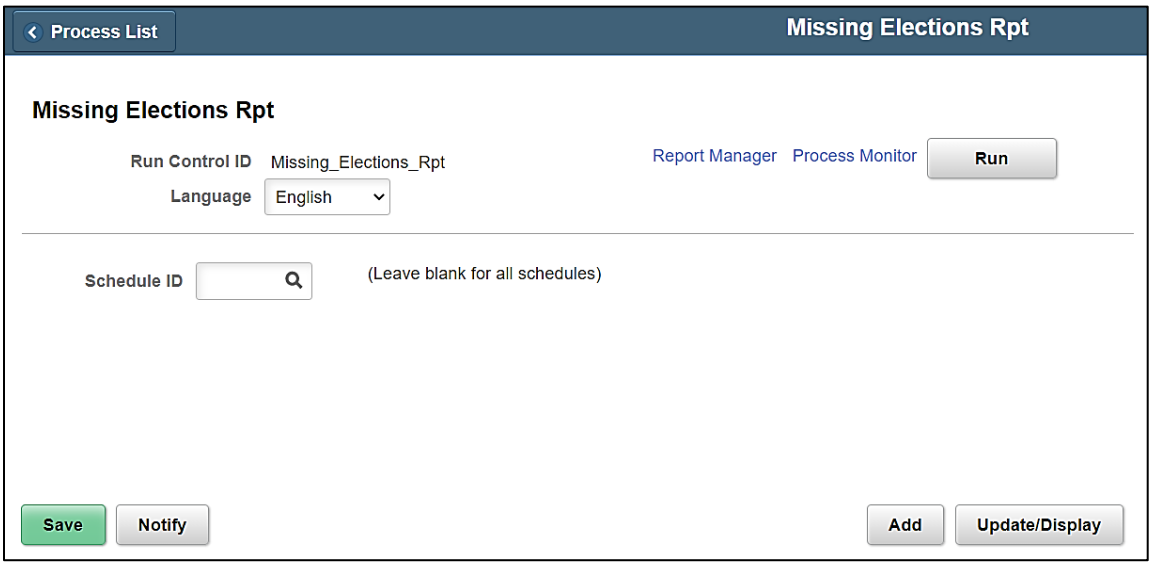
REVISED: 09/15/2021

DESCRIPTION:
This report provides information for participants who did not return enrollment statements or enroll in a plan. Report includes sections for participants' phone numbers.

NAVIGATION PATH:
NavBar > Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Missing Elections Rpt

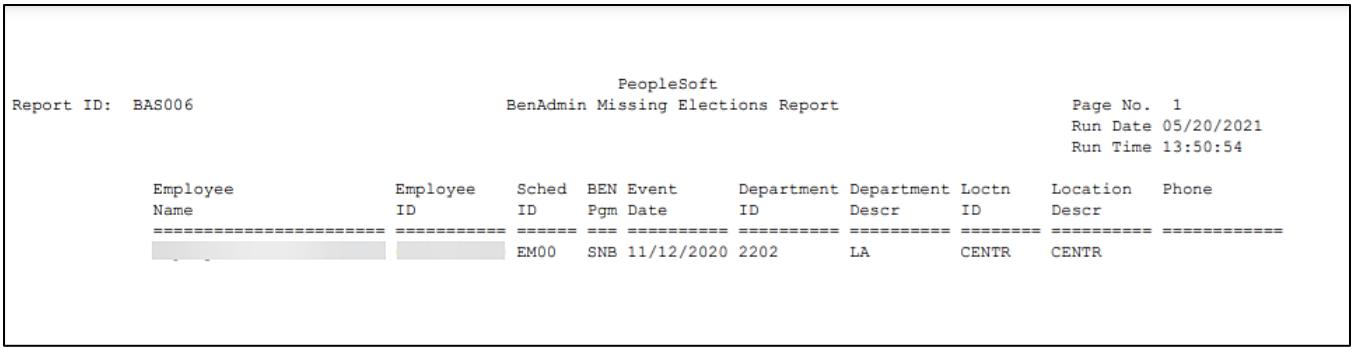
INPUT / SEARCH CRITERIA:	OUTPUT FORMAT:
Schedule ID	PDF

Screenshot of the BenAdmin Missing Elections Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the BenAdmin Missing Elections Report



```
                                        PeopleSoft
Report ID:  BAS006                 BenAdmin Missing Elections Report                    Page No.  1
                                                                                         Run Date 05/20/2021
                                                                                         Run Time 13:50:54

          Employee                 Employee    Sched  BEN Event      Department Department Loctn    Location   Phone
          Name                     ID          ID     Pgm Date       ID         Descr      ID       Descr
          ======================== =========== ====== === ========== ========== ========== ======== ========== ============
                                               EM00   SNB 11/12/2020 2202       LA         CENTR    CENTR
```

BenAdmin Preparation and Election Errors Report (RBN041)

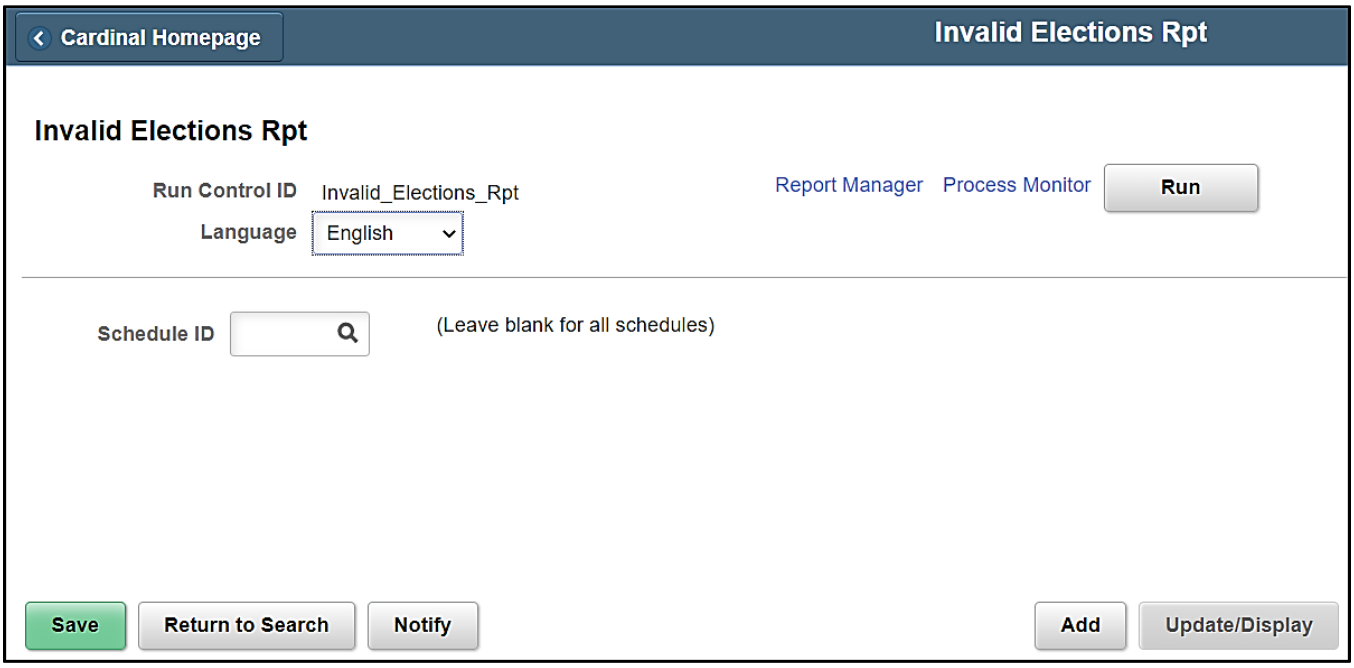
REVISED: 09/15/2021

DESCRIPTION:
This report shows invalid benefit elections, by schedule and event, participants, and their dependents. Report includes errors, such as coverage over the maximum or under the minimum, invalid choices, failure to meet eligibility requirements, etc.

NAVIGATION PATH:
NavBar > Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Invalid Elections Rpt

INPUT / SEARCH CRITERIA:	OUTPUT FORMAT:
Schedule ID	PDF

Screenshot of the BenAdmin Preparation and Election Errors Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the BenAdmin Preparation and Election Errors Report

PeopleSoft

Report ID: BAS003 — BenAdmin Preparation and Election Errors — Page No. 1

Run Date 05/20/2021

Run Time 13:28:20

Sched ID	Employee ID	Rcd#	Event ID	Optn ID	Cost ID	Msg-ID	Error Massage Description	Message-Data 1/2/3
		0	0	0	0	000327	Valid data from various tables (including Job and Pers_Data_Effdt) could not be found in effect as of the Event Date. There are many possible causes for this. Rows existing at the time of this event may have been subsequently deleted. The Event Date may pre-date all effective-dated rows in critical HR tables. If Multiple Jobs is enabled, this can occur if the primary job for this Benefit Record has its Benefit System flag set to something other than (BA) "Benefits Administration", as of	1: 2019-10-26 2: 000 3: MJ
				0	0	000327	Valid data from various tables (including Job and Pers_Data_Effdt) could not be found in effect as of the Event Date. There are many possible causes for this. Rows existing at the time of this event may have been subsequently deleted. The Event Date may pre-date all effective-dated rows in critical HR tables. If Multiple Jobs is enabled, this can occur if the primary job for this Benefit Record has its Benefit System flag set to something other than (BA) "Benefits Administration", as of	1: 2019-10-26 2: 000 3: MJ
		0	0	0	0	000326	A BAS_PARTIC record exists for the same manual event on the BAS_ACTIVITY record. The BAS_ACTIVITY was not processed and was not deleted. (MSGData1: Empl Rcd No, MSGData2: Event Dt, MSGData3: Event Class)	1: 000 2: 2020-12-14 3: MAR
		0	0	0	0	000326	A BAS_PARTIC record exists for the same manual event on the BAS_ACTIVITY record. The BAS_ACTIVITY was not processed and was not deleted. (MSGData1: Empl Rcd No, MSGData2: Event Dt, MSGData3: Event Class)	1: 000 2: 2020-04-30 3: MAR
		0	0	0	0	000326	A BAS_PARTIC record exists for the same manual event on the BAS_ACTIVITY record. The BAS_ACTIVITY was not processed and was not deleted. (MSGData1: Empl Rcd No, MSGData2: Event Dt, MSGData3: Event Class)	1: 000 2: 2020-07-21 3: BIR
		0	0	0	0	000326	A BAS_PARTIC record exists for the same manual event on the BAS_ACTIVITY record. The BAS_ACTIVITY was not processed and was not deleted. (MSGData1: Empl Rcd No, MSGData2: Event Dt, MSGData3: Event Class)	1: 000 2: 2020-08-04 3: MSA
		0	0	0	0	000325	A Primary Job for this Benefit Record does not exist as of the event date of the Bas_Activity trigger row. The Bas_Activity trigger has not been deleted - please ensure that there is a Primary Job in effect for this Benefit Record prior to scheduling events in Event Maintenance again. (MSGData1: BAS Action Source, MSGData2: Event Dt, MSGData3: Event Effseq)	1: TJ 2: 2020-07-01 3: 000
				0	0	000325	A Primary Job for this Benefit Record does not exist as of the event date of the Bas_Activity trigger row. The Bas_Activity trigger has not been deleted - please ensure that there is a Primary Job in effect for this Benefit Record prior to scheduling events in Event Maintenance again. (MSGData1: BAS Action Source, MSGData2: Event Dt, MSGData3: Event Effseq)	1: TJ 2: 2020-07-01 3: 000

Benefit Change Compliance Report (RBN337)

REVISED: 03/16/2022

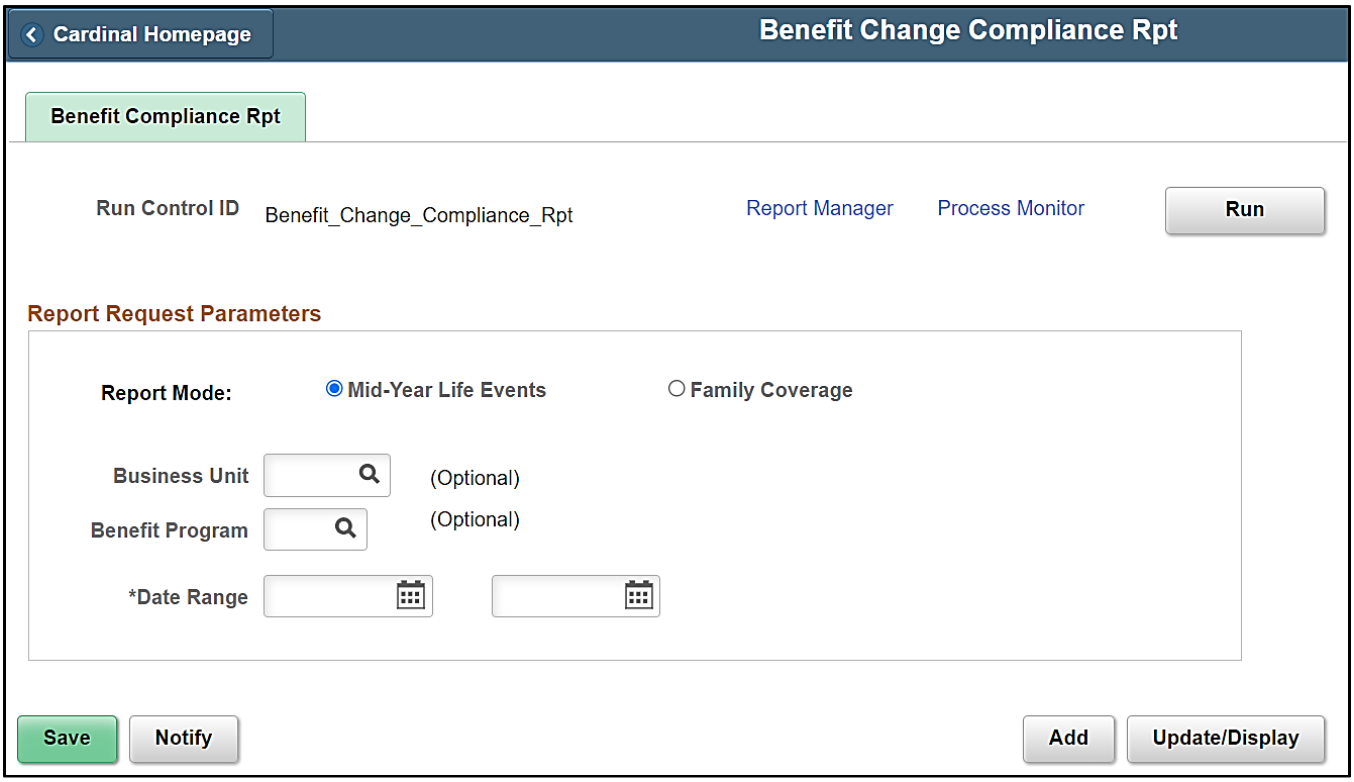
DESCRIPTION:
This report is used by OHB to monitor the compliance of benefit life events.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Audits > Benefit Change Compliance Rpt

INPUT / SEARCH CRITERIA:
Report Mode (radio button): Mid-Year Life Events or Family Coverage
Business Unit
Benefit Program
Date Range

OUTPUT FORMAT:
PDF

Screenshot of the Benefit Change Compliance Report Run Control Page



ADDITIONAL INFORMATION:
Date Range fields are required fields.

Screenshot of the Benefit Change Compliance Report

Cardinal

Commonwealth of Virginia

Benefit Change Compliance Report

Report ID: RBN337

Run Date: 03/15/2022
Run Time: 3:07:17 PM
Page No: 1 of 3

Report Mode:	Mid-Year Life Events
Business Unit:	
Benefit Program:	
Date Range:	12/01/2021 to 12/31/2021

Emplid	EmplRcd	Name	Email Address	Event	Date	Source	BU	Company
	0			MAR	12/01/2021	ME	18100	DLI

Field Changed	Old Value	New Value
ELIG_CONFIG2		181001000
ELIG_CONFIG8		12-24
ELIG_CONFIG9		SF-GB
10-COVERAGE_BEGIN_DT		12/01/2021
10-COVERAGE_ELECT		E
10-BENEFIT_PLAN		ACC2
10-COVRG_CD		2
60-COVERAGE_BEGIN_DT		12/01/2021
60-COVERAGE_ELECT		E
60-BENEFIT_PLAN		FLXMED
60-ANNUAL_PLEDGE		1000
60-EMPL_CONTRBUTN_AMT		0

Dependent covered before:

Name	Relationship	DOB	Disability Indicator

Dependent covered after:

Name	Relationship	DOB	Disability Indicator
	SP		N

Benefit Contribution Register Report (RBN055)

REVISED: 09/15/2021

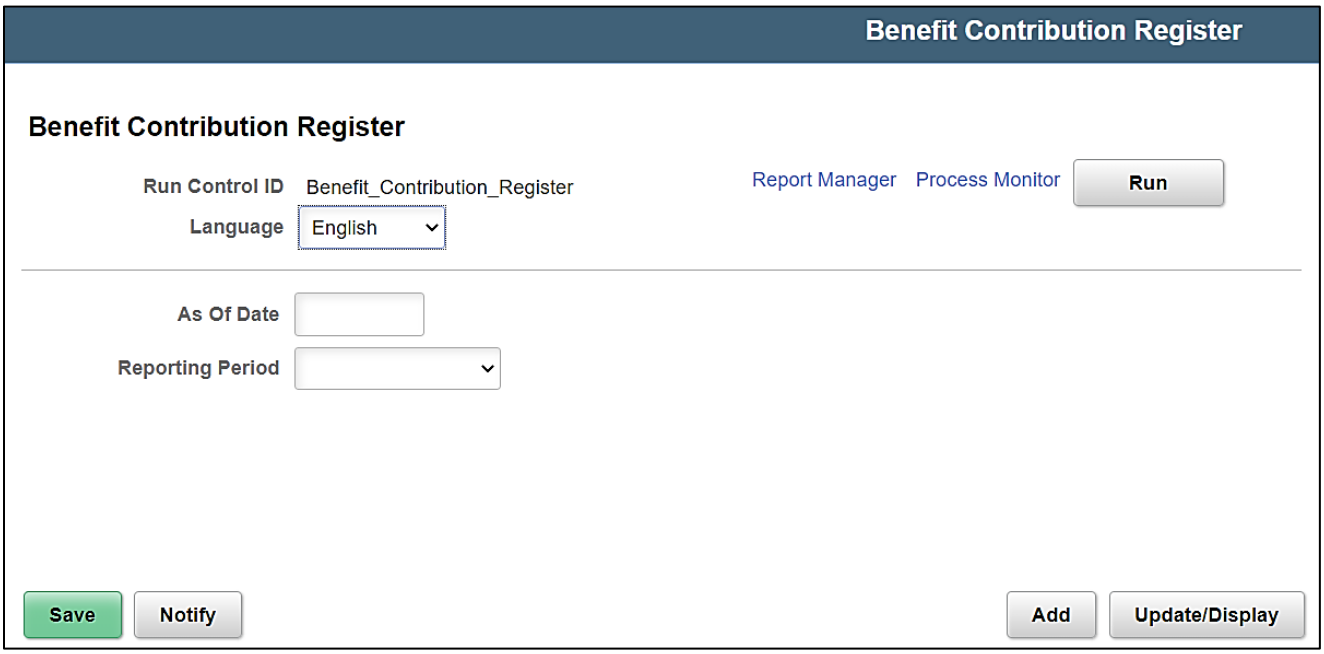
DESCRIPTION:
This report summarizes benefit contributions made in payroll by employee and employer for Cardinal Payroll agencies.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Contributions and Deductions > Benefit Contribution Register

INPUT / SEARCH CRITERIA:
As of Date
Reporting Period

OUTPUT FORMAT:
PDF

Screenshot of the Benefit Contribution Register Report Run Control Page



ADDITIONAL INFORMATION:
As of Date field is a required field.
Reporting Period options are **Month** or **Quarterly.**

Screenshot of the Benefit Contribution Register Report (Quarterly)

PeopleSoft

Report ID: BEN003
Company: ABC Alcoholic Beverage Control
As Of Date:12/31/2019
Ben Program Salaried Employee Benefit Pgm
Plan Type Medical
Ben Plan ACC0

QUARTERLY BENEFIT CONTRIBUTIONS REGISTER

Page No. 1
Run Date 05/20/2021
Run Time 16:42:41

Employee Name	Ben Rcd	Employee ID	Empl Status	Department ID	Department Name	Employee Deductions This Period	Employee Deductions YTD	Company Contributions This Period	Company Contributions YTD
	0		A	226073	Store 073	287.00	3,493.50	1,802.00	18,921.00
	0		A	226319	Store 319	92.00	966.00	687.00	7,213.50
	0		A	300501	Warehouse	211.00	2,215.50	1,229.00	12,904.50
	0		A	180779	EntArch	92.00	804.50	687.00	7,213.50
	0		A	150736	Purchasing	211.00	2,113.50	1,229.00	12,904.50
	0		A	170704	FMS	287.00	2,911.50	1,802.00	18,921.00
	0		A	420707	Tax Audit	211.00	527.50	1,229.00	3,072.50
	0		A	226137	Store 137	92.00	920.00	687.00	6,870.00
	0		A	226263	Store 263	92.00	966.00	687.00	7,213.50
	0		A	226392	Store 392	211.00	949.50	1,229.00	5,530.50
	0		A	226162	Store 162	92.00	966.00	687.00	7,213.50
	0		A	226068	Store 068	92.00	966.00	687.00	7,213.50
	0		A	226243	Store 243	92.00	138.00	687.00	1,030.50
	0		A	226075	Store 075	92.00	874.00	687.00	6,526.50
	0		A	226232	Store 232	92.00	966.00	687.00	7,213.50
	0		A	180779	EntArch	287.00	3,013.50	1,802.00	18,921.00
	0		A	210504	Ret Ops	92.00	594.50	687.00	5,799.50
	0		A	410806	Cent Offc	211.00	2,215.50	1,229.00	12,904.50
	0		A	410816	LRM	287.00	3,013.50	1,802.00	18,921.00

Benefit Eligibility Audits (RBN301)
Dependent Waiting Approval
Retired, Tricare and TLC Employees Approaching 65
Dependent of Retirees/Tricare, TLC employees Approaching 65
Dependent Child Approaching 26
Disabled Over-Age Dependent Child

REVISED: 9/3/2024

DESCRIPTION:
The Benefit Eligibility Audits contains five reports that may be run individually or at the same time, based on the checkboxes selected in the Process Request Parameters.

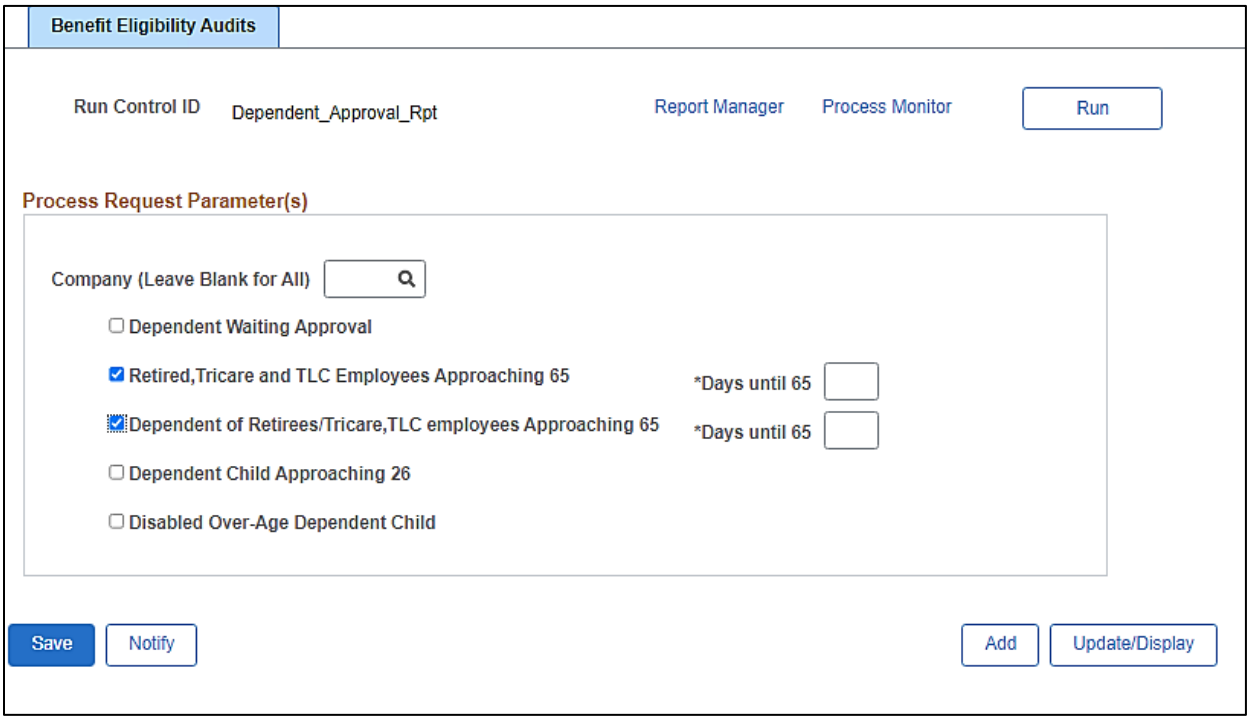
This group of reports lists employees and associated dependents approaching an age-related milestone that requires health care enrollment changes to remain compliant with policy. Some of the reports also identifies outstanding approvals for new dependents and disabled dependents that may need to be re-certified as disabled.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Audits > Benefit Eligibility Audits

INPUT / SEARCH CRITERIA:
Company (Leave Blank for All)
Report Type Parameter (checkboxes)

OUTPUT FORMAT:
PDF

Screenshot of the Benefit Eligibility Audits Report Run Control Page



ADDITIONAL INFORMATION:

A Report Type **Parameter** field is a required field. There are two additional required fields, the **From Date** and **To Date** fields, for only the **Dependent Child Approaching 26** option. There is also a **Days until 65** required field for the **Retired, Tricare and TLC Employees Approaching 65** and **Dependent of Retirees, Tricare, TLC employees Approaching 65** options.

Screenshot of the Dependent Waiting Approval Report

Dependent Waiting Approval

Company	Employee ID	Ben Record	Last Name	First Name	Middle Name	Depend/Benef	Dep Last	Dep First	Dep Middle	DEP DOB	Relation	Disabled	Effec
ABC		1			L	01			Troy		SP	N	4/2
ABC		1			L	02					C	N	4/2
ABC		1			L	03					C	N	4/25
ABC		0				03			Lee		SP	N	5/1
ABC		0			D	01					SP	N	5/16/
ABC		0				01					SP	N	5/11/2
ABC		0				02			Marie		C	N	5/11/2

Screenshot of the Dependent Waiting Approval Report (scrolled right)

Disabl	Effective Date	Disabled As of Date	Medicare Date	Address 1	Address 2	City	State	Postal	Email Address	Email Type	Benefit Group	Unit	Dept ID	Audit Reason
	4/25/2022					PORTSMOUTH	VA	23704-2232		PERS	999001000	99900	226311	Documentation Approval
	4/25/2022					PORTSMOUTH	VA	23704-2232		PERS	999001000	99900	226311	Documentation Approval
	4/25/2022					PORTSMOUTH	VA	23704-2232		PERS	999001000	99900	226311	Documentation Approval
	5/12/2022					Sandston	VA	23150-2323		PERS	999001000	99900	410830	Documentation Approval
	5/16/2022	5/16/2022				SUFFOLK	VA	23434-7294		PERS	999001000	99900	226413	Documentation Approval
	5/11/2022					Richmond	VA	23235-1504		PERS	999001000	99900	190498	Documentation Approval
	5/11/2022					Richmond	VA	23235-1504		PERS	999001000	99900	190498	Documentation Approval

Screenshot of the Retired, Tricare and TLC Employees Approaching 65 Report

Retired Employees Approaching 65

Company	Employee ID	Ben Record	Last Name	First Name	Middle Name	Birthdate	Address 1	Address 2	City	State	Postal	Email Address	Email Type	Benefit Group	Unit	Dept ID	Audit Reason
AES		0			L				BRODNAX	VA	23920-3356		BUSN	007108000	22900	99999	Participant Approaching Medicare Eligibility
B48		0			B				WYTHEVILLE	VA	24382-5039		BUSN	047212001	LOCAL	047212001	Participant Approaching Medicare Eligibility
B48		0			M				WYTHEVILLE	VA	24382-4954		PERS	047212001	LOCAL	047212001	Participant Approaching Medicare Eligibility
CWM		0			W				ALIQUIPPA	PA	15001-9999		BUSN	007108000	20400	99999	Participant Approaching Medicare Eligibility
CWM		0			L				WILLIAMSBURG	VA	23185-3943		PERS	007108000	20400	99999	Participant Approaching Medicare Eligibility
D83		0			D				BURGESS	VA	22432-2103		BUSN	048213000	LOCAL	048213000	Participant Approaching Medicare Eligibility
E01		0			L				LAWRENCEVILLE	VA	23868-3430		PERS	048005000	LOCAL	048005000	Participant Approaching Medicare Eligibility

Screenshot of the Dependent of Retirees/Tricare, TLC employees Approaching 65 Report

Dependent of Retiree Approaching 65

Company	Employee ID	Ben Record	Last Name	First Name	Middle Name	Email Address	Email Type	Benefit Group	Depend/ Benef	Dep Last	E
AES		0			L		BUSN	007108000	01		CH
D83		0					BUSN	048213000	02		B
E01		0			H		BUSN	048005000	04		T
E02		0			S		BUSN	048009000	01		JA
E04		0			J		BUSN	048019000	01		RO
E04		0			S		BUSN	048019000	01		R
E04		0			L		BUSN	048019000	02		M

Screenshot of the Dependent of Retirees/Tricare, TLC employees Approaching 65 Report (scrolled right)

	Dep First	Dep Middle	Relation	DEP DOB	Benefit Plan	Covrg Cd	Dep Address 1	Dep Address 2	Dep City	Dep State	Dep Postal	Unit	Dept ID	Audit Reason
		R	SP		ACC5	2			BRODNAX	VA	23920-3356	22900	99999	Dependent
			SP		378F09	4			WHITE STONE	VA	22578-1027	LOCAL	048213000	Dependent Approaching
			SP		005F05	4			LAWRENCEVILLE	VA	23868-2605	LOCAL	048005000	Dependent Approaching
		E	SP		008F03	2			NEW CASTLE	VA	24127-6518	LOCAL	048009000	Dependent Approaching
		H	SP		017F05	2			HILLSVILLE	VA	24343-4208	LOCAL	048019000	Dependent Approaching
		A	SP		017F05	2			CANA	VA	24317-5007	LOCAL	048019000	Dependent Approaching
		E	SP		017P05	2			HILLSVILLE	VA	24343-7506	LOCAL	048019000	Dependent Approaching

Screenshot of the Dependent Child Approaching 26 Report

Dependent Child Approaching 26

Company	Employee ID	Ben Record	Last Name	First Name	Middle Name	Email Address	Email Type	Benefit Group	Depend/ Benef	Dep Last	Dep First	Dep Middle	DEP DOB	E
ARS		0			D		BUSN	262001000	04			A		
CNU		0			ANTHONY		BUSN	242001000	01					
DGS		0			E		BUSN	194010000	01			K		
DJJ		0			K		BUSN	777001000	09			E		C
DJJ		0			D		BUSN	777712000	01			K		G
DMV		0			L		BUSN	154001000	01			L		

Screenshot of the Dependent Child Approaching 26 Report (scrolled right)

DOB	Relation	Benefit Plan	Covrg Cd	Dep Address 1	Dep Address 2	Dep City	Dep State	Dep Postal	Unit	Dept ID	Audit Reason
1996	C	ACC0	4			STUARTS DRAFT	VA	24477-2514	26200	30015	Dependent Approaching 26 – Loss of Eligibility after 12/31
/1996	C	ACC4	4			NEWPORT NEWS	VA	23607-5234	24200	85140	Dependent Approaching 26 – Loss of Eligibility after 12/31
1996	C	ACC4	4			MIDLOTHIAN	VA	23112-4132	19400	194201	Dependent Approaching 26 – Loss of Eligibility after 12/31
996	C	ACC4	4			NORTH CHESTERFIELD	VA	23225-7434	77700	50001	Dependent Approaching 26 – Loss of Eligibility after 12/31
1996	C	ACC2	4			AMELIA COURT HOUSE	VA	23002-2006	77700	50712	Dependent Approaching 26 – Loss of Eligibility after 12/31
996	C	ACC3	4			LEXINGTON	VA	24450-3358	15400	31KD0	Dependent Approaching 26 – Loss of Eligibility after 12/31

Screenshot of the Disabled Over-Age Dependent Child Report

Disabled Over-Age Dependent Child

Company	Employee ID	Ben Record	Last Name	First Name	Middle Name	Email Address	Email Type	Benefit Group	Dep Be
ABC		0			R		PERS	999001000	02
ABC		0			A		PERS	999001000	02
AES		0			J		BUSN	229102000	02
AES		0			H		BUSN	229102000	02
ARS		0			F		BUSN	262001000	01
CCV		0			R		BUSN	113001000	03

Screenshot of the Disabled Over-Age Dependent Child Report (scrolled right)

oup	Depend/ Benef	Dep Last	Dep First	Dep Middle	DEP DOB	Relation	Benefit Plan	Covrg Cd	Unit	Dept ID	Audit Reason
	02			D		C	ACC5	4	99900	226334	Employee has Over-Age Disabled Dependent
	02			G		C	ACC2	3	99900	180786	Employee has Over-Age Disabled Dependent
	02			S		C	ACC2	4	22900	044000	Employee has Over-Age Disabled Dependent
	02			J		C	ACC2	4	22900	044000	Employee has Over-Age Disabled Dependent
	01			P		C	ACC4	3	26200	14309	Employee has Over-Age Disabled Dependent
	03			L		C	ACC5	4	11300	10000	Employee has Over-Age Disabled Dependent

Benefit Enrollment Changes Report (RBN287)

REVISED: 09/15/2021

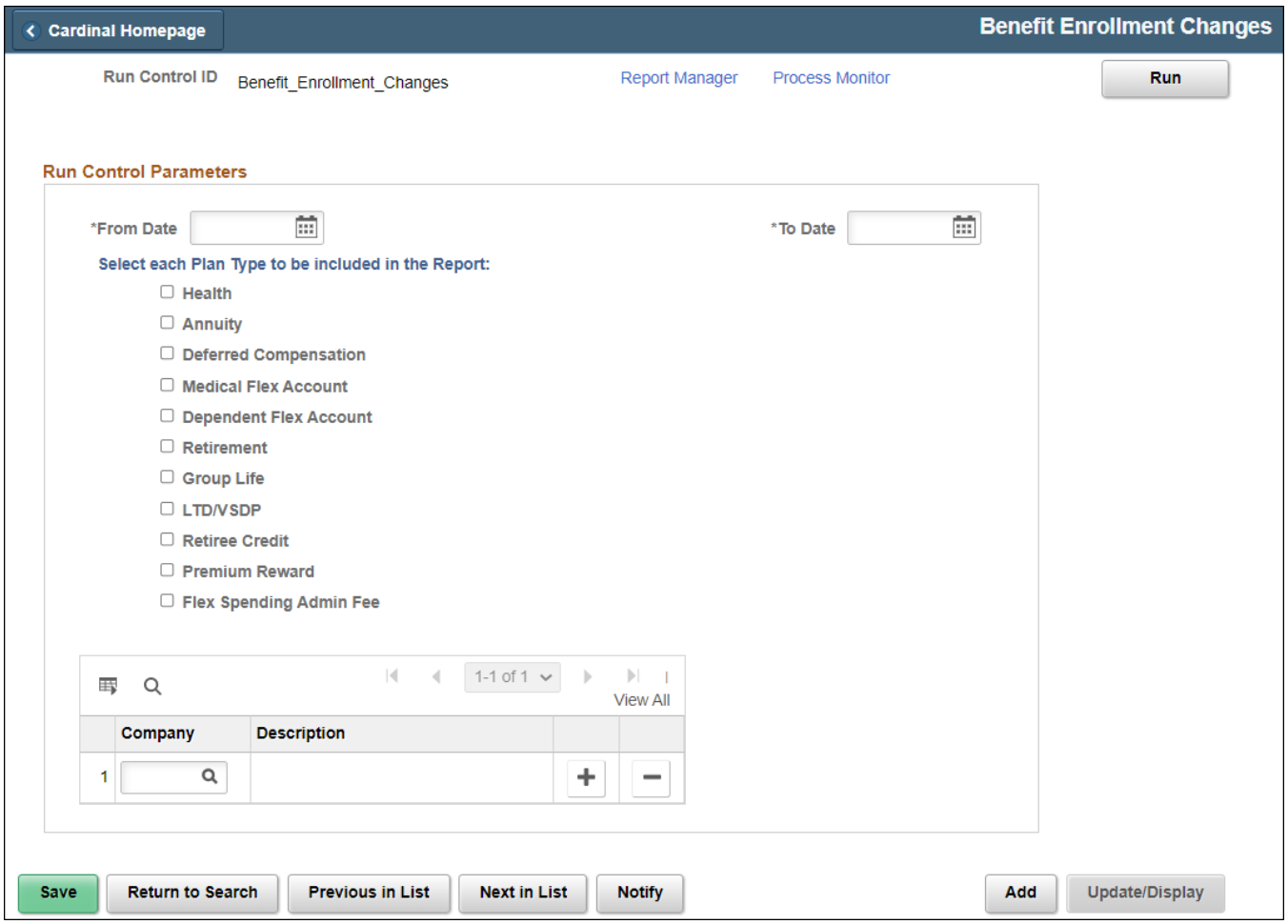
DESCRIPTION:
This report lists all employees who enrolled in benefits or made changes to existing benefits within a specific date range.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Benefit Enrollment Changes

INPUT / SEARCH CRITERIA:
From Date
To Date
Plan Type (s)
Company (s)

OUTPUT FORMAT:
PDF

Screenshot of the Benefit Enrollment Changes Report Run Control Page



ADDITIONAL INFORMATION:
From Date and **To Date** fields are required fields. At least one **Plan Type** must be selected.

Screenshot of the Benefit Enrollment Changes Report

Report ID: RBN287

Commonwealth of Virginia

BENEFIT ENROLLMENT CHANGES REPORT

Run Date: 05/24/2021
Run Time: 04:27 00

COMPANY: A02 - King William County - County
PLAN TYPE(S): 10, 46, 49, 60, 61, 70, 4W, 7Z, 7W, 7Y, 7X, AY, AZ
From Date: 01/01/2021 - To Date: 04/30/2021

Page No. 1 of 53488

EMPLID	BEN RCD	NAME	PLAN TYPE	BENEFIT PLAN	DATE OF ACTION	FIELD CHANGED	PRIOR VALUE	CURRENT VALUE
	0		10	002KA500C	01/13/2021	Coverage Begin Date	09/01/2018	12/01/2020
	0		10	002KA500C	01/13/2021	Coverage Code	Family	EE+Spouse
	0		10	002KA500C	01/13/2021	Coverage Elect Date	08/04/2020	01/13/2021

Benefit Event Statistical Report (RBN295)

REVISED: 09/15/2021

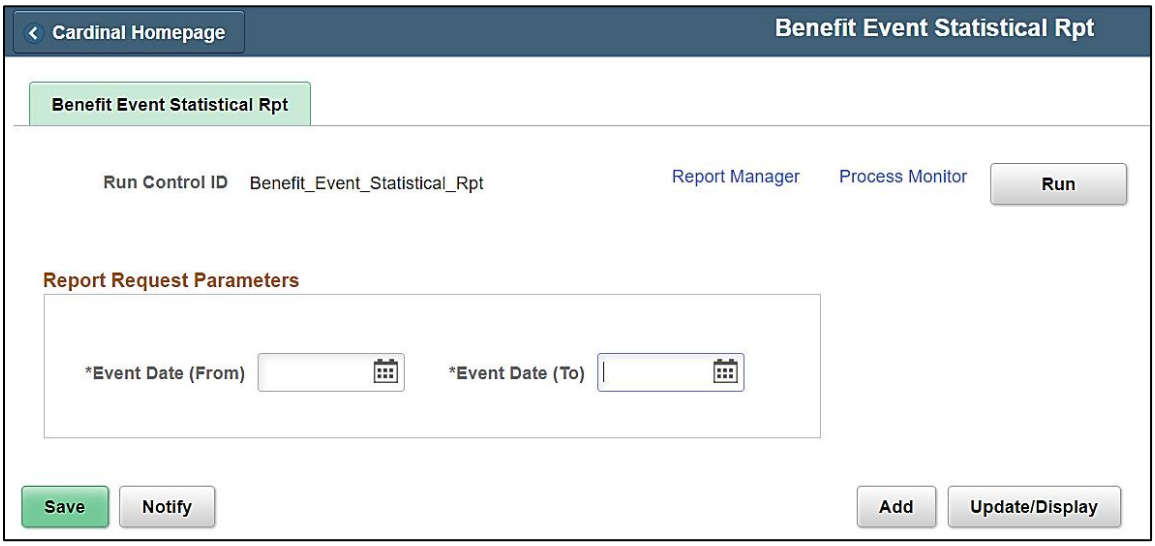
DESCRIPTION:
This report summarizes counts of benefit events by election source (e.g., Benefits Administrator, self-service, or none) within a specified period of time.

NAVIGATION PATH:
NavBar > Menu > Benefits > Manage Automated Enrollment > Review Processing Results > Benefit Event Statistical Rpt

INPUT / SEARCH CRITERIA:
Event Date From
Event Date To

OUTPUT FORMAT:
PDF

Screenshot of the Benefit Event Statistical Report Run Control Page



ADDITIONAL INFORMATION:
Event Date (From) and **Event Date (To)** field are required fields.

Screenshot of the Benefit Event Statistical Report

Benefit Event Statistical Report

01/01/2020 - 05/26/2021		January		February		March		April		May		June		July		August		September		October		November		December	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Covered Child Lost Eligibility		0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	3.3%	0	0.0%	1	0.9%	2	2.3%	2	2.5%	2	2.8%	2	2.2%	0	0.0%
	None Entered	0		0		0		0		0		0		0		0		1		1		1		0	
	BA Entry	0		0		0		0		2		0		1		2		1		1		1		0	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Address Change		0	0.0%	1	5.9%	1	8.3%	9	20.5%	2	3.3%	1	1.3%	8	7.5%	3	3.4%	0	0.0%	0	0.0%	1	1.1%	0	0.0%
	None Entered	0		0		0		0		1		0		2		0		0		0		0		0	
	BA Entry	0		1		1		9		1		1		6		3		0		0		1		0	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Benefits Change (OHB Only)		15	18.1%	2	11.8%	2	16.7%	1	2.3%	2	3.3%	1	1.3%	21	19.8%	5	5.7%	15	18.5%	3	4.2%	6	6.7%	5	8.5%
	None Entered	1		1		1		1		0		0		3		0		1		2		2		1	
	BA Entry	14		1		1		0		2		1		18		5		14		1		4		4	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Birth or Adoption		4	4.8%	0	0.0%	1	8.3%	2	4.5%	5	8.3%	4	5.0%	6	5.7%	9	10.2%	12	14.8%	11	15.3%	20	22.2%	5	8.5%
	None Entered	0		0		0		1		3		1		2		1		5		8		2		0	
	BA Entry	2		0		1		1		2		3		4		7		5		3		17		5	
	Self Service	2		0		0		0		0		0		0		1		2		0		1		0	
Death of Child		0	0.0%	0	0.0%	0	0.0%	1	2.3%	1	1.7%	0	0.0%	0	0.0%	3	3.4%	1	1.2%	0	0.0%	0	0.0%	0	0.0%
	None Entered	0		0		0		1		0		0		0		0		0		0		0		0	
	BA Entry	0		0		0		0		1		0		0		3		1		0		0		0	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Dpndnt Gained Eligibility w ER		0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.7%	0	0.0%	0	0.0%	3	3.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	None Entered	0		0		0		0		0		0		0		2		0		0		0		0	
	BA Entry	0		0		0		0		1		0		0		1		0		0		0		0	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Divorce		2	2.4%	1	5.9%	0	0.0%	1	2.3%	1	1.7%	5	6.3%	4	3.8%	2	2.3%	4	4.9%	11	15.3%	3	3.3%	3	5.1%
	None Entered	0		0		0		0		0		1		1		1		1		7		0		0	
	BA Entry	1		1		0		1		1		4		3		1		3		4		3		3	
	Self Service	1		0		0		0		0		0		0		0		0		0		0		0	
Dpndnt Lost Eligibility w ER		0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.7%	0	0.0%	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	None Entered	0		0		0		0		0		0		0		0		0		0		0		0	
	BA Entry	0		0		0		0		1		0		1		0		0		0		0		0	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Death of Spouse		1	1.2%	0	0.0%	0	0.0%	0	0.0%	1	1.7%	0	0.0%	2	1.9%	2	2.3%	1	1.2%	1	1.4%	3	3.3%	2	3.4%
	None Entered	0		0		0		0		0		0		0		0		0		0		0		0	
	BA Entry	1		0		0		0		1		0		2		2		1		1		3		2	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Deceased EE w/Covered Dpndts		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	None Entered	0		0		0		0		0		1		0		0		0		0		0		0	
	BA Entry	0		0		0		0		0		0		0		0		0		0		0		0	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Elig Config Change		5	6.0%	0	0.0%	2	16.7%	1	2.3%	1	1.7%	2	2.5%	7	6.6%	2	2.3%	4	4.9%	0	0.0%	13	14.4%	14	23.7%
	None Entered	2		0		0		1		0		1		2		1		0		0		12		9	
	BA Entry	3		0		2		0		1		1		5		1		4		0		1		5	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Failure to Pay Premium		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	None Entered	0		0		0		0		0		0		0		0		0		0		0		0	
	BA Entry	0		0		0		0		0		0		1		0		0		0		0		0	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Family Status Change		2	2.4%	1	5.9%	0	0.0%	2	4.5%	3	5.0%	3	3.8%	4	3.8%	2	2.3%	1	1.2%	0	0.0%	2	2.2%	0	0.0%
	None Entered	0		0		0		1		0		2		0		1		0		0		0		0	
	BA Entry	2		1		0		1		3		1		4		1		1		0		2		0	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Dependent Care Cost/Covrg Chg		5	6.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.1%	1	1.2%	0	0.0%	0	0.0%	0	0.0%
	None Entered	0		0		0		0		0		0		0		1		0		0		0		0	
	BA Entry	5		0		0		0		0		0		0		0		1		0		0		0	
	Self Service	0		0		0		0		0		0		0		0		0		0		0		0	
Gain Eligibility Medicare/caid		0	0.0%	0	0.0%	0	0.0%	2	4.5%	3	5.0%	0	0.0%	1	0.9%	1	1.1%	0	0.0%	1	1.4%	2	2.2%	0	0.0%
	None Entered	0		0		0		1		1		0		0		1		0		0		0		0	
	BA Entry	0		0		0		1		2		0		1		0		0		1		2		0	

Benefit Event Status Report (RBN300)

REVISED: 09/15/2021

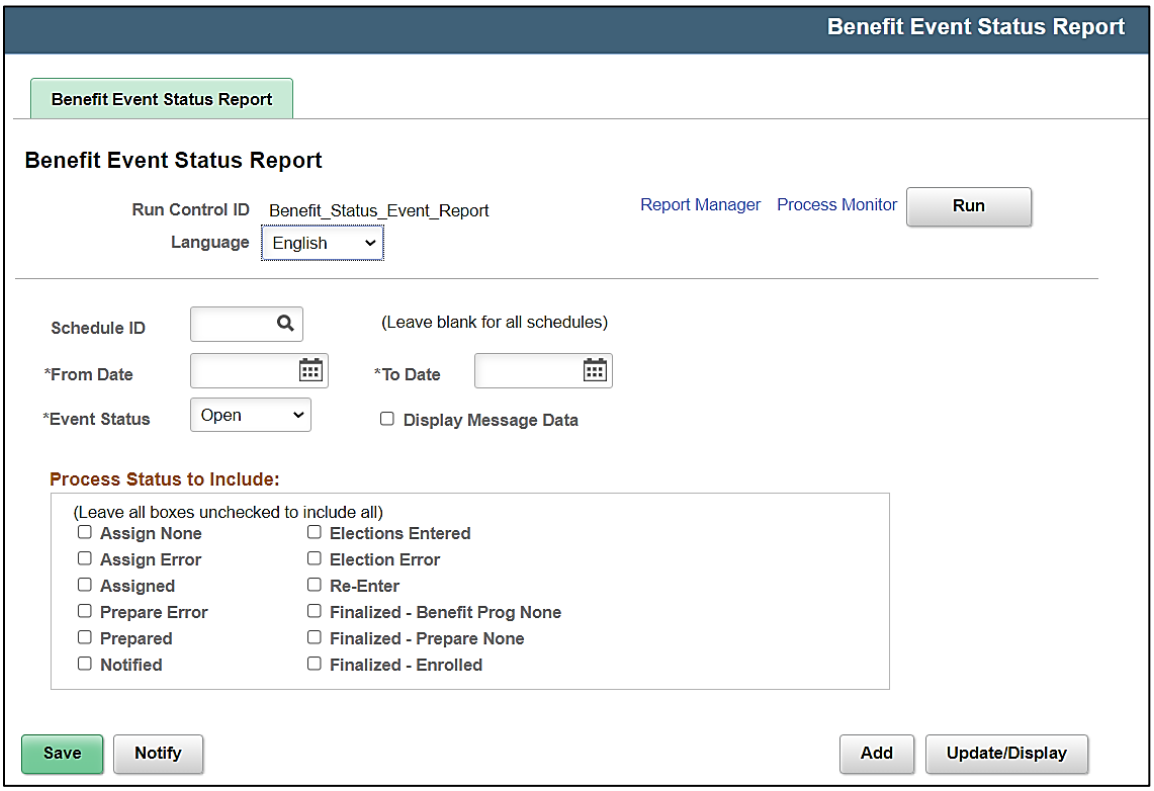
DESCRIPTION:
This report lists all participants in a particular process status or set of status levels.

NAVIGATION PATH:
NavBar > Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Benefit Event Status Report

INPUT / SEARCH CRITERIA:
Schedule ID
From Date
To Date
Event Status
Display Message Date (checkbox)
Process Status to Include (checkboxes)

OUTPUT FORMAT:
PDF

Screenshot of the Benefit Event Status Report Run Control Page



ADDITIONAL INFORMATION:
From Date and **To Date** fields are required fields.

Screenshot of the Benefit Event Status Report

Report ID: VBNR0300

PeopleSoft
Benefit Event Status Report

Page No. 1
Run Date 05/25/2021
Run Time 13:43:33

Process Status	Employee ID	Employee Name	Schedule ID	Event ID	Event Date	Event Class	Event Status	Process Indicator	Benefit Program
AE			EM00	1	07/01/2020	HIR	O	N	N
AE			EM00	1	09/30/2020	RET	O	N	N
AE			EM00	1	06/29/2020	HIR	O	N	N
AE			EM00	1	07/01/2020	HIR	O	N	N

Cardinal Enrollment Report (RBN350)

REVISED: 07/26/2022

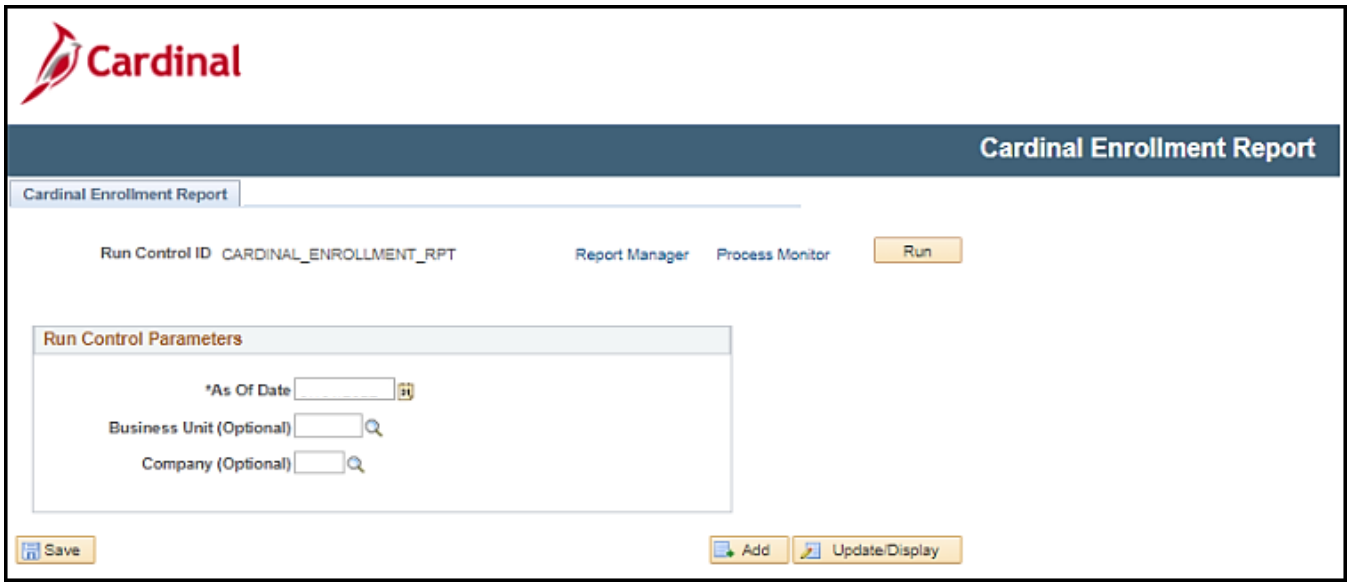
DESCRIPTION:
This report provides employee benefit enrollment information including health, FSA, premium reward, and medical premiums. The report includes employees who are active, on paid or unpaid leave, and who are suspended. Terminated employees remain on the report for 90 days from date of termination. Employees who are enrolled in COBRA also appear on this report.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Cardinal Enrollment

INPUT / SEARCH CRITERIA:
As of Date
Business Unit (Optional)
Company (Optional)

OUTPUT FORMAT:
Excel

Screenshot of the Cardinal Enrollment Report Run Control Page



ADDITIONAL INFORMATION:
The **As of Date** is the only required field; however, it is suggested that the user enter other **Run Control Parameters**.

Screenshot of the Cardinal Enrollment Report

Cardinal Enrollment Report

Process Instance: 1748814
Process Run Date: 7/26/2022
Process AsOfDate: 7/1/2022
Process Business Unit:
Process Company: BBE

Employee	Last Name	Suffix	First Name	MI	Birthdate	Sex	SSN	Business U	Com	Status/BP	Coverage	Benefit Pla	Descr	Coverage	Coverage I	Employer I	Employee	PRW Rate	PRW Bene	PRW Cove	HFSA Annu	HFSA Dedu	HFSA
						M		23300	BBE	COVA 100	W				1/1/2014	0	0	0			0	0	
						F		23300	BBE	COVA FT E	E	ACC1	COVACr+Prev Den+Out-of-ntwk	Family	7/1/2021	1859	346	0			0	0	
						F		23300	BBE	COVA FT E	E	ACC5	COVA+ExDen+Out-of-ntwk+Vs&Hr	Single	7/1/2021	709	166	0			2400	0	7/1/2
						F		23300	BBE	COVA FT E	E	ACC0	COVA Care + Prev Dental	Self + Spou	7/1/2021	1268	217	0			1200	0	7/1/2
						F		23300	BBE	COVA FT E	E	ACC5	COVA+ExDen+Out-of-ntwk+Vs&Hr	Self + Chil	7/1/2021	1268	350	0			0	0	
						F		23300	BBE	COVA FT E	E	ACC4	COVA Cr+Exp Den+Vision&Hrng	Single	7/1/2021	709	148	0			0	0	
						F		23300	BBE	COVA FT E	E	ACC5	COVA+ExDen+Out-of-ntwk+Vs&Hr	Single	7/1/2021	709	166	0			0	0	
						F		23300	BBE	COVA FT E	E	ACC2	COVA Care + Expanded Dental	Self + Chil	7/1/2022	1268	280	0			0	0	

Screenshot of the Cardinal Enrollment Report (scrolled right)

Dedu	HFSA Cove	HFSA Cove	DCFSA Anr	DCFSA Dec	DCFSA Co	DCFSA Co	Pay Code	Address	City	State	Zip	Phone	Email Addr	Empl Statu	Last Date	Expected	Continuous State Service Dt	Org Start Dt	Linked Em	Termination
0			0	0			24			VA	23225-116			Active			12/16/1994	12/16/1994		
0			0	0			24			VA	23221-113			Active			12/1/1995	12/1/1995		
0	7/1/2022		0	0			24			VA	23222-252			Active			10/4/2002	10/4/2002		
0	7/1/2022		0	0			24			VA	23069-184			Active			6/1/2001	6/1/2001		
0			0	0			24			VA	23086-365			Active			12/5/2005	12/5/2005		
0			0	0			24			VA	23005-208			Active			6/10/2006	6/10/2006		
0			0	0			24			VA	23294-643			Active			4/22/2013	4/22/2013		
0			0	0			24			VA	23223-170			Active			3/31/2021	3/31/2021		

Combined Virginia Campaign Deductions Report (RPY454)

REVISED: 09/15/2021

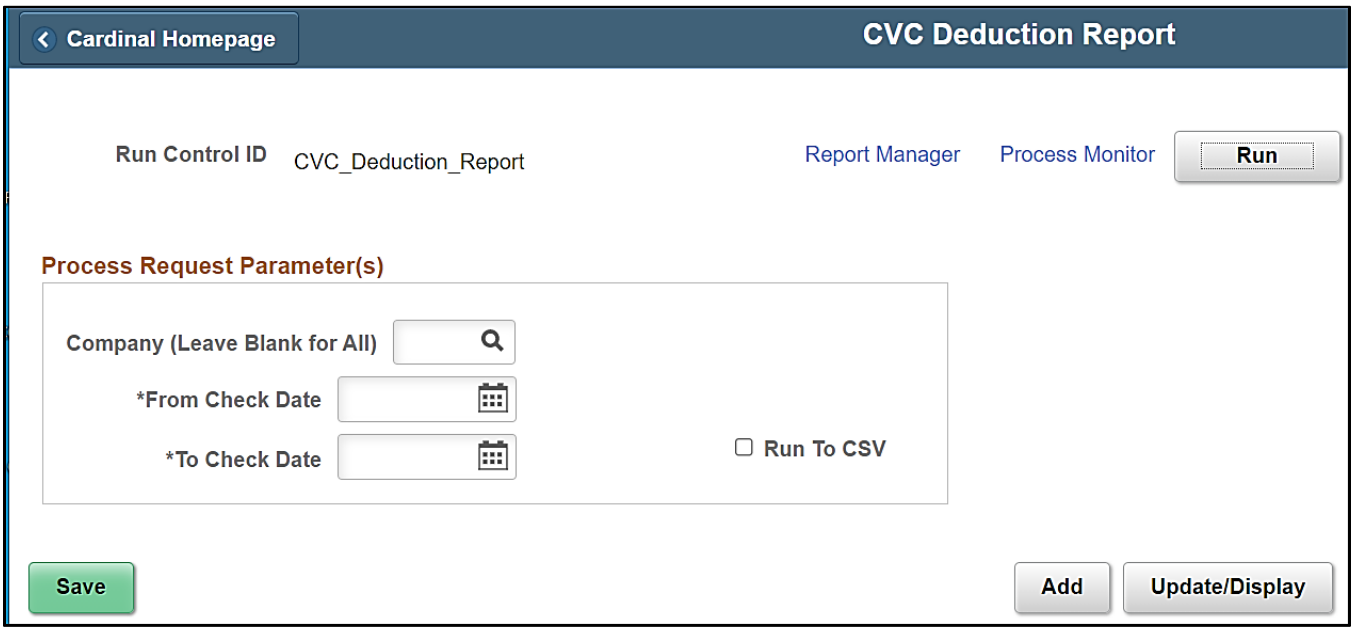
DESCRIPTION:
This is a report of extract audits for semi-monthly outbound vendor file to Combined Virginia Campaign (CVC) deductions. Report is grouped by Non-paid Adjustment Amounts, Negative Amounts, all other Remittance File Detail amounts, and a summary of amounts by company.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > CVC Deduction Report

INPUT / SEARCH CRITERIA:
Company
From Check Date
To Check Date
Run to CSV (checkbox)

OUTPUT FORMAT:
PDF
CSV

Screenshot of the Combined Virginia Campaign Deductions Report Run Control Page



ADDITIONAL INFORMATION:
From Check Date and **To Check Date** fields are required fields.

Screenshot of the Combined Virginia Campaign Deductions Report

Report ID: RPY454

Commonwealth of Virginia
COMBINED VIRGINIA CAMPAIGN DEDUCTIONS
FOR CHECKS DATED 10/01/2019 - 12/31/2019

Run Date: 08/23/2021
Run Time: 02:32 00

Company: ABC - Alcoholic Beverage Control

Page No. 1 of 23

CHECK DT	EMPLID	NAME	DEDCD	EE A/T
16-DEC-2019			CVC	0.55
16-DEC-2019			CVC	5.00
16-DEC-2019			CVC	16.67
Check Date Total:				22.22
31-DEC-2019			CVC	0.55
31-DEC-2019			CVC	5.00
31-DEC-2019			CVC	16.67
Check Date Total:				22.22
Company Total:				44.44

Confirmation Statement (RBN037)

REVISED: 09/15/2021

DESCRIPTION:
This report is a confirmation statement of the elections that the employee has selected for Health, FSA, and Premium Rewards. Report lists the selected plans, costs, and dependents covered.

NAVIGATION PATH:
Benefits Administrator Tile > Review Employee Benefits > Review Employee Statements > Enter EMPLID > Click Right Arrow > Select Statement Type > Confirmation Statement

INPUT / SEARCH CRITERIA:
Employee ID

OUTPUT FORMAT:
PDF

ADDITIONAL INFORMATION:
Employee ID field is a required field.

Screenshot of the Confirmation Statement Report

Cardinal

Department of Military Affairs
Salaried Employee Benefit Pgm

CONFIRMATION OF 2020 ELECTIONS
EVENT MAINTENANCE
Statement Issue Date: 01/26/2021
Enrollment Effective Date: 10/31/2020

Employee2 Employee ID:

This statement confirms your recent benefit elections. These coverages will remain in effect until you experience a change in family status or in your employment situation. If an error has been made in recording your elections, please contact your benefits administrator. Please keep a copy of this form for your records.

PERSONAL INFORMATION

Home Address
Email Address
Gender
Marital Status
Birthdate

ELECTION SUMMARY

Benefit	Coverage	Category Base	Your Cost Per Pay Period
Optima HMO	Emp+Child		$ 88.50
Flex Spending Medical			
Flex Spending Dependent Care			
Health Premium Reward	No Coverage		
Flex Spending Admin Fee			

*Cost Reflected above are per pay period for agencies paid by the cardinal system, monthly for all others

HEALTH DEPENDENTS

Name	Date of Birth	Relationship	Dependent Benefit Type
Newbaby2	11/11/2020	Child	

DEPENDENTS ENROLLMENTS

Benefit Option	Dependent
Optima HMO	Newbaby2

COBRA Audit Report (RBN171)

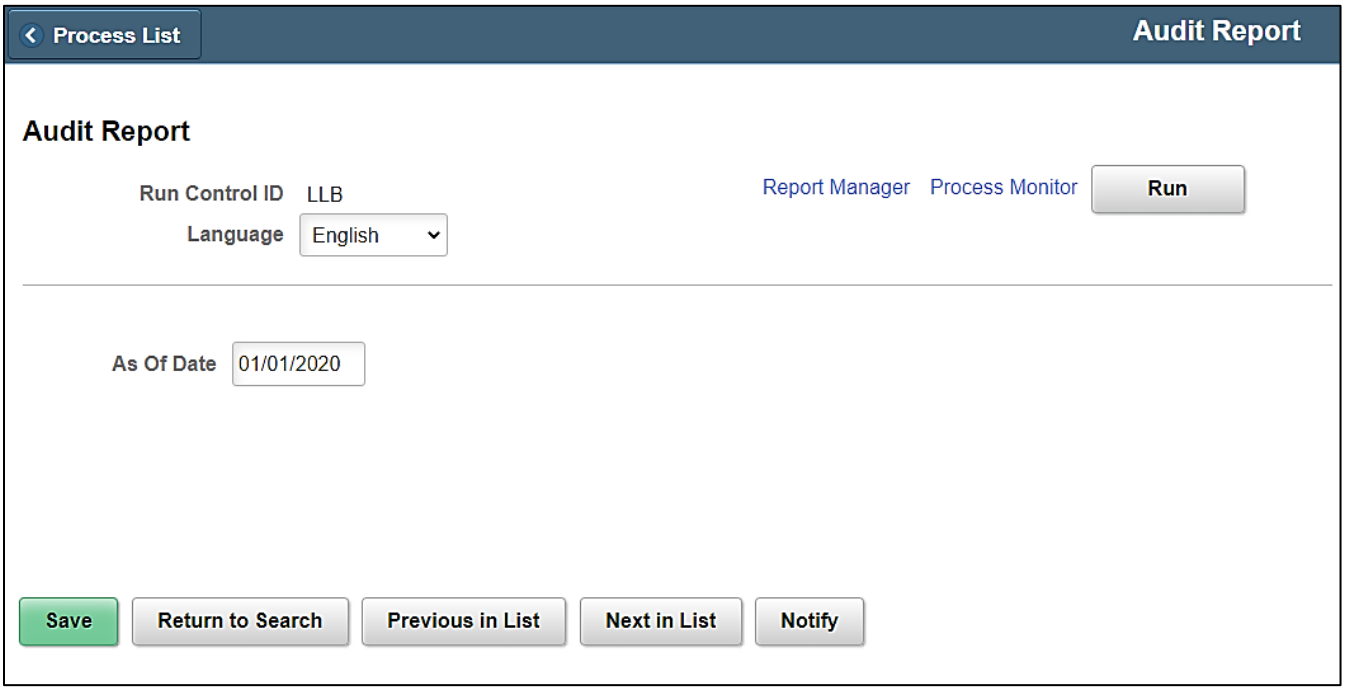
REVISED: 09/15/2021

DESCRIPTION:
This report provides data about Consolidated Omnibus Budget Reconciliation Act (COBRA) participants. This report displays information on: Employees enrolled in Active and COBRA Health Coverage; Employee and Spouse (or other dependent) electing health benefits for the same Dependent ID;

NAVIGATION PATH:
NavBar > Menu > Benefits > Administer COBRA Benefits > Review Processing Results > Audit Report

INPUT / SEARCH CRITERIA:	**OUTPUT FORMAT:**
As Of Date	PDF

Screenshot of the COBRA Audit Report Run Control Page



ADDITIONAL INFORMATION:
As of Date field is a required field.

Screenshot of the COBRA Audit Report

```
                                                                PeopleSoft
Report ID:  CBR007                                        COBRA AUDIT REPORT

As Of Date: 06/07/2021




Employees Enrolled in Active and COBRA Health Coverage

               Event
Employee ID    ID
-------------------
               1
               1
               1
               1
```

COBRA Enrollment Report (RBN170)

REVISED: 09/15/2021

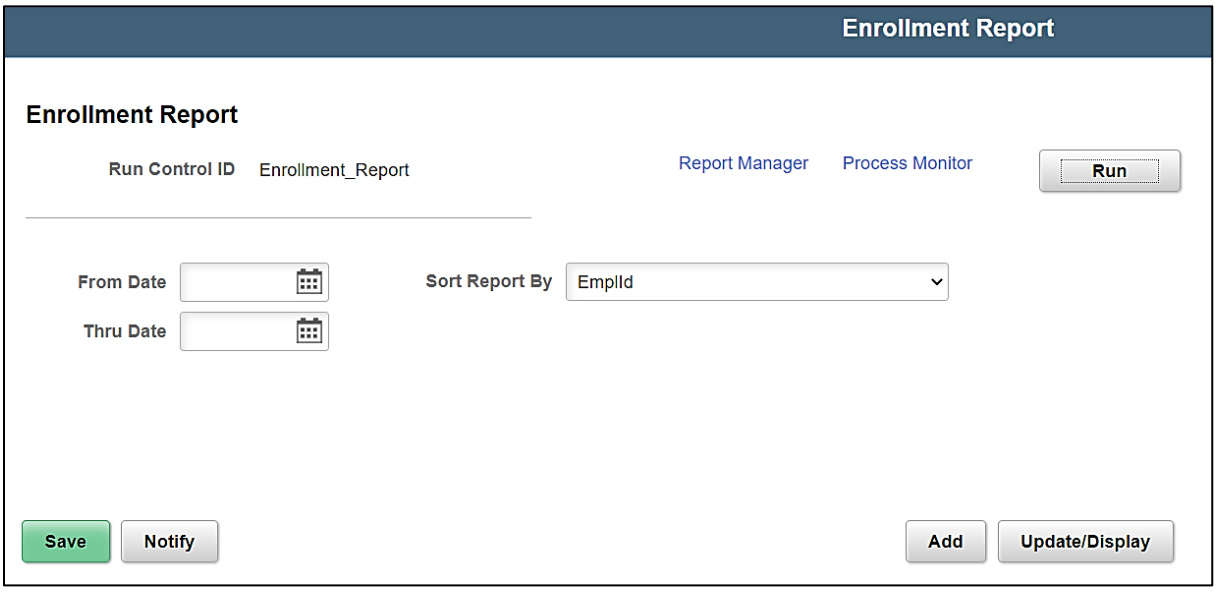
DESCRIPTION:
This report lists all COBRA participants and their current elections, including coverage begin dates.

NAVIGATION PATH:
NavBar > Menu > Benefits > Administer COBRA Benefits > Review Processing Results > Enrollment Report

INPUT / SEARCH CRITERIA:
From Date
Thru Date
Sort Report By

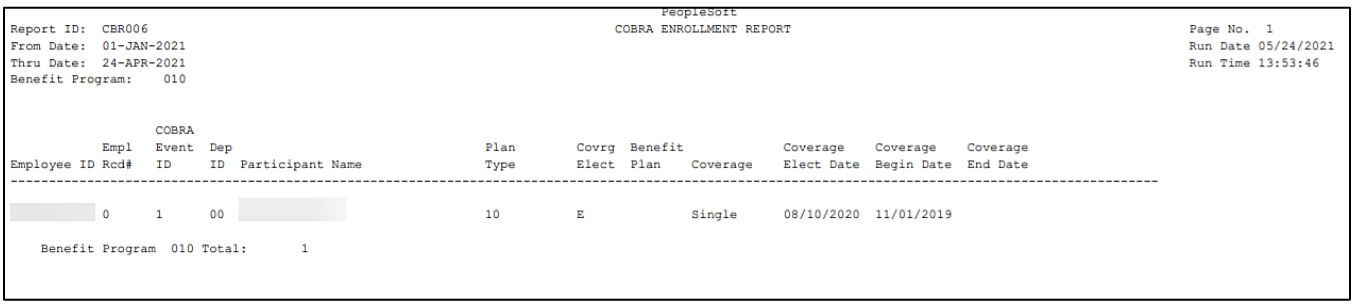
OUTPUT FORMAT:
PDF

Screenshot of the COBRA Enrollment Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the COBRA Enrollment Report



PeopleSoft
COBRA ENROLLMENT REPORT

Report ID: CBR006
From Date: 01-JAN-2021
Thru Date: 24-APR-2021
Benefit Program: 010

Page No. 1
Run Date 05/24/2021
Run Time 13:53:46

Employee ID	Empl Rcd#	COBRA Event ID	Dep ID	Participant Name	Plan Type	Covrg Elect	Benefit Plan	Coverage	Coverage Elect Date	Coverage Begin Date	Coverage End Date
	0	1	00		10	E		Single	08/10/2020	11/01/2019	

Benefit Program 010 Total: 1

COBRA Event Summary Report (RBN168)

REVISED: 09/15/2021

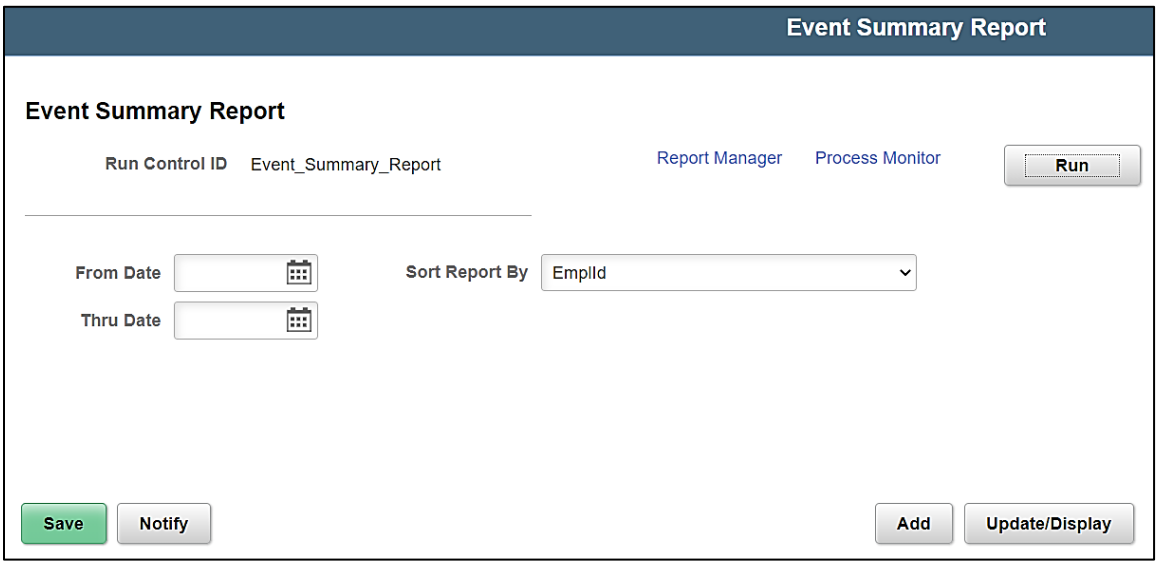
DESCRIPTION:
This report provides data about COBRA beneficiaries at the Event Level. The report lists all employees to whom a COBRA event has occurred. The qualified status indicates whether the event is Qualified (QL), Not Qualified (NQ), Not qualified/duplicate (ND) or Qualify Error (QE).

NAVIGATION PATH:
NavBar > Menu > Benefits > Administer COBRA Benefits > Review Processing Results > Event Summary Report

INPUT / SEARCH CRITERIA:
From Date
Thru Date
Sort Report By

OUTPUT FORMAT:
PDF

Screenshot of the COBRA Event Summary Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the COBRA Event Summary Report

PeopleSoft
COBRA EVENT REPORT

Report ID: CBR005

Page No. 1
Run Date 05/24/2021
Run Time 13:17:53

For the period 01/01/2021 through 04/30/2021

Employee Id	Name	Ben Rcd#	COBRA Event ID	COBRA Event Class	COBRA Event Date	COBRA Process Status	COBRA Qualified Status	BAS Data Change	COBRA Event Conflict
		0	2	DIV	01/01/2021	Closed	Not Qual	N	N
		0	1	OVG	01/01/2021	Open	Qualified	N	N
		0	1	OVG	01/01/2021	Open	Qualified	N	N
		0	1	OVG	02/01/2021	Open	Qualified	N	N
		0	1	TER	01/13/2021	Open	Qualified	N	N
		0	1	DIV	02/01/2021	Open	Qualified	N	N
		0	1	TER	02/01/2021	Open	Qualified	N	N
		0	1	OVG	01/01/2021	Open	Qualified	N	N
		3	1	OVG	02/01/2021	Open	Qualified	N	N
		0	1	OVG	01/01/2021	Open	Qualified	N	N
		0	1	TER	01/05/2021	Closed	Not Qual	N	N
		0	1	OVG	02/01/2021	Open	Qualified	N	N
		0	1	TER	02/01/2021	Open	Qualified	N	N
		0	2	TER	02/01/2021	Open	Qualified	N	N
		0	1	OVG	02/01/2021	Open	Qualified	N	N
		0	1	OVG	01/01/2021	Open	Qualified	N	N

COBRA Initial Letter (RBN190)

REVISED: 09/15/2021

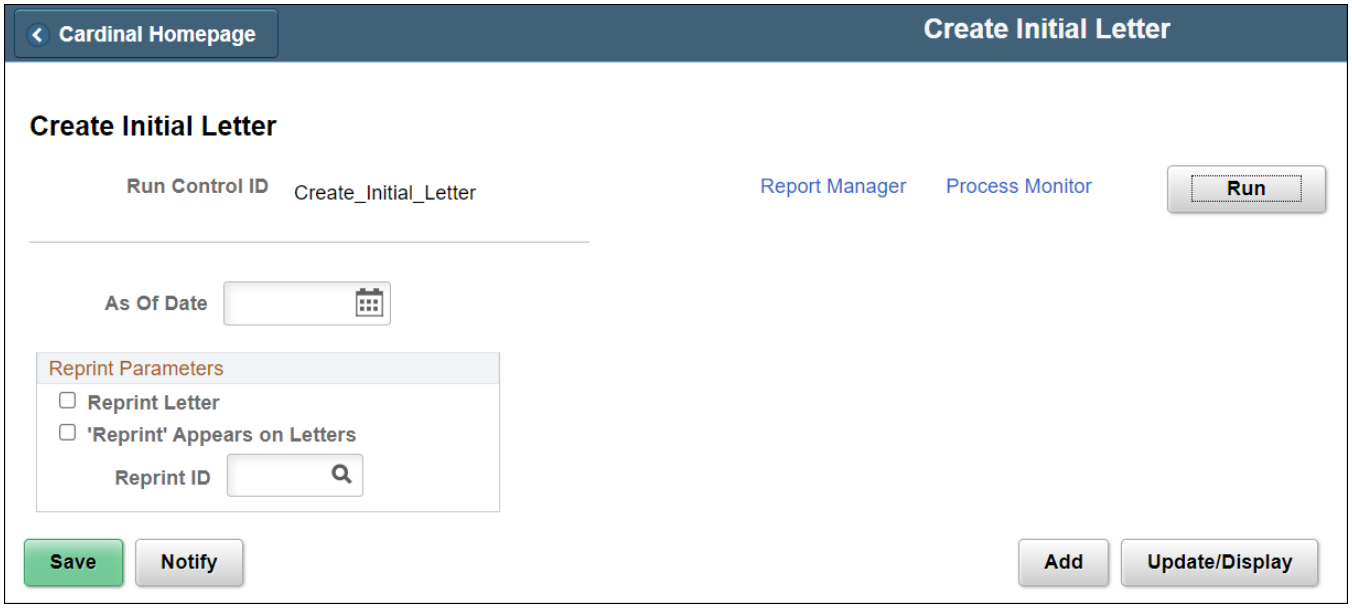
DESCRIPTION:
This letter is generated by OHB and distributed to employees via email with a link to Report offering COBRA coverage as the result of an initial qualifying COBRA event.

NAVIGATION PATH:
NavBar > Menu > Benefits > Administer COBRA Benefits > Manage Automated Participation > Create Initial Letter

INPUT / SEARCH CRITERIA:
As of Date
Reprint Letter (checkbox)
'Reprint' Appears on Letters (checkbox)
Reprint ID

OUTPUT FORMAT:
PDF

Screenshot of the COBRA Initial Letter Run Control Page



ADDITIONAL INFORMATION:
As Of Date field is a required field.

Screenshot of the COBRA Initial Letter

INITIAL LETTER

EMILY S. ELLIOTT
DIRECTOR

COMMONWEALTH OF VIRGINIA
Department Of Human Resource Management

James Monroe Building
101 N. 14th Street, 12th Floor
Richmond, Virginia 23219
Tel: (804) 225-2131
(TTY) 711

06/03/2021

HENRICO, VA 23231-7049

Dear ,

This notice has important information about your right to continue your health care coverage in the Medical Plan(s), as well as other health coverage options that may be available to you, including coverage through the Health Insurance Marketplace at www.HealthCare.gov or call 1-800-318-2596. You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage.

Please read the information in this notice very carefully before you make your decision. If you choose to elect COBRA continuation coverage, you should use the election form provided later in this notice.

Why am I getting this notice?

You're getting this notice because your coverage under the Plan will end on 12/31/2020 due to

- ☐ End of employment
- ☐ Reduction in hours of employment resulting in loss of coverage
- ☒ Death of employee or former employee
- ☐ Divorce from employee or former employee
- ☐ Loss of dependent child status

Federal law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage through COBRA continuation coverage when there's a "qualifying event" that would result in a loss of coverage under an employer's plan.

What is COBRA continuation coverage?

COBRA continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries who aren't getting continuation coverage. Each "qualified beneficiary" (described below) who elects COBRA continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

What is loss of coverage?

Loss of coverage includes a change in the terms and conditions of coverage, so some other types of coverage, such as coverage during leave without pay or at retirement, may run concurrently with Extended Coverage/COBRA. Some leaves of absence without pay allow for continuation of the employer contribution toward the cost of coverage. This is an Extended Coverage/COBRA qualifying event since it results in a change in the terms and conditions of coverage. The period after the end of the month in which the reduction-of-hours event takes place will run concurrently with the Extended Coverage/COBRA eligibility period. If you elect to continue coverage with the employer contribution at the start of the Extended Coverage/COBRA period, and that contribution ends prior to the full 18-month eligibility period for the reduction-of-hours event, you may

Page 01 0001

COBRA Secondary Letter (RBN191)

REVISED: 09/15/2021

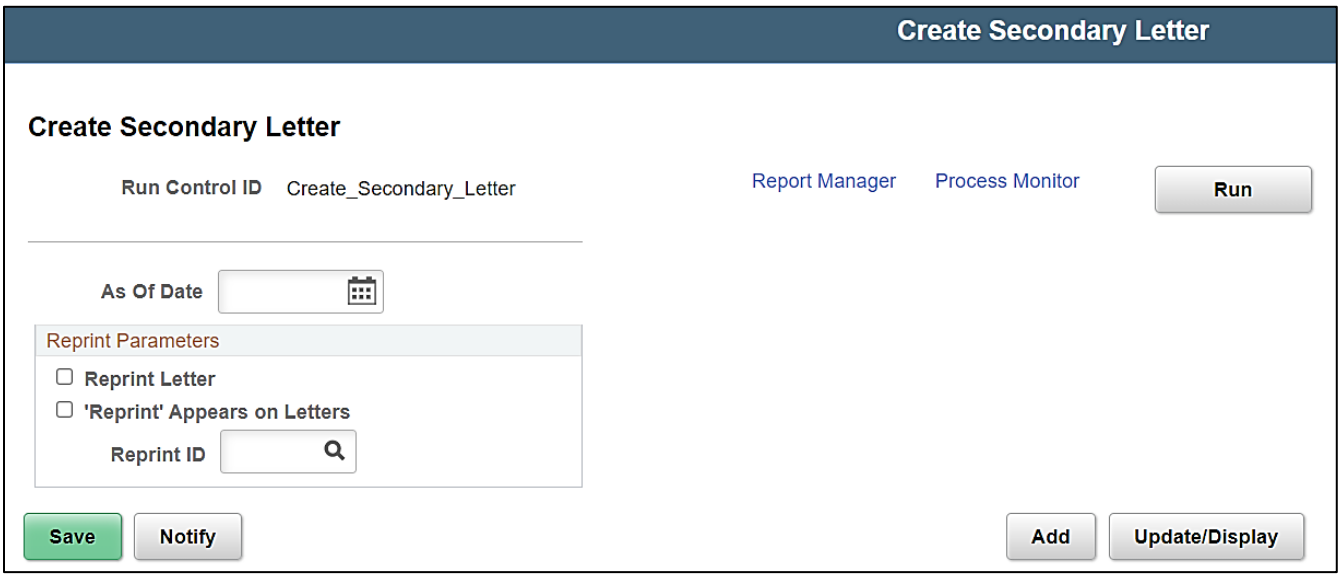
DESCRIPTION:
This letter is generated by OHB and distributed to employees via email with a link to Report offering COBRA coverage as the result of a secondary qualifying COBRA event.

NAVIGATION PATH:
NavBar > Menu > Benefits > Administer COBRA Benefits > Manage Automated Participation > Create Secondary Letter

INPUT / SEARCH CRITERIA:
As Of Date
Reprint Letter (checkbox)
'Reprint' Appears on Letters (checkbox)
Reprint ID

OUTPUT FORMAT:
PDF

Screenshot of the COBRA Secondary Letter Run Control Page



ADDITIONAL INFORMATION:
As Of Date field is a required field.

Screenshot of the COBRA Secondary Letter

SECONDARY LETTER

EMILY S. ELLIOTT
DIRECTOR

COMMONWEALTH OF VIRGINIA
Department Of Human Resource Management

James Monroe Building
101 N. 14th Street, 12th Floor
Richmond, Virginia 23219
Tel: (804) 225-2131
(TTY) 711

EmplID:	C0000000006
Benefit Rcd#:	0
Event ID:	2
Related EmplID:	
Related ID:	02

10/29/2020

Dear ,

On 10/01/2020, you experienced a secondary qualifying event, Medicare Entitlement. Your COBRA benefits have been extended to the maximum COBRA continuation coverage period and will now continue until:

Plan Type	Benefit Plan	Coverage Code	Coverage End Date
* Medical	ACC4	Single	03/31/2022

* Automatic Enrollment as of event date - COBRA enrollment during initial event occurred as dependent of another COBRA participant

Your benefits will continue to the date(s) listed above unless any one of the following events occur:

- you become a covered individual under any group health plan
- you fail to pay the monthly charge for the elected coverage
- our Employee health plan(s) is no longer in force for all active employees

Should you have any questions, you may contact me at the address below.

Sincerely,

Office of Health Benefits - DHRM
COBRA Administrator

101 N. 14th Street, 12th Fl
Richmond, VA 23219
804/225-2131

COBRA Termination Letter (RBN192)

REVISED: 09/15/2021

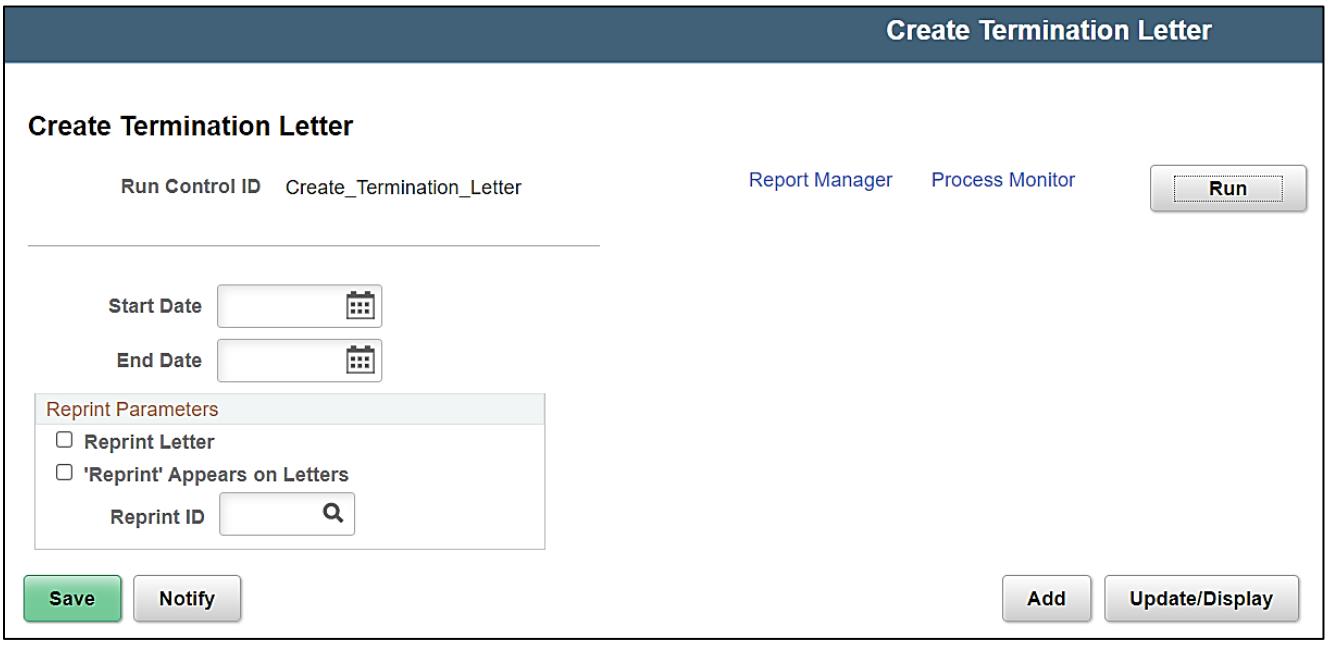
DESCRIPTION:
This letter is generated by Cardinal and mailed to employees whose COBRA coverage has been involuntarily terminated.

NAVIGATION PATH:
NavBar > Menu > Benefits > Administer COBRA Benefits > Terminate COBRA Coverage > Create Termination Letter

INPUT / SEARCH CRITERIA:
Start Date
End Date
Reprint Letter (checkbox)
'Reprint' Appears on Letters (checkbox)
Reprint ID

OUTPUT FORMAT:
PDF

Screenshot of the COBRA Termination Letter Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the COBRA Termination Letter

TERMINATION LETTER

EMILY S. ELLIOTT
DIRECTOR

COMMONWEALTH OF VIRGINIA
Department Of Human Resource Management

James Monroe Building
101 N. 14th Street, 12th Floor
Richmond, Virginia 23219
Tel: (804) 225-2131
(TTY) 711

01/06/2021

EmplID:
Benefit Rcd#: 0
Event ID: 2
Related ID: 01

To:

This is to notify you that your COBRA coverages listed below will terminate as of the date(s) indicated for the reason listed.

Plan Type	Termination Date	Termination Reason
Medical	02/01/2021	Covered by Another Plan

Claims incurred after the date your COBRA continuation coverage terminates (see date above) will not be paid by the Plan.
If you have any questions about this notice or COBRA continuation coverage, Please contact

Office of Health Benefits - DHRM
COBRA Administrator

101 N. 14th Street, 12th Fl
Richmond, VA 23219
804/225-2131

Defined Contribution Elections Upload Error Report (RHR148)

REVISED: 02/02/2024

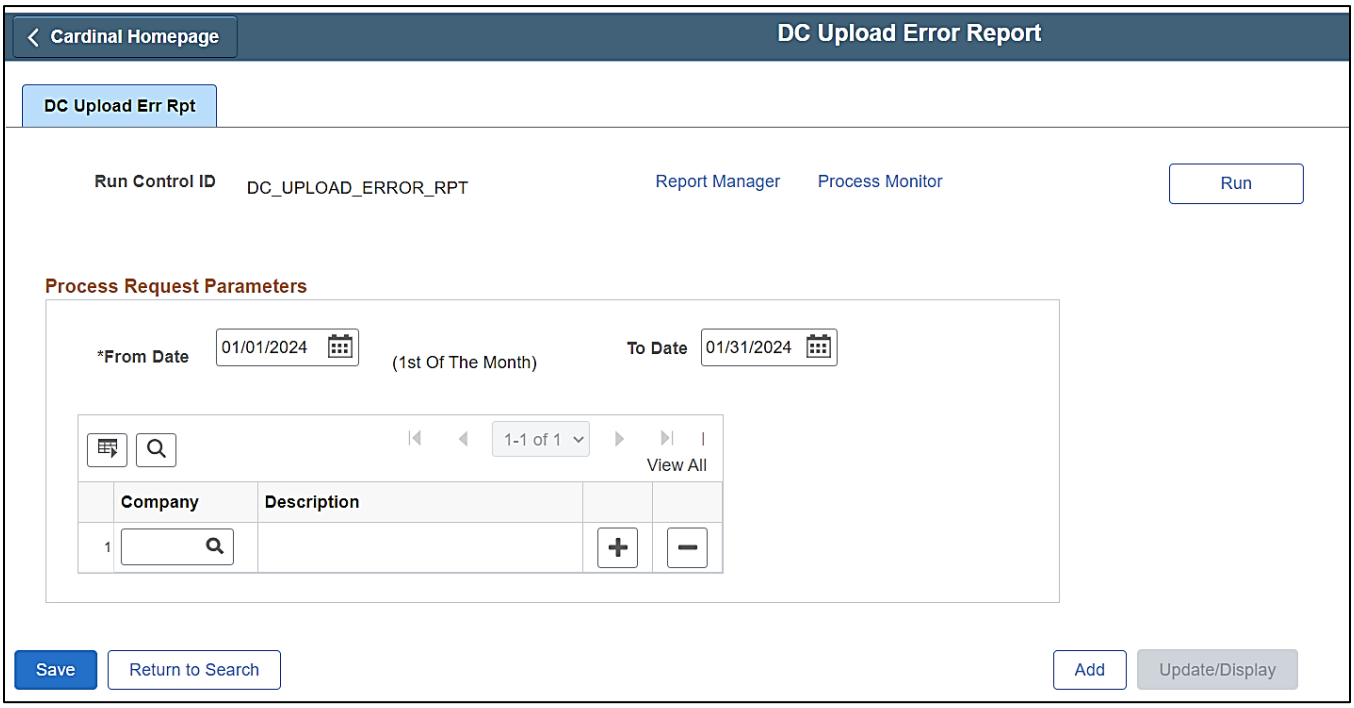
DESCRIPTION:
This report lists employees on the monthly Defined Contributions Upload file whose defined contribution changes were not loaded to Cardinal. Report includes the applicable error/warning message and enrollment information necessary to allow manual entry into Cardinal.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > DC Upload Error Report

INPUT / SEARCH CRITERIA:
Effective Date (1st Of The Month)
State Payroll Office Totals (checkbox)
Company

OUTPUT FORMAT:
PDF

Screenshot of the Defined Contribution Elections Upload Error Report Run Control Page



ADDITIONAL INFORMATION:
Effective Date field is a required field.

Screenshot of the Defined Contribution Elections Upload Error Report

Report ID: RHR148

Commonwealth of Virginia

DEFINED CONTRIBUTION ELECTIONS UPLOAD ERROR REPORT

Run Date: 02/02/2024
Run Time: 01:14 00

EFFECTIVE DATE - 01/01/2024
FROM DATE: 01/01/2024 TO DATE: 01/31/2024

Page No. 1 of 3

CMP	EMPLID	NAME	BEN PLAN	COVG ELCT	PRE-TAX AMOUNT	POST-TAX AMOUNT	EFF DATE	PLN TYP	MNTH-PAYS	ERR TYP	ERROR MSG
BUC	[illegible]	[illegible]		E	20.00	0.00	01/01/2024	49		I	ERROR: Employee Status Terminated
BUC	[illegible]	[illegible]		E	20.00	0.00	01/01/2024	49		I	The Company associated with the Employee in the file is different from PS_JOB
CBR	[illegible]	[illegible]	457P24	W	0.00	0.00	01/01/2024	49	12-24	N	Enrollment received for 0.00 Deferred Comp Deduction, but employee not currently enrolled in Cardinal.
DJJ	[illegible]	[illegible]	457P24	E	50.00	0.00	01/01/2024	49	12-24	N	Processing Note: Loaded Using SSN. EMPLID not on vendor file.
DJJ	[illegible]	[illegible]		W	0.00	0.00	01/01/2024	49		I	The Company associated with the Employee in the file is different from PS_JOB
DJJ	[illegible]	[illegible]		W	0.00	0.00	01/01/2024	49		I	ERROR: Employee Status Terminated
DJJ	[illegible]	[illegible]		W	0.00	0.00	01/01/2024	49		I	The Company associated with the Employee in the file is different from PS_JOB
DJJ	[illegible]	[illegible]		W	0.00	0.00	01/01/2024	49		I	ERROR: Employee Status Terminated
DJJ	[illegible]	[illegible]		E	20.00	0.00	01/01/2024	49		I	ERROR: Employee Status Terminated
DJJ	[illegible]	[illegible]		E	20.00	0.00	01/01/2024	49		I	The Company associated with the Employee in the file is different from PS_JOB

Dependent/Beneficiary Audit Report (RBN056, BEN734)

REVISED: 09/15/2021

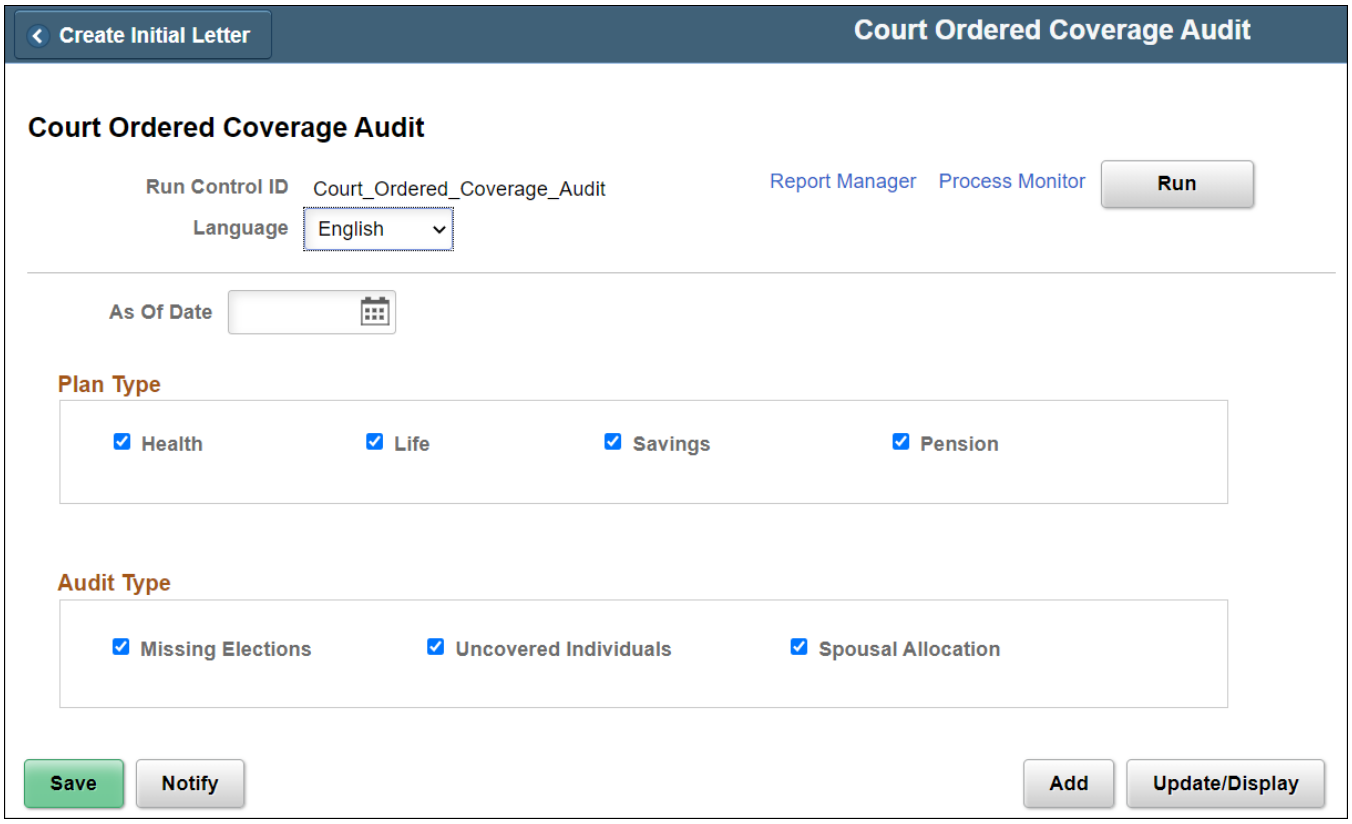
DESCRIPTION:
This report lists employees not compliant with court-ordered dependent benefit coverage or minimum spousal coverage.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Audits > Court Ordered Coverage Audit

INPUT / SEARCH CRITERIA:
As of Date
Plan Type (checkboxes)
Audit Type (checkboxes)

OUTPUT FORMAT:
PDF

Screenshot of the Dependent/Beneficiary Rider Audit Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the Dependent/Beneficiary Rider Audit Report

PeopleSoft

Report ID: BEN734 DEPENDENT/BENEFICIARY RIDER AUDIT Page No. 1

Run Date 05/24/2021

Run Time 11:03:03

As Of Date: 04/30/2021

Selected Plan Types: Health: '1%', Life and AD/D: '2%', Savings: '4%', Pension: '8%'

Audit: Employees who have not enrolled in court-ordered coverage

Emplid	Name	Plan	ID	Dependent / Beneficiary	Court Order Information		
		10	01		VA	9876543	11/11/2020
		10	01		VA	123456	11/19/2020

Dependent/Beneficiary Election Report (RBN048)

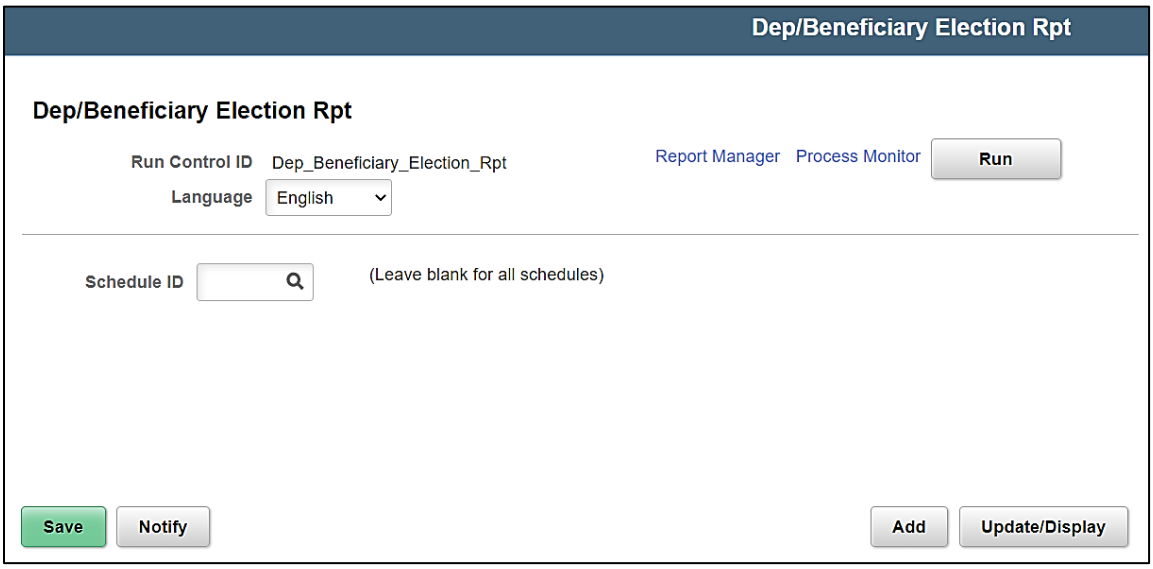
REVISED: 09/15/2021

DESCRIPTION:
This report lists all dependents, along with benefit elections made by the participant for the dependent. Report includes sections for the plan type and amount.

NAVIGATION PATH:
NavBar > Menu > Benefits > Manage Automated Enrollment > Participant Enrollment > Dep/Beneficiary Election Rpt

INPUT / SEARCH CRITERIA:	OUTPUT FORMAT:
Schedule ID	PDF

Screenshot of the Dependent/Beneficiary Election Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the Dependent/Beneficiary Election Report

PeopleSoft

Report ID: BAS007 — Dependent/Beneficiary Elections Report — Page No. 1

Schedule Id:0721 (OE July 2021) — Run Date 05/20/2021

Benefit Program:SAL (Salaried Employee Benefit Pgm) — Run Time 14:09:10

Employee ID	Employee Name	Dep ID	Dependent/Beneficiary Name	Event Date	Plan Type	Ben Pct	Flat Amt	Excess	Contingent
		01		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		02		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		03		07/01/2021	10-Medical				
		05		07/01/2021	10-Medical				
		06		07/01/2021	10-Medical				
		02		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		03		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				
		03		07/01/2021	10-Medical				
		01		07/01/2021	10-Medical				

Eligible Participants Report (RBN039)

REVISED: 09/15/2021

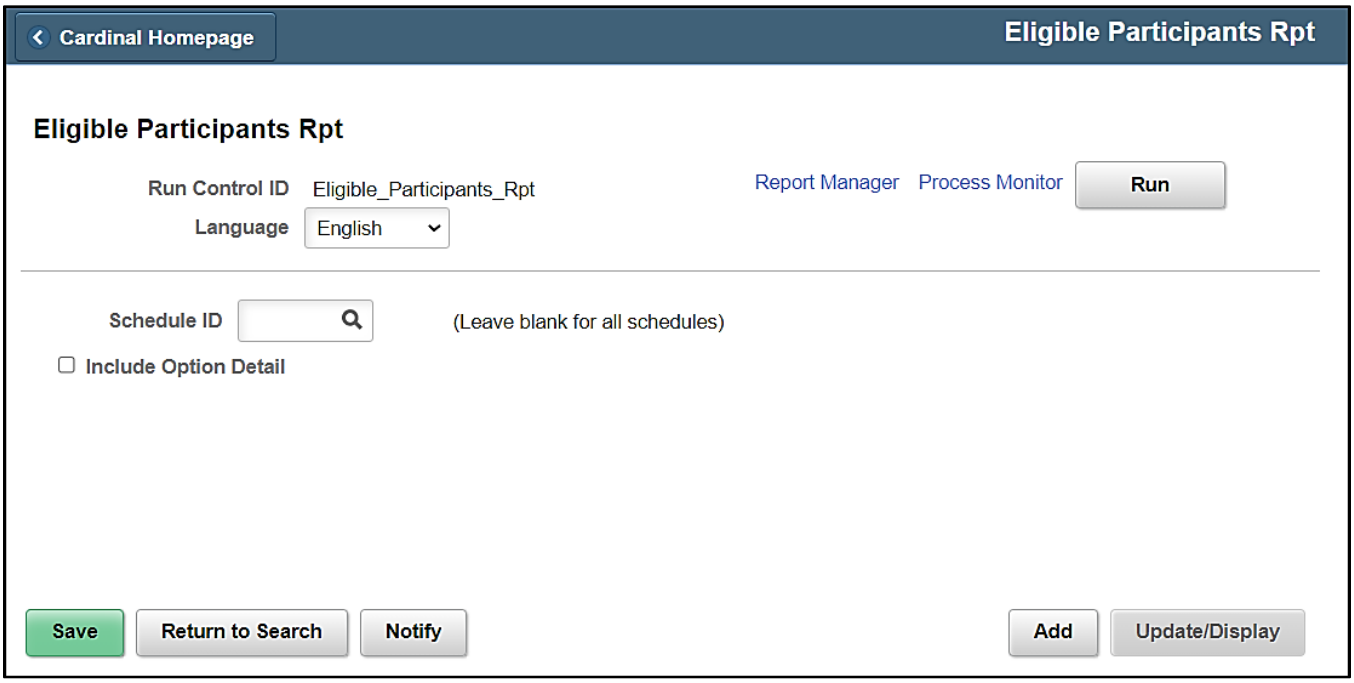
DESCRIPTION:
This report shows eligible participants by schedule and benefit program, employees who are eligible to participate in company benefit programs with details on plan and option eligibility.

NAVIGATION PATH:
NavBar > Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Eligible Participants Rpt

INPUT / SEARCH CRITERIA:
Schedule ID
Include Option Detail (checkbox)

OUTPUT FORMAT:
PDF

Screenshot of the Eligible Participants Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the Eligible Participants Report

PeopleSoft

Report ID: BAS001 — Eligible Participants Report — Page No. 1

Schedule Id:0721 (OE July 2021) — Run Date 05/20/2021

Benefit Program:SAL (Salaried Employee Benefit Pgm) — Run Time 10:21:03

Employee ID	Name	Effective Date	Plan Type	Plan Description
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare
			AZ	FSA Fee
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare
			AZ	FSA Fee
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare
			AZ	FSA Fee
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare
			AZ	FSA Fee
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare
			AZ	FSA Fee
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare
			AZ	FSA Fee
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare
			AZ	FSA Fee
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare
			AZ	FSA Fee
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare
			AZ	FSA Fee
		07/01/2021	10	Medical
			60	FSA Med
			61	FSA Dcare

Employer Cash Match Error Report (RPY373)

REVISED: 09/15/2021

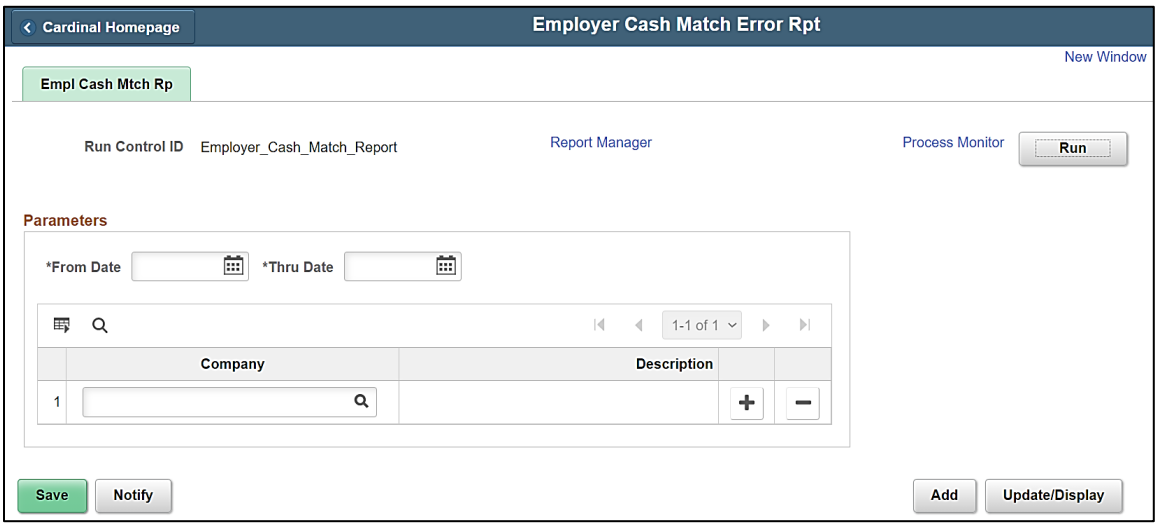
DESCRIPTION:
This report lists employees for whom the Employer Cash Match Enrollment program corrected the 457 deferred compensation plan enrollment, hybrid voluntary plan or 403(b) annuity plan enrollment to comply with employer cash match rules. Report also lists minimum contribution errors, which may require agency action to correct.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Employer Cash Match Error Rpt

INPUT / SEARCH CRITERIA:
From Date
Thru Date
Company

OUTPUT FORMAT:
PDF

Screenshot of the Employer Cash Match Error Report Run Control Page



ADDITIONAL INFORMATION:
From Date and **Thru Date** fields are required fields.

Screenshot of the Employer Cash Match Error Report

Report ID: RPY373

Commonwealth of Virginia

EMPLOYER CASH MATCH ERROR REPORT

Run Date: 09/14/2021
Run Time: 11:46 00

Page No. 1 of 91

Company : ABC - Alcoholic Beverage Control
From Date: 01/01/2019
TO Date : 09/01/2021

Plan enrollment errors listed have been identified and corrected by Employer Cash Match Enrollment program. Review for accuracy.
Contribution amount errors are identified for line agency action. No changes were made by Employer Cash Match Enrollment program.

Empl ID	Name	Empl Rcd	Empl Type	Ben Prog	Months & Pays	Hybrid Vol Plan	Plan Type	Original Ben Plan	Corrected Ben Plan	Error Message
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	No benefit plan found for employee Months and Pay Periods value. Plan election set for 24 pay periods. Verify and correct employee Months and Pay Periods value. Update 457 plan election if necessary.
		0	S	SAL	12-24		49	457PNM		Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM		Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	No benefit plan found for employee Months and Pay Periods value. Plan election set for 24 pay periods. Verify and correct employee Months and Pay Periods value. Update 457 plan election if necessary.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.
		0	S	SAL	12-24		49	457PNM	457P24	Salaried employee should have 457 cash match.

FBMC Upload Error Report (RHR147)

REVISED: 09/15/2021

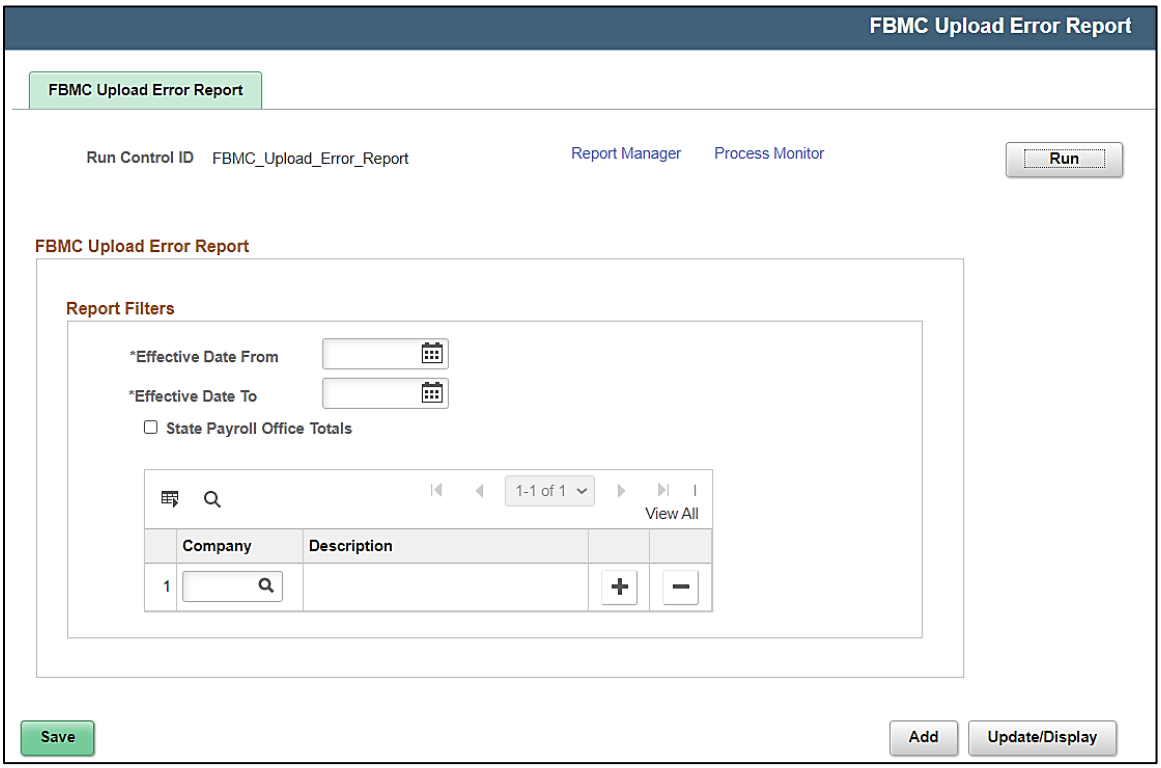
DESCRIPTION:
This report lists employees on the semi-monthly Fringe Benefits Management Company (FBMC) Enrollment Data Upload file whose annuity or miscellaneous insurance changes were not loaded to Cardinal. Report includes the applicable error/warning message and enrollment information necessary to allow manual entry into Cardinal.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > FBMC Upload Error Report

INPUT / SEARCH CRITERIA:
Effective Date From
Effective Date To
State Payroll Office Totals (checkbox)
Company

OUTPUT FORMAT:
PDF

Screenshot of the FBMC Upload Error Report Run Control Page



ADDITIONAL INFORMATION:
Effective Date from and **Effective Date To** fields are required fields.

Screenshot of the FBMC Upload Error Report

Report ID: RHR147

Commonwealth of Virginia

FBMC UPLOAD ERROR REPORT

Run Date: 06/03/2021
Run Time: 03:59 00

FILE PROCESSED DATE FROM 01-JAN-2021 TO 30-JUN-2021

Page No. 1 of 35

CMP	EMPLID	LAST NAME	EFF DATE	POST-TAX GEN DED	FBMC FEE	DOA FEE	403B TYPE	403B AMOUNT	CATCHUP AMOUNT	TOTAL AMOUNT	ROTH TYPE	ROTH POST TAX AMT	ERROR MSG
			04/01/2020	0.00	0.00	0.00	%	0.00	0.00	0.00	%	0.00	Election not processed,No Match on EMPLID or SSN, research and update manually.
			04/01/2020	0.00	0.00	0.00	%	0.00	0.00	0.00	%	0.00	Company doesn't exist in Default Mapping Record.
			04/01/2020	0.00	0.00	0.00	%	0.00	0.00	0.00	%	0.00	Election not processed, Both EMPLID and SSN not found on incoming file.
			04/01/2020	0.00	0.00	0.00	%	0.00	0.00	0.00	%	0.00	FBMC Agency 00100 does not use Cardinal Payroll.
			04/01/2020	8.92	0.00	0.00	%	0.00	0.00	0.00	%	0.00	Benefit Plan Error - Employee either didn't have benefit eligibility or missing benefit mapping in Cardinal
			04/01/2020	8.92	0.00	0.00	%	0.00	0.00	0.00	%	0.00	Election not processed,No Match on EMPLID or SSN, research and update manually.
			04/01/2020	8.92	0.00	0.00	%	0.00	0.00	0.00	%	0.00	Company doesn't exist in Default Mapping Record.
			04/01/2020	8.92	0.00	0.00	%	0.00	0.00	0.00	%	0.00	FBMC Agency 00200 does not use Cardinal Payroll.
			04/01/2020	8.92	0.00	0.00	%	0.00	0.00	0.00	%	0.00	Invalid company for the Employee in Cardinal . Please Research and Manually Update.
			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0.00	Company doesn't exist in Default Mapping

Flagged Participants Report (RBN050)

REVISED: 09/15/2021

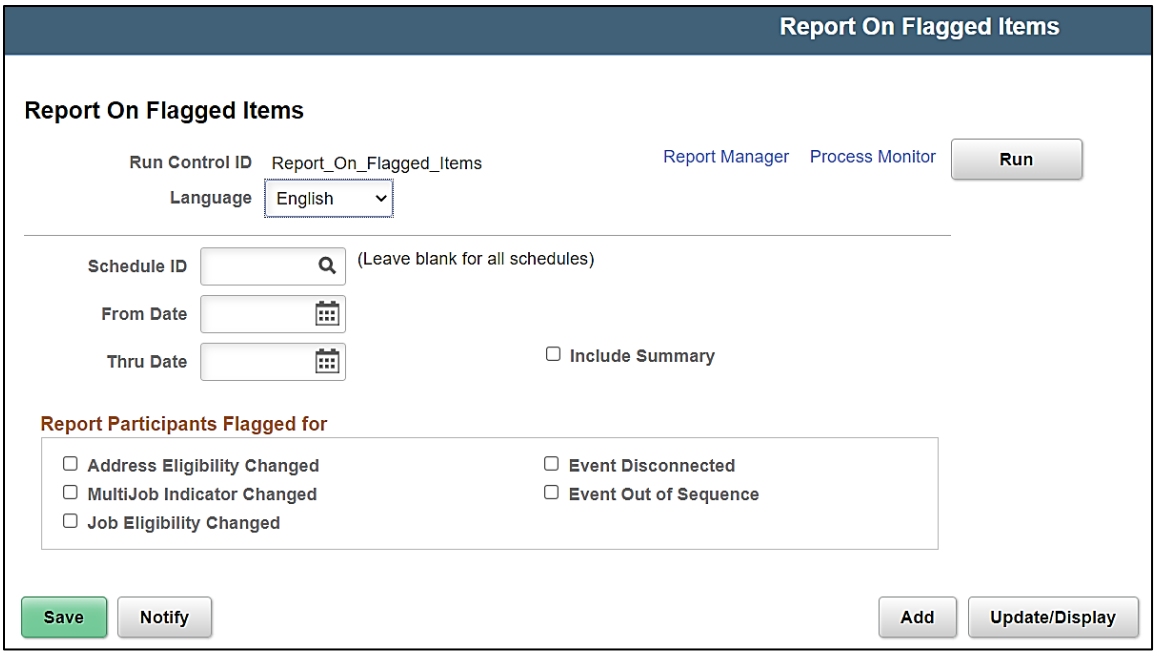
DESCRIPTION:
This report lists benefit events that have had job or address eligibility information changes, events that have been processed out of sequence, and events that have been disconnected during processing. Report includes sections for each type of flag and displays the benefit event details as well as employee information.

NAVIGATION PATH:
NavBar > Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Report On Flagged Items

INPUT / SEARCH CRITERIA:
Schedule ID
From Date
Thru Date
Include Summary (checkbox)
Flagged Reason(s) (checkboxes)

OUTPUT FORMAT:
PDF

Screenshot of the Flagged Participants Report Run Control Page



ADDITIONAL INFORMATION:
From Date and **Thru Date** fields are required fields. **Thru Date** defaults to current day, but can be updated.
At least one of the **Report Participants Flagged for** reason checkboxes is a required field.

Screenshot of the Flagged Participants Report

PeopleSoft

Report ID: BAS008 — FLAGGED PARTICIPANTS - ADDRESS ELIGIBILITY DATA CHANGED — Page No. 1

Run Date 05/20/2021

For the period 01/01/2021 through 05/20/2021 — Run Time 14:59:13

Nbr	Sched ID	Employee ID	Employee Name	Ben Rcd#	Event ID	Event Date	Event Status	Process Status	Address Eligibility Data Flagged Dt	EffDt
1	2107			0	0	07/01/2021	C	FE	05/05/2021	04/21/2021
2	2107			0	0	07/01/2021	C	FE	05/05/2021	04/21/2021
3	2107			1	0	07/01/2021	V	PR	05/06/2021	04/21/2021
4	EM00			0	1	06/01/2020	O	PR	03/03/2021	12/16/1982
5	EM00			0	1	12/01/2020	C	FE	03/01/2021	12/01/2020
6	SNAP			0	0	11/09/2019	C	PR	03/01/2021	08/28/2019

FSA Contribution Election Audit Report (RBN238)

REVISED: 01/15/2025

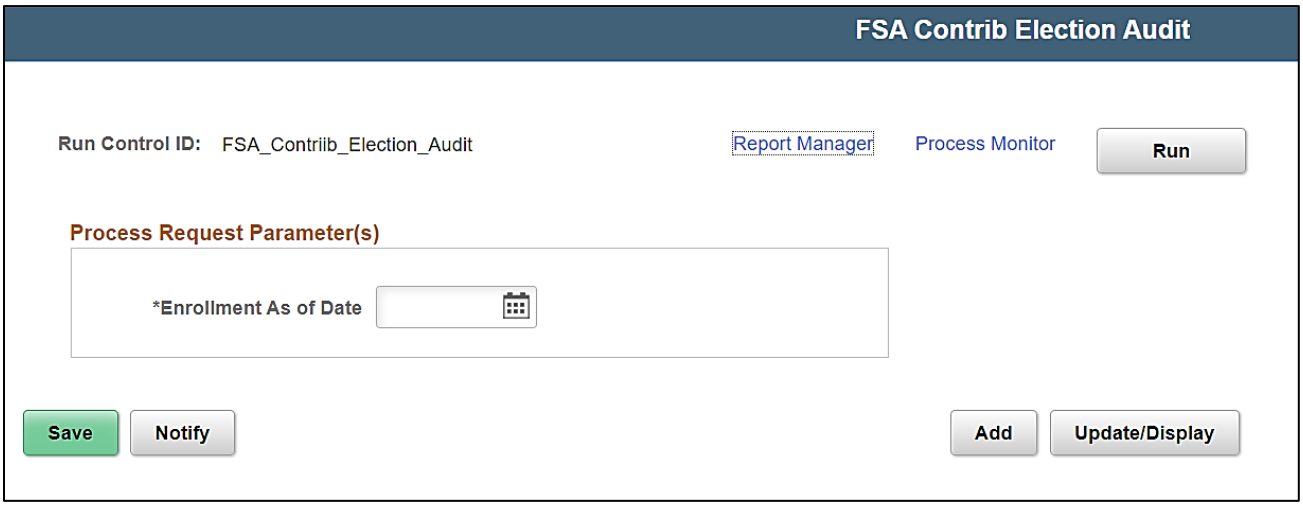
DESCRIPTION:
This report lists employees who make a midyear enrollment or midyear change to their Flexible Spending Account (FSA) annual election that could result in a suspension of their deduction, due to an Internal Revenue Service (IRS) calendar year limit.

Note: This report is for use by Cardinal Payroll Agencies only.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Audits > FSA Contrib Election Audit

INPUT / SEARCH CRITERIA:	**OUTPUT FORMAT:**
Enrollment As of Date	Excel

Screenshot of the FSA Contribution Election Audit Report Run Control Page



ADDITIONAL INFORMATION:
Enrollment As of Date field is a required field.

Screenshot of the FSA Contribution Election Audit Report

EMPLID	Emp Rcd	Benefit Record	Name	Phone	Email	Company	Department	Location	EFF Date	Plan	Plan Year Max	Annual PY Pledge	PY YTD Balance	PY Remaining Balances	CY Remaining Pays	Period Deduction	Current CY Balance	Reported Overages
	0	0				DOT	Right of Way - Hampton Roads	Dept of Transportation	2019-07-01	FLXMED	2750	2160	0	2160	45	65.45	0	195.25
	0	0				SOV	Fund 1 LA	Senate of Virginia	2019-07-01	FLXMED	2750	1800	0	1800	21	200	0	1450
	0	0				VSB	Administration	Virginia State Bar	2019-07-01	FLXMED	2750	2544	0	2544	26	181.71	0	1974.46
	0	0				VSB	Administration	Virginia State Bar	2019-07-01	FLXMED	2750	1992	0	1992	26	142.29	0	949.54
	0	0				VSB	Administration	Virginia State Bar	2019-07-01	FLXMED	2750	1800	0	1800	26	128.57	0	592.82
	0	0				VSB	Administration	Virginia State Bar	2019-07-01	FLXMED	2750	2688	0	2688	26	192	0	2242
	0	0				VSB	Bar Services	Virginia State Bar	2019-07-01	FLXMED	2750	2688	0	2688	26	192	0	2242
	0	0				VSB	Clerk of the Disc System	Virginia State Bar	2019-07-01	FLXMED	2750	2040	0	2040	26	145.71	0	1038.46
	0	0				VSB	Clerk of the Disc System	Virginia State Bar	2019-07-01	FLXMED	2750	2592	0	2592	26	185.14	0	2063.64
	0	0				VSB	Communications	Virginia State Bar	2019-07-01	FLXMED	2750	2688	0	2688	26	192	0	2242
	0	0				VSB	Discipline	Virginia State Bar	2019-07-01	FLXME	2750	1920	0	1920	26	137.14	0	815.64

Health Benefit Recon Exception Report (RHR070)

REVISED: 06/11/2024

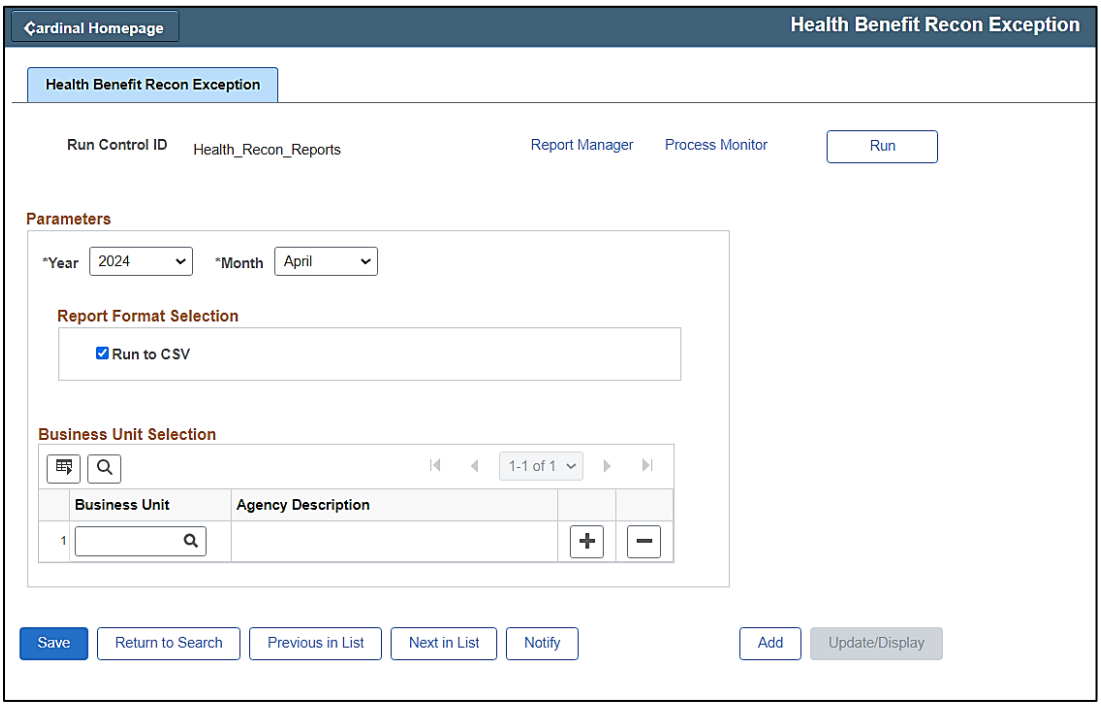
DESCRIPTION:
This report lists all employees for whom a variance was identified between the expected health premium amounts, based on employee elections in Benefits, with the actual health premiums collected through Payroll. Report also lists employees whose Health Premium Reward processed through Payroll does not match the Health Premium Reward enrollment in Benefits.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Health Benefit Recon Exception

INPUT / SEARCH CRITERIA:
Year
Month
Business Unit

OUTPUT FORMAT:
PDF
CSV

Screenshot of the Health Benefit Recon Exceptions Report Run Control Page



ADDITIONAL INFORMATION:
Year and **Month** fields are required fields.

Note: When the **Run to CSV** checkbox option is selected, the report runs both the CSV and PDF versions.

Screenshot of the Health Benefit Recon Exceptions Report

1															Commonwealth of Vi
2	Report ID:	RHR070													Health Benefit Recor
3															
4	Company	Business Unit	Department ID	Benefit Group ID	Employee ID	Name	Job Effdt	HR Status	Payroll Status	Calendar Month	Calendar Year	Plan Type	Deduction Code	Coverage Begin Date	Deduction Begin Date
5	SOV	10000	1101	SOV1101	[redacted]		1/10/2024	A	A	4	2024	10	CVACRE	2/1/2024	
6	DEL	10100	2201	DEL2201			1/3/2024	A	A	4	2024	10	CVACRE	2/1/2024	
7	DEL	10100	2201	DEL2201			1/3/2024	A	A	4	2024	10	CVACRE	2/1/2024	
8	DEL	10100	2202	DEL2202			3/16/2024	A	A	4	2024	10	OPTIMA	4/1/2024	
9	MAG	10300	10000	MAG10000			3/25/2024	A	L	4	2024	10	CVACRE	2/1/2024	
10	MAG	10300	10000	MAG10000			3/9/2024	I	T	4	2024	10	CVACRE	4/1/2024	
11	MAG	10300	10000	MAG10000			3/10/2024	A	A	4	2024	10	CVAHAW	7/1/2023	
12	SUP	11100	10000	SUP10000			1/10/2024	A	A	4	2024	10	CVACRE	2/1/2023	
13	SUP	11100	10000	SUP10000			3/21/2024	A	L	4	2024	10	CVAHAW	2/4/2024	
14	SUP	11100	10000	SUP10000			1/17/2024	A	A	4	2024	10	CVAHAW	2/18/2024	
15	CCV	11300	10000	CCV10000			4/1/2024	A	A	4	2024	10	CVACRE	7/1/2023	
16	CCV	11300	10000	CCV10000			3/1/2024	I	R	4	2024	10	CVACRE	4/1/2024	
17	GDC	11400	10000	GDC10000			12/10/2023	A	A	4	2024	10	CVACRE	4/1/2024	
18	GDC	11400	10000	GDC10000			12/10/2023	A	A	4	2024	10	CVACRE	9/1/2023	
19	GDC	11400	10000	GDC10000			4/1/2024	A	A	4	2024	10	CVACRE	4/1/2024	
20	GDC	11400	10000	GDC10000			3/23/2024	I	T	4	2024	10	CVAHAW	4/1/2024	
21	GDC	11400	10000	GDC10000			3/10/2024	A	A	4	2024	10	OPTIMA	3/1/2023	
22	GDC	11400	10000	GDC10000			12/10/2023	A	A	4	2024	10	OPTIMA	2/1/2024	
23	JDR	11500	10000	JDR10000			12/10/2023	A	A	4	2024	10	CVACRE	4/19/2024	
24	JDR	11500	10000	JDR10000			4/10/2024	A	A	4	2024	10	CVAHAW	4/1/2024	
25	JDR	11500	10000	JDR10000			3/27/2024	I	T	4	2024	10	CVAHAW	4/1/2024	
26	CDC	11600	10000	CDC10000			4/1/2024	A	L	4	2024	10	CVACRE	3/7/2024	
27	VSB	11700	20	VSB20			2/7/2024	A	A	4	2024	10	CVAHAW	7/1/2022	
28	VSB	11700	25	VSB25			12/10/2023	A	A	4	2024	10	CVACRE	7/1/2023	

Screenshot of the Health Benefit Recon Exceptions Report (scrolled middle)

1									
2									
3									
4	Coverage Elect	Benefit Plan	Coverage Code	Expected EE Health Premium	Collected EE Health Premium	EE GL Activity Charge (Credit)	Expected ER Health Premium	Collected ER Health Premium	ER GL Activity Charge(Credit)
5	E	ACC3	2	321	321	0	1320	1320	0
6	E	ACC2	2	285	285	0	1320	1320	0
7	E	ACC4	2	321	321	0	1320	1320	0
8	E	OH	3	190	190	0	1315	657.5	657.5
9	E	ACC0	3	224	112	112	1320	1320	0
10	W	NOENRL		0	-178.5	178.5	0	-660	660
11	E	CHA1	1	60	0	60	723	0	723
12	E	ACC5	1	170	170	0	738	738	0
13	E	CHA	4	54	54	0	1932	1932	0
14	E	CHA	4	54	55	-1	1932	2544	-612
15	E	ACC2	4	395	395	0	1935	1935	0
16	W	NOENRL		0	-178.5	178.5	0	0	0
17	E	ACC2	4	395	340	55	1935	1627.5	307.5
18	E	ACC5	1	170	-391	561	738	1029	-291
19	E	ACC5	1	170	0	170	738	0	738
20	W	NOENRL		0	66.5	-66.5	0	660	-660
21	E	OH	1	80	40	40	733	366.5	366.5
22	E	OH	1	80	190	-110	733	1315	-582
23	E	ACC0	3	224	0	224	1320	0	1320
24	W	NOENRL		0	30	-30	0	361.5	-361.5
25	W	NOENRL		0	-26.5	26.5	0	-660	660
26	E	ACC4	4	448	575	-127	1935	2550	-615
27	E	CHA1	1	60	30	30	723	361.5	361.5
28	E	ACC4	2	321	160.5	160.5	1320	660	660

Screenshot of the Health Benefit Recon Exceptions Report (scrolled right)

				Run Date:	24-May-24
				Run Time:	06:55:23.000000_PM
Expected Total Monthly Premium	Deduction Not Taken	Refunds Processed	Expected Premium Reward	Payroll Premium Reward	Premium Reward Difference
1641	0	0	17	0	17
1605	0	0	17	0	17
1641	0	0	34	0	34
1505	0	0	0	0	0
1544	112	0	0	0	0
0	0	838.5	0	0	0
783	0	391.5	0	0	0
908	0	0	17	0	17
1986	0	0	17	0	17
1986	0	0	0	0	0
2330	0	0	34	68	-34
0	0	178.5	0	0	0
2330	0	362.5	0	0	0
908	0	654.5	0	0	0
908	0	0	0	0	0
0	0	0	0	0	0
813	0	406.5	0	0	0
813	0	0	0	0	0
1544	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
2383	0	0	0	0	0
783	0	391.5	0	0	0
1641	0	0	17	8.5	8.5

Health Plan Participants Report (RBN054)

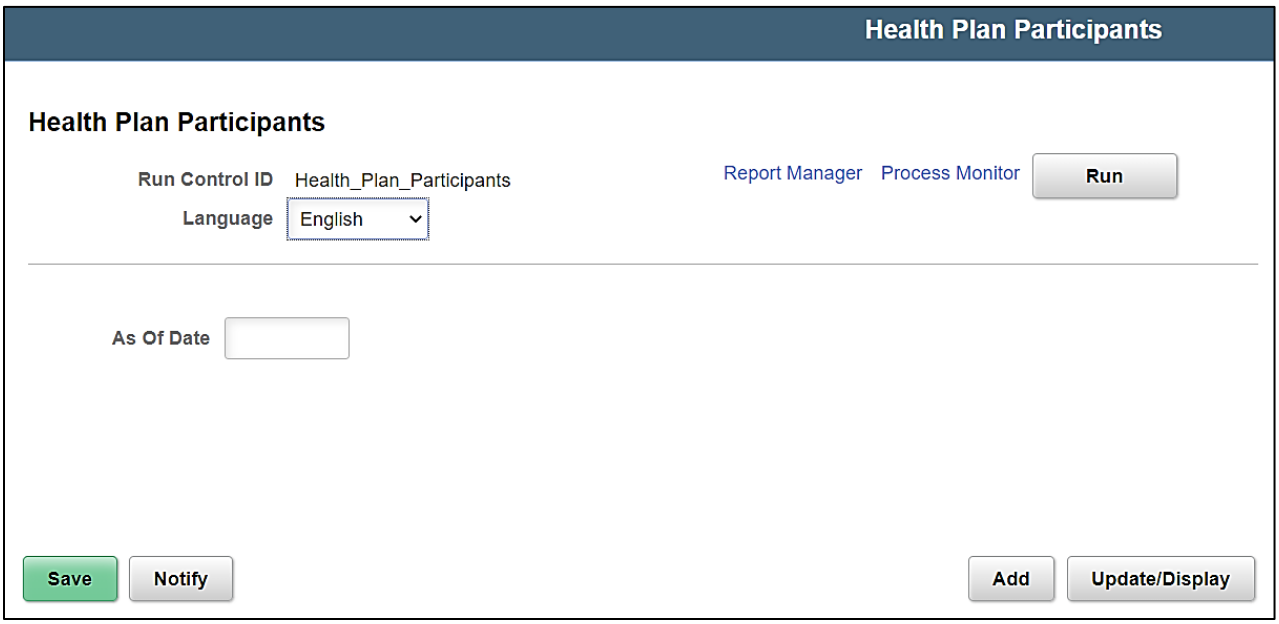
REVISED: 09/15/2021

DESCRIPTION:
This report lists active health plan participants as of a specified date. Report also displays Coverage Begin Date, Coverage End Date, and COBRA Event ID.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Participation > Health Plan Participants

INPUT / SEARCH CRITERIA:	OUTPUT FORMAT:
As of Date	PDF

Screenshot of the Health Plan Participants Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the Health Plan Participants Report

PeopleSoft
Health Plan Participants

Report ID: BEN001
Company: A01 Lee County - DSS
Setid STATE
Provider Anthem Blue Cross Blue Sheild
AsOfDate: 05/20/2021

Page No. 1
Run Date 05/20/2021
Run Time 16:03:51

Plan Type	Benefit Plan	Department ID	Department Name	Employee Name	Employee ID	Empl Status	Empl Type	Reg/ Temp	Full/ Part	Pay Group	Coverage	Coverage Begin	Coverage End	COBRA Evt ID
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Single	07/01/2017		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	EE+Spouse	10/01/2017		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Single	03/01/2014		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Single	06/01/2019		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Family	06/01/2018		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Family	05/01/2014		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	EE+Spouse	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	EE+Spouse	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Single	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Family	01/01/2017		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	EE+Spouse	02/01/2015		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Single	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Emp+Child	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	EE+Spouse	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Single	10/01/2019		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	EE+Spouse	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Single	01/01/2019		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	EE+Spouse	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Emp+Child	11/01/2015		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Single	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Single	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	EE+Spouse	07/01/2013		0
Medical	001KAExpC	047001000	047001000			A	S	R	F	MNP	Family	01/01/2017		0

HMO Risk Equalization Report (RBN290)

REVISED: 09/15/2021

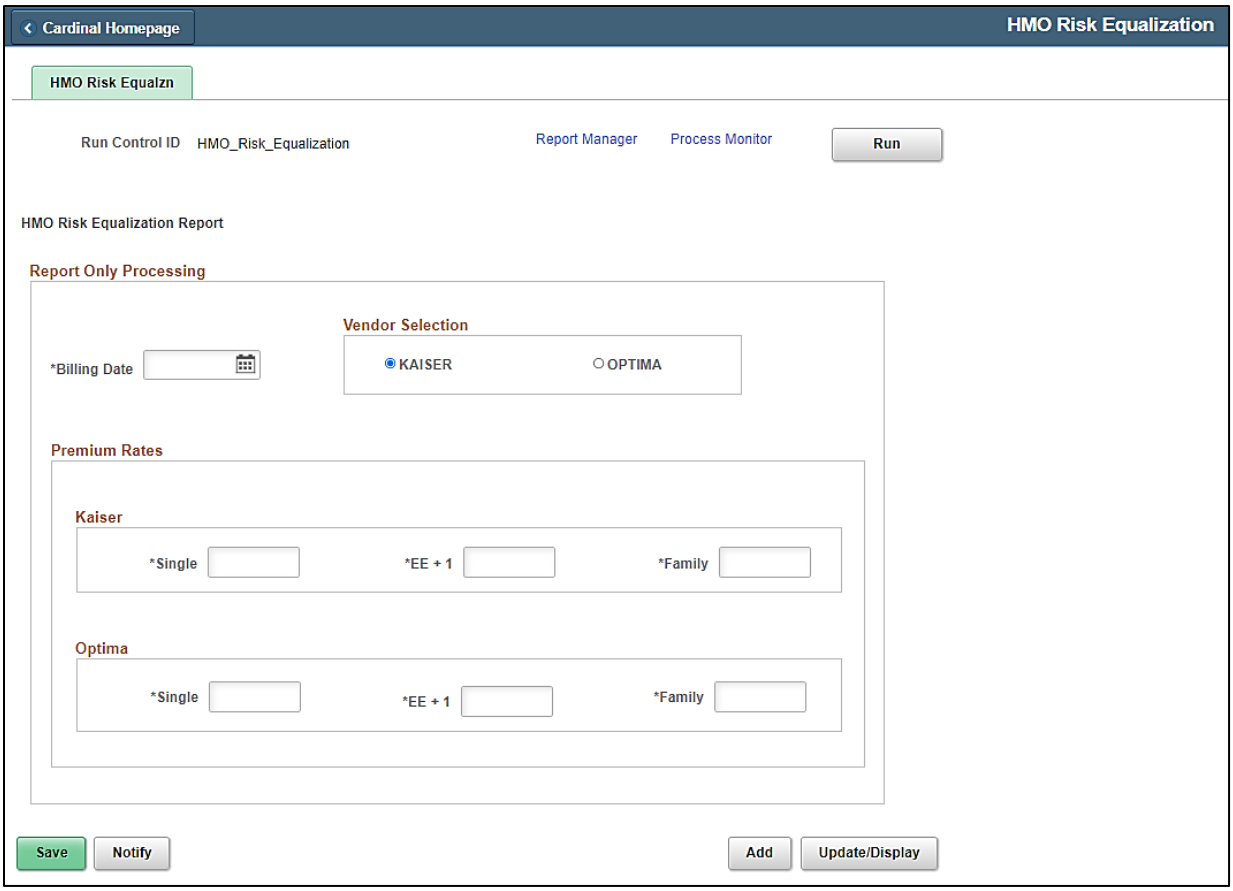
DESCRIPTION:
This report details the payment due to the suppliers, as well as the current enrollment by gender and age tier, for the current billing month. This report is attached to the payment and sent to the supplier and this report identifies enrollment counts and total dollars owed for the current billing month.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Participation > HMO Risk Equalization

INPUT / SEARCH CRITERIA:
Billing Date
Vendor Selection (checkbox)
Premium Rates

OUTPUT FORMAT:
PDF

Screenshot of the HMO Risk Equalization Report Run Control Page



ADDITIONAL INFORMATION:
Billing Date, Kaiser and **Optima** fields are required fields.

Screenshot of the HMO Risk Equalization Report

Cardinal

Commonwealth of Virginia
HMO RISK Equalization

Run Date 06/03/2021

Run Time 4:23:45 PM

Report ID: BN290

Page No 1 of 1

Calculation Of Premium

OPTIMA

Premium Rates **1-Aug-20**

786

1454

2106

Active Contracts

	EE Age Range	Single	EE+1	Family	Total
Male	LESS THAN 30	0	0	0	0
	30-39	1	1	0	2
	40-44	0	0	0	0
	45-49	0	0	4	4
	50-54	0	0	0	0
	55-59	2	0	0	2
	60-64	0	1	0	1
	65+	0	1	0	1
Female	EE Age Range	Single	EE+1	Family	Total
	LESS THAN 30	2	0	0	2
	30-39	0	1	0	1
	40-44	0	0	0	0
	45-49	0	0	0	0
	50-54	2	1	0	3
	55-59	1	0	0	1
	60-64	1	2	0	3
	65+	0	0	0	0
Active Total		9	7	4	20

Active Premium: $ 25,676.00

Ineligible Participant Report (RBN051)

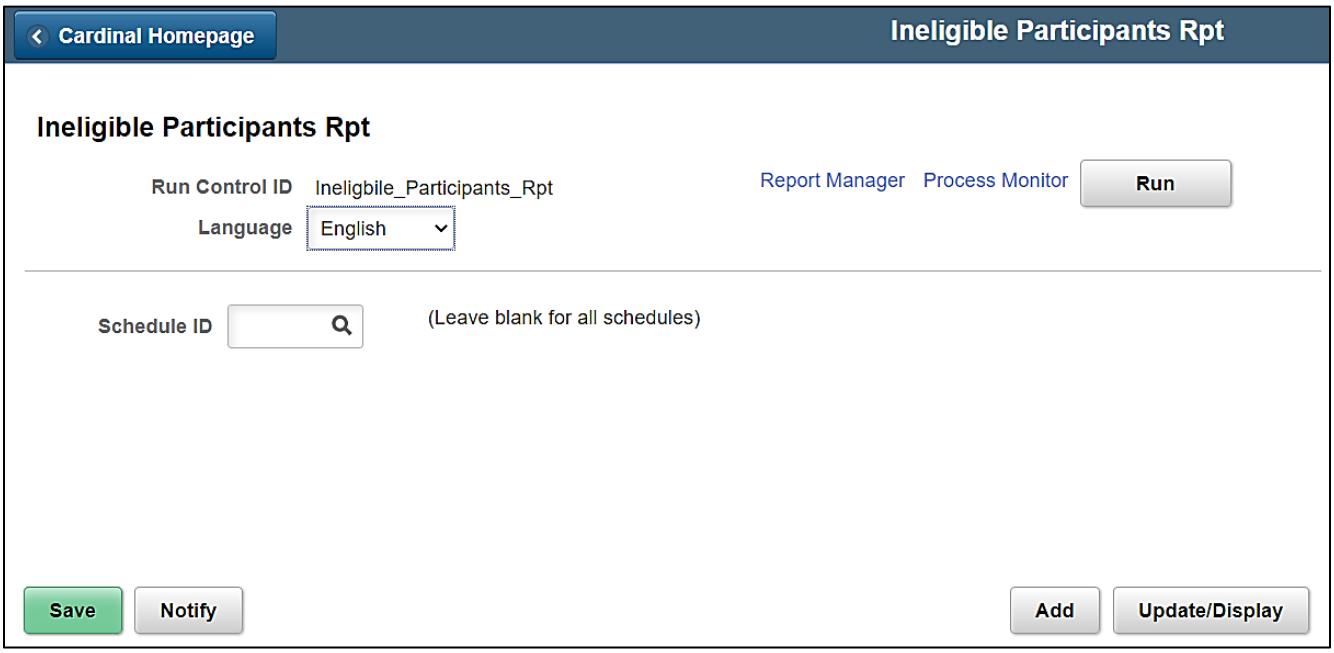
REVISED: 09/15/2021

DESCRIPTION:
This report lists all participants who are ineligible for any benefit program and their eligibility parameters, such as birth date and status. Report includes sections for job eligibility data.

NAVIGATION PATH:
NavBar > Menu > Benefits > Manage Automated Enrollment > Investigate Exceptions > Ineligible Participants Rpt

INPUT / SEARCH CRITERIA:	OUTPUT FORMAT:
Schedule ID	PDF

Screenshot of the Ineligible Participant Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the Ineligible Participant Report

```
                                                                                PeopleSoft
Report ID:  BAS010                                                   Ineligible Participant Report                                                                  Page No.  1
                                                                                                                                                                    Run Date 05/20/2021
                                                                                                                                                                    Run Time 15:45:04

Sched  Employee     Employee                  Event Benefit Process              Country
ID     ID           Name                      ID    Rcd#    Status     Birthdate  State
------ ------------ ------------------------- ----- ------- ---------- ---------- -------
                    Empl Service    Empl  Benefits   Empl Full Reg  Officer Union Std                      Pay           Country FLSA Reg  Business
                    Rcd# Date       Class Status     Type Part Temp Code    Code  Hrs     FTE      Company Grp Loctn     State   Stat Regn Unit     Plan    Grade
                    ---- ---------- ----- ---------- ---- ---- ---- ------- ----- ------- -------- ------- --- ----------------- ---- ---- -------- ------- -------
                                                                    EligCnfig1 EligCnfig2 EligCnfig3 EligCnfig4 EligCnfig5 EligCnfig6 EligCnfig7 EligCnfig8 EligCnfig9
                                                                    ---------- ---------- ---------- ---------- ---------- ---------- ---------- ---------- ----------

0721                                          0     0       Pgm None           USA/VA
                    0    11/16/1978 CLS   Terminated S    F    R    N              16.00 0.400000 AES     MNP CENTR      USA/VA  N    USA  22900    SW      3
                                                                                     N
                    1    06/01/2019 RET   Active     S    F    R    N              40.00 1.000000 VRA     MNP VRA        USA/VA  N    USA  VRSRT    UG
                                                                          005001000  N                                                        12-12      RR-GB

0721                                          0     0       Pgm None           USA/VA
                    0    09/16/1984 APF   Terminated S    F    R    N              16.00 0.400000 AES     MNP CENTR      USA/VA  P    USA  22900    FA
                                                                                     N                                                        12-24
                    1    05/01/2019 RET   Active     S    F    R    N              40.00 1.000000 VRA     MNP VRA        USA/VA  N    USA  VRSRT    UG
                                                                          005001000  N                                                                 RR-GB

0721                                          0     0       Pgm None           USA/VA
                    0    11/10/2000 APF   Terminated S    F    R    N              16.00 0.400000 AES     MNP CENTR      USA/VA  P    USA  22900    FA
                                                                                     N                                                        12-24
                    1    06/01/2019 RET   Terminated S    F    R    N              40.00 1.000000 VRA     MNP VRA        USA/VA  N    USA  VRSRT    UG
                                                                                     N

0721                                          0     0       Pgm None           USA/VA
                    0    03/01/1985 CLS   Terminated S    F    R    N              16.00 0.400000 AES     MNP CENTR      USA/VA  N    USA  22900    SW      4
                                                                                     N                                                        12-24
                    1    03/01/2019 RET   Active     S    F    R    N              40.00 1.000000 VRA     MNP VRA        USA/VA  N    USA  VRSRT    UG
                                                                          005001000  N                                                                 RR-GB

0721                                          0     0       Pgm None           USA/VA
                    0    08/25/2000 APF   Terminated S    F    R    N              16.00 0.400000 AES     MNP CENTR      USA/VA  P    USA  22900    FA
                                                                                     N                                                        12-24

0721                                          0     0       Pgm None           USA/VA
                    0    09/10/2017 TNR   Terminated S    P    X    N              16.00 0.400000 AES     MNP CENTR      USA/VA  P    USA  22900    FA
                                                                                     N                                                        12-24

0721                                          0     0       Pgm None           USA/VA
                    0    01/25/2018 CLS   Terminated S    F    R    N              16.00 0.400000 AES     MNP CENTR      USA/VA  N    USA  22900    SW      4
                                                                                     N                                                        12-24
                    1    03/01/2019 LOC   Active     S    F    R    N              40.00 1.000000 E55     MNP OHB        USA/VA  N    USA  LOCAL    UG
                                                                          048206000  N                                                                 TF-GB
```

IRS 401a Maximum Compensation Report (RPY358)

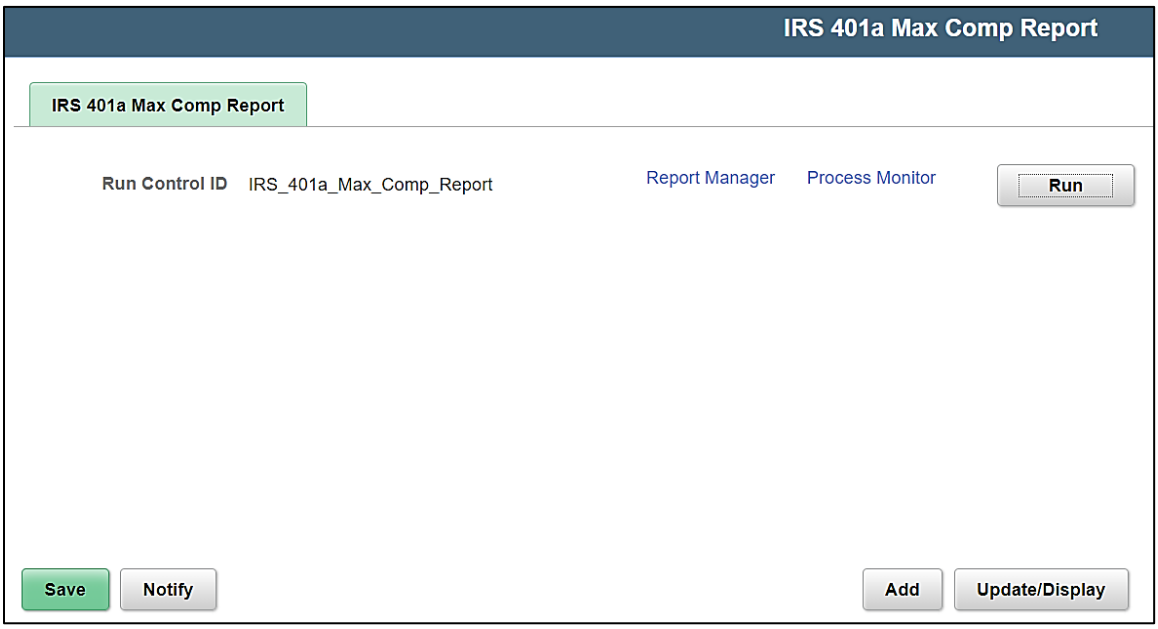
REVISED: 09/15/2021

DESCRIPTION:
This report lists highly compensated employees (HCE) whose retirement contributions must stop when their annual creditable compensation reaches the IRS 401(a) limit in effect.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Audits > IRS 401a Max Comp Report

INPUT / SEARCH CRITERIA:	OUTPUT FORMAT:
(none)	PDF

Screenshot of the IRS 401a Maximum Compensation Report Run Control Page



ADDITIONAL INFORMATION:
No Input/Search fields are required fields.

Screenshot of the IRS 401a Maximum Compensation Report

Cardinal

Report ID:RPY358

Commonwealth of Virginia

IRS 401a Maximum Compensation Report

Run Date: 05/24/2021
Run Time: 11:56:14
Page: 1 of 1

Company : ABC - Alcoholic Beverage Control
Limit Effdt : 7/1/2019
IRS 401a Limit : 280000

Emplid	Empl Rcd	Name	VRS Code	Grndfthrd Limit Ext	Total Max Comp Allwd	--- Contrib Base (CBS) --- YTD Amount	Amt to Limit	---- ORP Base (ORP) ---- YTD Amount	Amt to Limit
[redacted]	1	[redacted]		0	280000	27777.8	252222.2	48891666.68	-48611666.68
	0			0	280000	0	280000	999.99	279000.01

Limit Effdt : 7/1/2020
IRS 401a Limit : 285000

Emplid	Empl Rcd	Name	VRS Code	Grndfthrd Limit Ext	Total Max Comp Allwd	--- Contrib Base (CBS) --- YTD Amount	Amt to Limit	---- ORP Base (ORP) ---- YTD Amount	Amt to Limit
[redacted]	1	[redacted]		0	285000	5555.56	279444.44	5204166.67	-4919166.67

Company : CNU - Christopher Newport University
Limit Effdt : 7/1/2019
IRS 401a Limit : 280000

Emplid	Empl Rcd	Name	VRS Code	Grndfthrd Limit Ext	Total Max Comp Allwd	--- Contrib Base (CBS) --- YTD Amount	Amt to Limit	---- ORP Base (ORP) ---- YTD Amount	Amt to Limit
[redacted]	1	[redacted]		0	280000	25690	254310	28901.25	251098.75

Company : DEM - Dept of Emergency Management
Limit Effdt : 7/1/2019
IRS 401a Limit : 280000

Emplid	Empl Rcd	Name	VRS Code	Grndfthrd Limit Ext	Total Max Comp Allwd	--- Contrib Base (CBS) --- YTD Amount	Amt to Limit	---- ORP Base (ORP) ---- YTD Amount	Amt to Limit
[redacted]	0	[redacted]	HBN0000	0	280000	700000	-420000	750909.09	-470909.09

Company : DMA - Department of Military Affairs
Limit Effdt : 7/1/2019
IRS 401a Limit : 280000

Emplid	Empl Rcd	Name	VRS Code	Grndfthrd Limit Ext	Total Max Comp Allwd	--- Contrib Base (CBS) --- YTD Amount	Amt to Limit	---- ORP Base (ORP) ---- YTD Amount	Amt to Limit
[redacted]	0	[redacted]		0	280000	0	280000	12399999.96	-12119999.96
	1			0	280000	0	280000	12399999.96	-12119999.96
	0			0	280000	0	280000	2333333.38	-2053333.38

Limit Effdt : 7/1/2020
IRS 401a Limit : 285000

Monthly Enrollment Report (RBN380)

REVISED: 05/11/2025

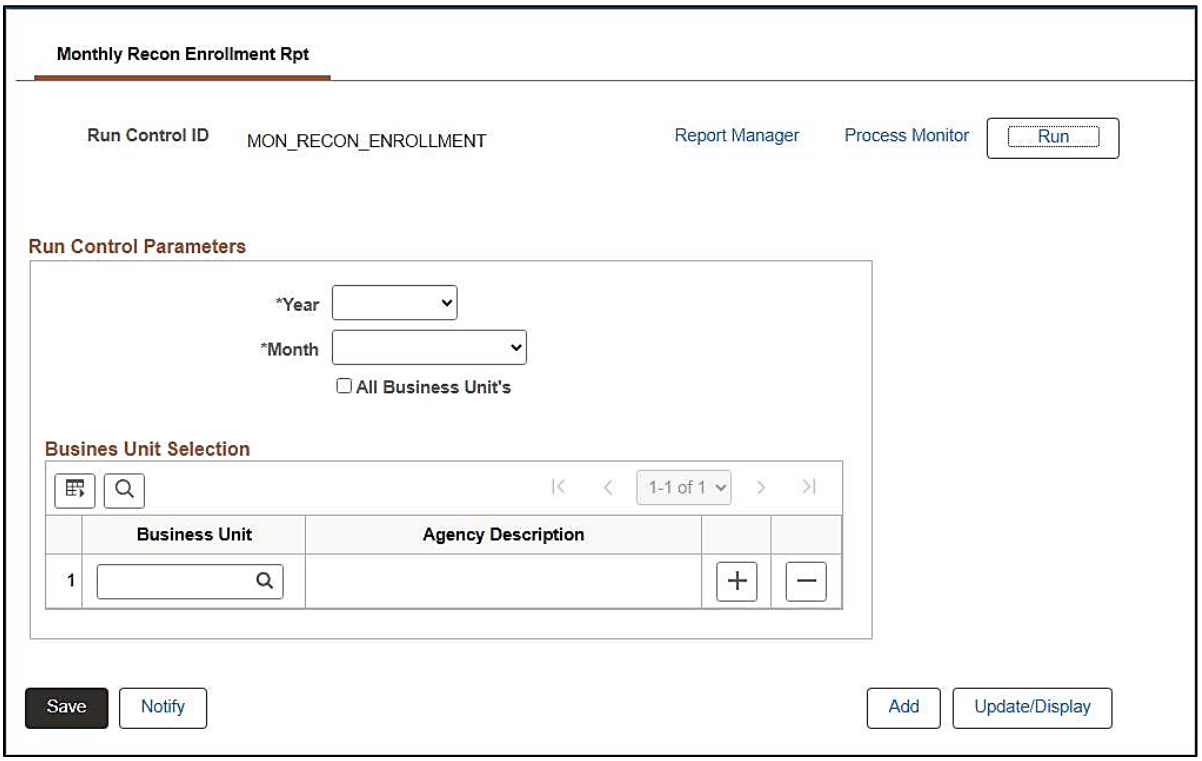
DESCRIPTION:
The Monthly Enrollment Report will provide employee Health Benefit information including Health Coverage, Premium Reward, and Medical Premiums for the month. It will include all employees active in the agency as of the first of the month and show their coverage as of the end of the month. As such, it should include employees who transfer out of the agency mid-month and the coverage should reflect births that occurred during the month.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Monthly Enrollment Report

INPUT / SEARCH CRITERIA:
Year
Month
Business Unit (optional)

OUTPUT FORMAT:
Excel

Screenshot of the Monthly Enrollment Report Run Control Page



ADDITIONAL INFORMATION:
If the **All Business Unit's** checkbox is not selected, the user must select the applicable Business Unit(s) in the **Business Unit Selection** section.

Screenshot of the Monthly Enrollment Report

2	----------												
3	Cardinal Monthly Recon Enrollment Report												
4	----------												
5													
6	Process Instance: 3988607												
7	Process Run Date: 5/8/2025												
8	Process AsOfDate: 4/1/2025												
9													
10	Employee ID	Last Name	Suffix	First Name	MI	Business Unit	Company	Department	Empl Status	Status/BPremium	Coverage Elect	Benefit Plan	Descr
11					P	15100	DOA	97200	A	COVA FT EE & ER Paid Grp Bill	E	ACC4	COVA Cr+Exp Den+Vision&Hrng
12					C	15100	DOA	97200	A	COVA FT EE & ER Paid Grp Bill	E	ACC2	COVA Care + Expanded Dental
13					B	15100	DOA	96700	A	COVA FT EE & ER Paid Grp Bill	E	ACC4	COVA Cr+Exp Den+Vision&Hrng
14					L	15100	DOA	97200	A	COVA FT EE & ER Paid Grp Bill	E	ACC2	COVA Care + Expanded Dental
15					P	15100	DOA	98300	A	COVA FT EE & ER Paid Grp Bill	E	ACC2	COVA Care + Expanded Dental
16					S	15100	DOA	98300	A	COVA FT EE & ER Paid Grp Bill	E	ACC2	COVA Care + Expanded Dental
17					K	15100	DOA	95400	A	COVA FT EE & ER Paid Grp Bill	E	ACC0	COVA Care + Prev Dental
18					D	15100	DOA	95100	A	COVA FT EE & ER Paid Grp Bill	E	ACC4	COVA Cr+Exp Den+Vision&Hrng
19					N	15100	DOA	92100	A	COVA FT EE & ER Paid Grp Bill	E	ACC4	COVA Cr+Exp Den+Vision&Hrng
20					A	15100	DOA	98400	A	COVA FT EE & ER Paid Grp Bill	E	ACC4	COVA Cr+Exp Den+Vision&Hrng
21					J	15100	DOA	95200	A	COVA FT EE & ER Paid Grp Bill	E	ACC3	COVA Cr+Exp Den+Out-of-ntwk

Scrolled right:

Coverage Code	Coverage Begin Dt	Election Dt	Employer Rate	Employee Rate	PRW Rate	PRW Benefit Plan	PRW Coverage Begin Dt	PRW Election Dt	Pay Code	Termination Date	Subgroup (Elig_Config2)
Single	7/1/2023	5/3/2023	783	156	17	PRWDEE	7/1/2024	6/18/2024	24		151001000
Single	1/1/2022	12/8/2021	783	136	0				24		151001000
Family	1/1/2022	12/8/2021	2056	465	0				24		151001000
Self + Child	7/1/2020	9/28/2021	1404	296	0				24		151001000
Self + Spouse	7/1/2022	5/2/2022	1404	296	0				24		151001000
Single	7/1/2020	9/28/2021	783	136	17	PRWDEE	7/1/2024	6/18/2024	24		151001000
Single	7/1/2020	9/28/2021	783	103	0				24		151001000
Self + Spouse	7/1/2020	9/28/2021	1404	333	0				24		151001000
Family	1/1/2025	12/26/2024	2056	465	0				24		151001000
Self + Spouse	1/1/2024	12/22/2023	1404	333	34	PRWDBT	7/1/2024	6/18/2024	24		151001000

Premium Rewards Audit Report (RBN063)

REVISED: 09/15/2021

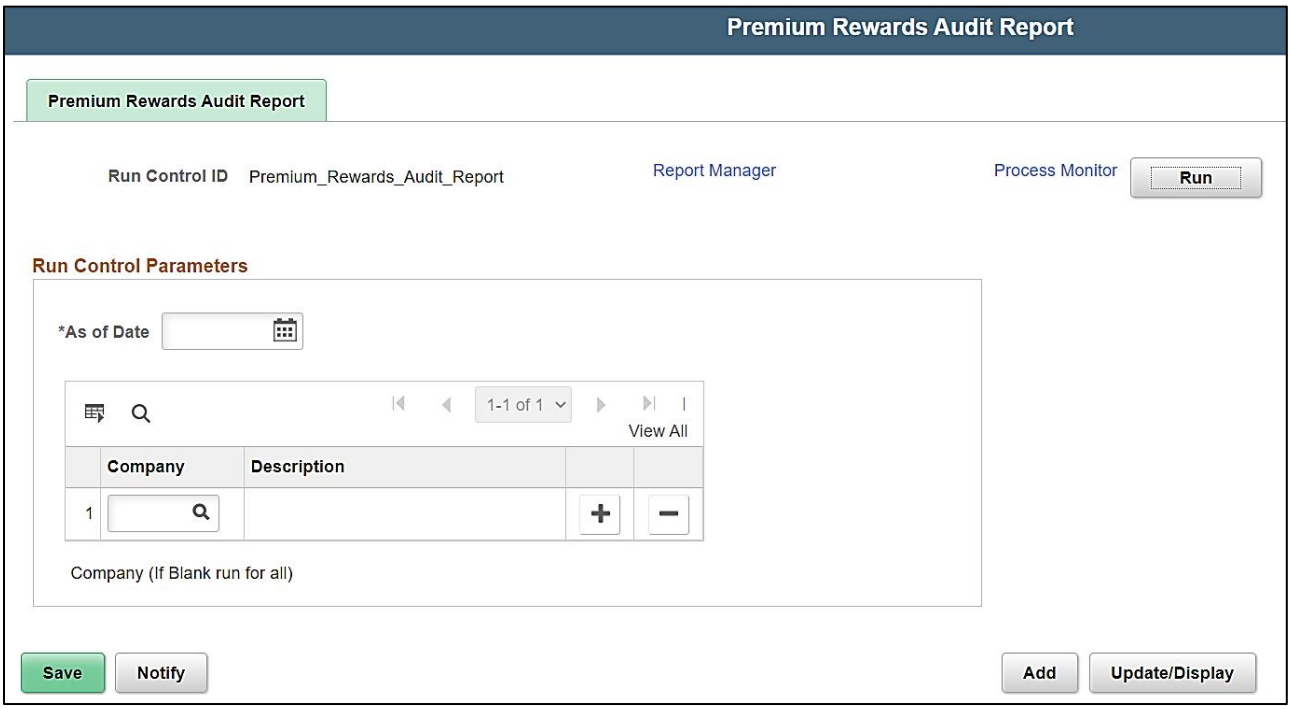
DESCRIPTION:
This report lists employees whose health premium reward enrollment or additional pay amount require updating to align with their current health benefit enrollment.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Audits > Premium Rewards Audit Report

INPUT / SEARCH CRITERIA:
As of Date
Company

OUTPUT FORMAT:
PDF

Screenshot of the Premium Rewards Audit Report Run Control Page



ADDITIONAL INFORMATION:
As of Date field is a required field.

Screenshot of the Premium Rewards Audit Report

Commonwealth of Virginia
Premium Rewards Audit Report

Report ID: RBN063

Run Date: 05/24/2021
Run Time: 11:37:57
Page 1 of 1893

As of Date: 4/30/2021

ABC: Alcoholic Beverage Control

Employee	Employee Name	EMPL RCD	BEN RCD	Hlth Effdt	Hlth Elec	Hlth Plan	Hlth CvCd	Smpl Effdt	Smpl Elec	Smpl Plan	Addl Effdt	AddlPay Amount	AddlEnd Effdt	Audit Code
		0	0	7/1/2019	E	ACC4	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	2/10/2020	T			6/30/2020	T		7/1/2019	17	6/30/2020	2
		0	0	8/1/2019	E	ACC2	1	6/30/2020	T		8/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC4	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	CHA1	1	6/30/2020	T		7/1/2019	17	6/30/2020	6

AES: Coop Extension & Agr Experimnt

Employee	Employee Name	EMPL RCD	BEN RCD	Hlth Effdt	Hlth Elec	Hlth Plan	Hlth CvCd	Smpl Effdt	Smpl Elec	Smpl Plan	Addl Effdt	AddlPay Amount	AddlEnd Effdt	Audit Code
		0	0	7/1/2019	E	ACC5	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC5	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC0	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC2	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC2	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	8/1/2019	E	ACC4	1	6/30/2020	T		8/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC2	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC2	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC4	3	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC2	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	8/1/2019	E	ACC4	3	6/30/2020	T		8/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC5	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC4	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC0	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	8/1/2019	E	ACC2	1	6/30/2020	T		8/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC0	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC0	3	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	7/1/2019	E	ACC0	1	6/30/2020	T		7/1/2019	17	6/30/2020	6
		0	0	8/1/2019	E	ACC3	1	6/30/2020	T		8/1/2019	17	6/30/2020	6
		0	0	8/1/2019	E	ACC5	1	6/30/2020	T		8/1/2019	17	6/30/2020	6

Section 415 Compliance Report (RBN144)

REVISED: 09/15/2021

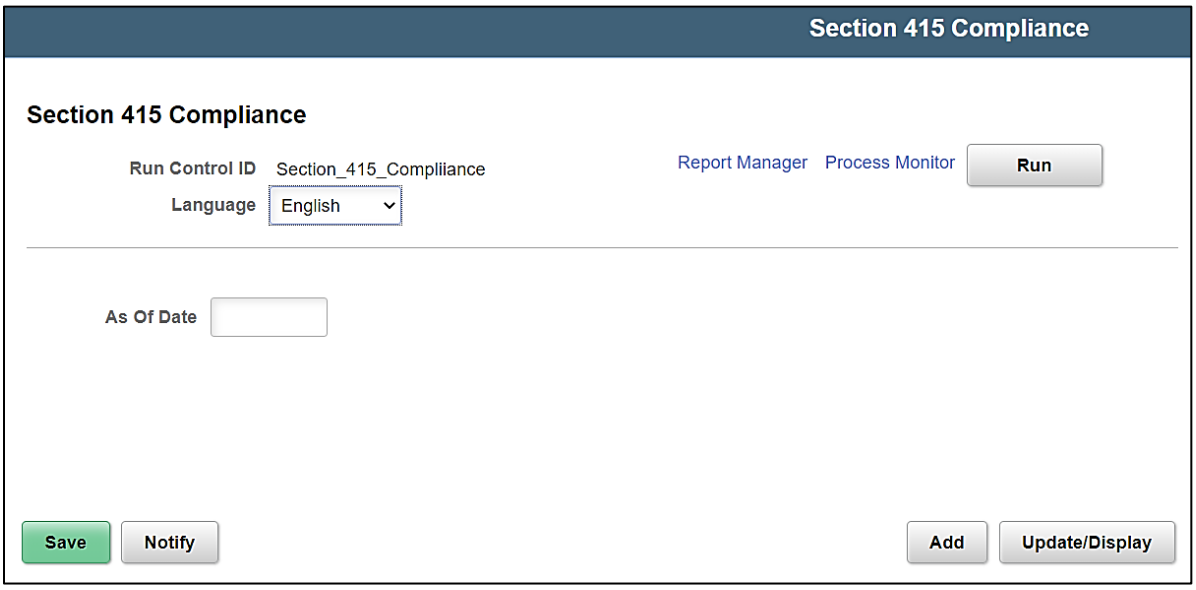
DESCRIPTION:
This report lists employee amounts either over or under the Section 415 limit. Fields include Company, Employee ID, Effective Date, Special Accumulator, Benefit Program, Percent of Salary, Maximum Benefit Base, and Gross Amount Year-to-Date (YTD).

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Regulatory and Compliance > Section 415 Compliance

INPUT / SEARCH CRITERIA:
As of Date

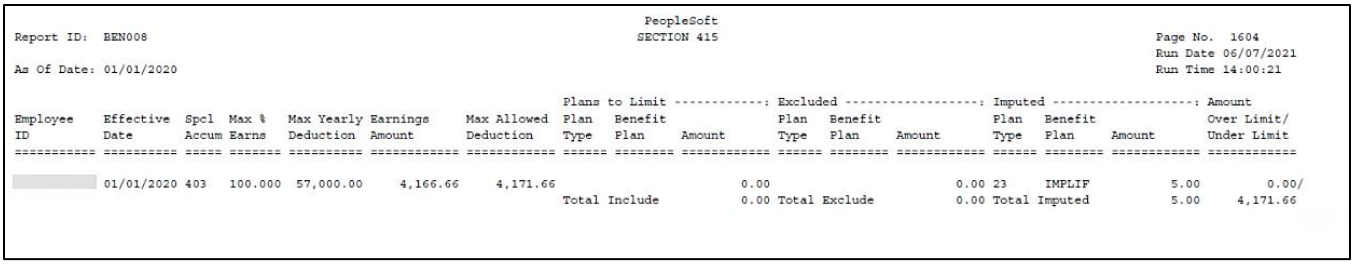
OUTPUT FORMAT:
PDF

Screenshot of the Section 415 Compliance Report Run Control Page



ADDITIONAL INFORMATION:
As of Date field is a required field.

Screenshot of the Section 415 Compliance Report



```
                                                                                PeopleSoft
Report ID:  BEN008                                                            SECTION 415                                                                                  Page No.  1604
                                                                                                                                                                           Run Date 06/07/2021
As Of Date: 01/01/2020                                                                                                                                                     Run Time 14:00:21

                                                                                                  Plans to Limit ------------: Excluded ------------------: Imputed ------------------: Amount
Employee     Effective  Spcl  Max %   Max Yearly Earnings     Max Allowed  Plan   Benefit                Plan   Benefit                Plan   Benefit                Over Limit/
ID           Date       Accum Earns   Deduction  Amount       Deduction    Type   Plan     Amount        Type   Plan     Amount        Type   Plan     Amount        Under Limit
=========== ========== ===== ======= ========== ============ ============ ====== ======== ============ ====== ======== ============ ====== ======== ============ ============

             01/01/2020 403   100.000  57,000.00     4,166.66     4,171.66                                0.00                          0.00 23     IMPLIF           5.00          0.00/
                                                                                Total Include            0.00 Total Exclude            0.00 Total Imputed            5.00      4,171.66
```

Section 415 Noncompliance Report (RBN145)

REVISED: 09/15/2021

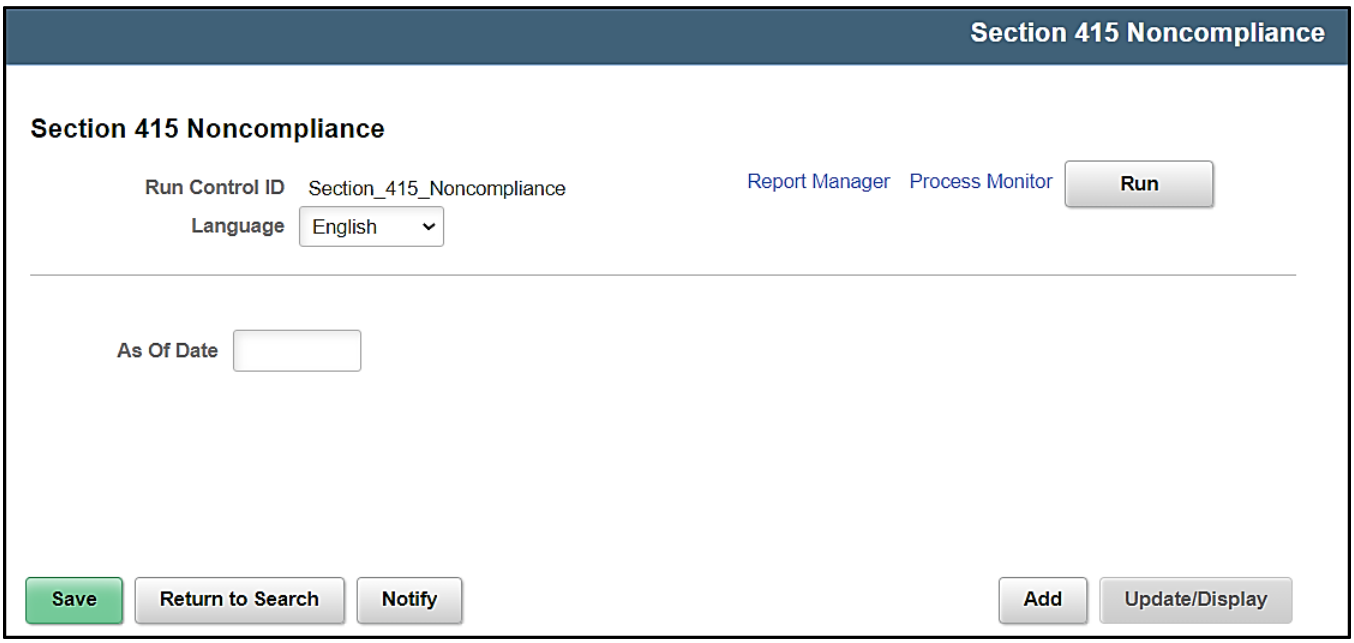
DESCRIPTION:
This report lists employees who have exceeded the Section 415 limits.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > Regulatory and Compliance > Section 415 Noncompliance

INPUT / SEARCH CRITERIA:
As of Date

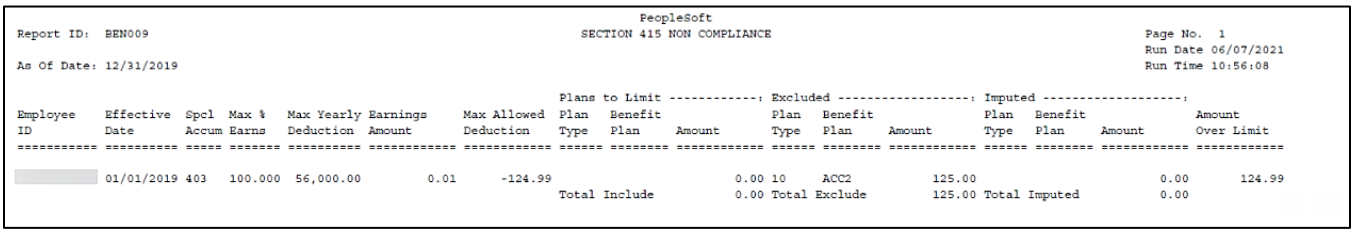
OUTPUT FORMAT:
PDF

Screenshot of the Section 415 Noncompliance Report Run Control Page



ADDITIONAL INFORMATION:
As of Date field is a required field.

Screenshot of the Section 415 Noncompliance Report



PeopleSoft
SECTION 415 NON COMPLIANCE

Report ID: BEN009
As Of Date: 12/31/2019
Page No. 1
Run Date 06/07/2021
Run Time 10:56:08

Employee ID	Effective Date	Spcl Accum	Max % Earns	Max Yearly Deduction	Earnings Amount	Max Allowed Deduction	Plans to Limit: Plan Type	Plans to Limit: Benefit Plan	Plans to Limit: Amount	Excluded: Plan Type	Excluded: Benefit Plan	Excluded: Amount	Imputed: Plan Type	Imputed: Benefit Plan	Imputed: Amount	Amount Over Limit
	01/01/2019	403	100.000	56,000.00	0.01	-124.99			0.00	10	ACC2	125.00			0.00	124.99
							Total Include		0.00	Total Exclude		125.00	Total Imputed		0.00	

VNAV Elections Upload Error Report (RHR149)

REVISED: 09/15/2021

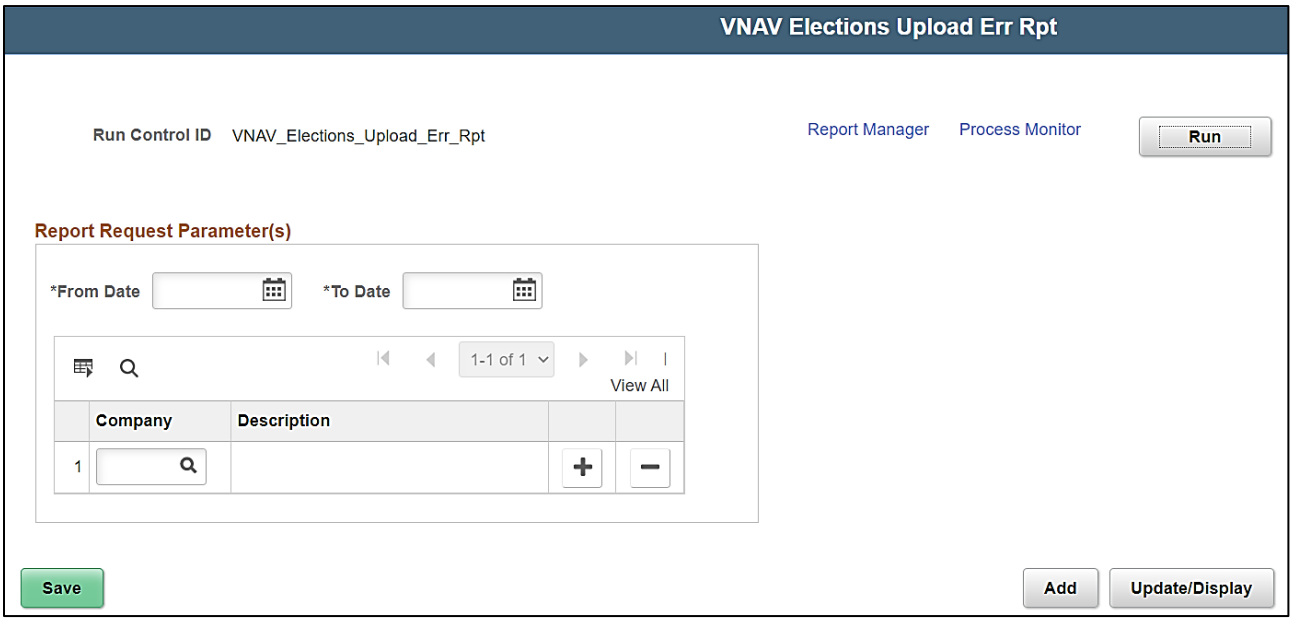
DESCRIPTION:
This report lists employees on the semi-monthly VNAV (myVRSNavigator) Upload file whose retirement enrollment changes were not loaded to Cardinal. Report includes the applicable error/warning message and enrollment information necessary to allow manual entry into Cardinal.

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > VNAV Elections Upload Err Rpt

INPUT / SEARCH CRITERIA:
From Date
To Date
Company

OUTPUT FORMAT:
PDF

Screenshot of the VNAV Elections Upload Error Report Run Control Page



ADDITIONAL INFORMATION:
From Date and **To Date** fields are required fields.

Screenshot of the VNAV Elections Upload Error Report

Commonwealth of Virginia

VNAV ELECTIONS UPLOAD ERROR REPORT

Report ID: RHR149

Run Date: 05/25/2021
Run Time: 04:34 00

Company: ABC-Alcoholic Beverage Control
From Date: 01/01/2020
To Date: 12/31/2020

Page No. 1 of 10

Transaction Errors. Online Entry Required

Emplid	Empl Rcd	Name	Company	Department	Hire Date	Payroll Status	VNAV Plan	EFFDT	VOL PCT	VSDP	PSBB CODE	PSBB AMNT	PSBB ADJ	PSBB ADJ AMT
	0		ABC		07/01/2020		70	12/01/2020	0.00%			0.00		0.00
	0		ABC				70		0.00%			0.00		0.00
	0		ABC		07/01/2020		VS	12/01/2020	0.00%			0.00		0.00
	0		ABC				VS		0.00%			0.00		0.00

Error Message
EMPLID Not Found
Elig_config1 value cannot be found in V_ELIG_CN1_PRMT

Plan Type	Coverage Begin Date	Deduction Begin Date	Participant Election	Election Date	Benefit Plan	Before Tax Flat Amount	Before Tax % of Earnings	After Tax Flat Amount	After Tax % of Earnings
70 - Employee Retirement DB						0.00	0.00%	0.00	0.00%
VS -						0.00	0.00%	0.00	0.00%

Emplid	Empl Rcd	Name	Company	Department	Hire Date	Payroll Status	VNAV Plan	EFFDT	VOL PCT	VSDP	PSBB CODE	PSBB AMNT	PSBB ADJ	PSBB ADJ AMT
	0	ID 10	ABC	100000	10/01/2019	A	VS	05/01/2020	0.00%	Y		0.00		0.00
	0	ID 10	ABC	100000	10/01/2019	A	VS	08/01/2020	0.00%	Y		0.00		0.00

Error Message
Election Date more than 120 DAYS in the past
Election Date more than 180 DAYS in the past

Plan Type	Coverage Begin Date	Deduction Begin Date	Participant Election	Election Date	Benefit Plan	Before Tax Flat Amount	Before Tax % of Earnings	After Tax Flat Amount	After Tax % of Earnings
VS -						0.00	0.00%	0.00	0.00%

VRS Billing Exceptions Report (RHR078)

REVISED: 8/19/2024

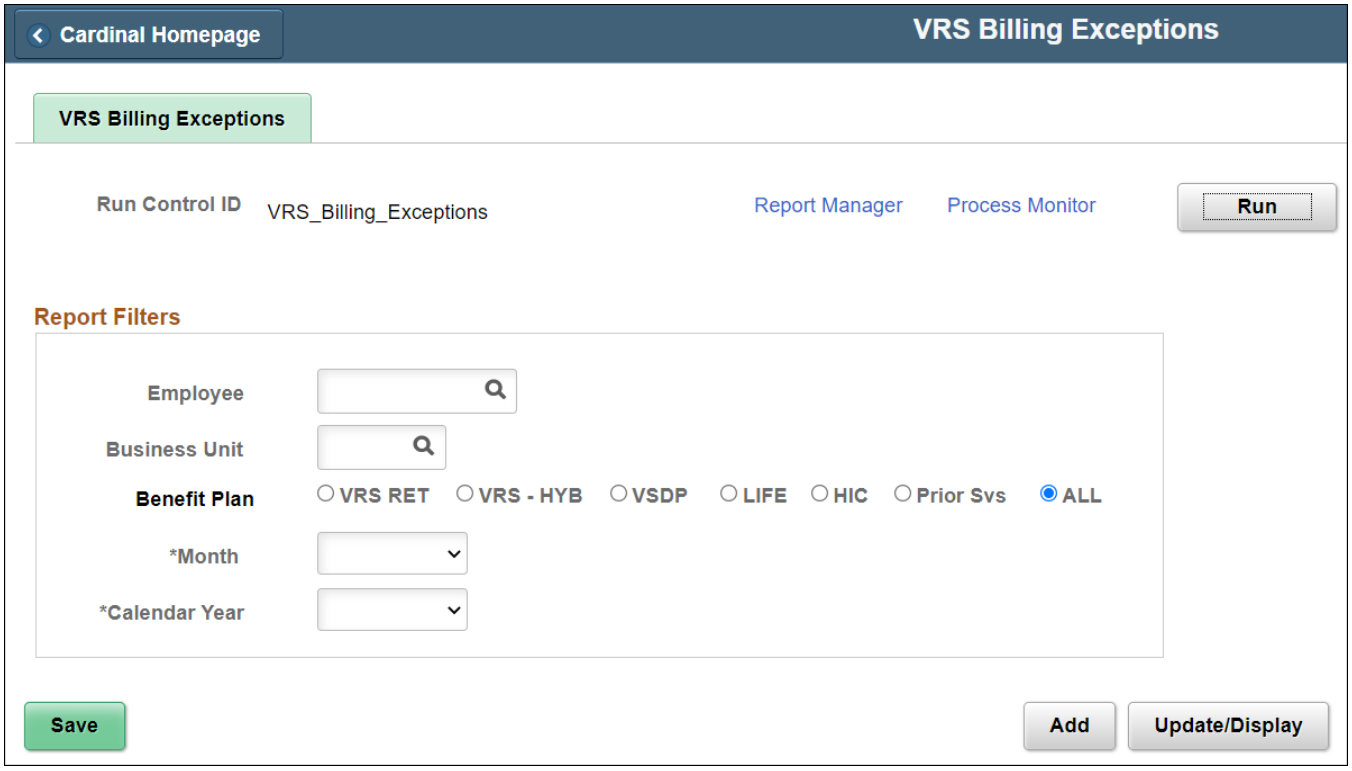
DESCRIPTION:
This report displays employee-level detail of the variances between Virginia Retirement System (VRS) billed amounts and those amounts collected through payroll. Agency benefits administrators and payroll processors use this report to validate the General Ledger (GL) adjustments automatically created and to correct employee retirement enrollment or premiums, as needed. This report also lists any VRS billed transactions with errors that Cardinal did not reconcile (VRS Billing Transaction Errors section).

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > VRS Billing Exceptions

INPUT / SEARCH CRITERIA:
Employee
Business Unit
Benefit Plan (checkboxes)
Month
Calendar Year

OUTPUT FORMAT:
PDF

Screenshot of the VRS Billing Exceptions Report Run Control Page



ADDITIONAL INFORMATION:
Month and **Calendar Year** fields are required fields.
Employee Search criteria is Empl ID.

Screenshot of the VRS Billing Exceptions Report

Commonwealth of Virginia

VRS BILLING EXCEPTIONS REPORT

Report ID: RHR078

Run Date: 05/25/2021
Run Time: 03:09 00

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POSTED

Business Unit: 50100 - VA Dept of Transportation Current Year: 2020 Current Month: JAN

EMPLID	Name	Pay Status	Dedcd	Benefit Plan	EE VRS Bill	EE Payroll Deduction	EE Recon GL Adjustment	ER VRS Bill	ER Payroll Deduction	ER Recon GL Adjustment
VRS ORG CODE: 30501										
Benefit Section: Employee Retirement DB										
		A	VRSRET	VRSMDB	0.00	141.13	141.13	0.00	381.60	381.60
		A	VRSRET	VRSMDB	0.00	114.59	114.59	0.00	309.86	309.86
		A	VRSRET	VRSMDB	0.00	1,164.46	1,164.46	0.00	3,148.71	3,148.71
		A	VRSRET	VRSMDB	0.00	285.74	285.74	0.00	772.64	772.64
		A	VRSRET	VRSMDB	0.00	666.67	666.67	0.00	1,802.67	1,802.67
		A	VRSRET	VRSMDB	0.00	811.74	811.74	0.00	2,194.95	2,194.95
		P	VRSRET	VRSMDB	0.00	531.90	531.90	0.00	1,438.27	1,438.27
		P	VRSRET	VRSMDB	0.00	544.78	544.78	0.00	1,473.09	1,473.09
		A	VRSRET	VRSMDB	0.00	106.18	106.18	0.00	287.10	287.10
		P	VRSRET	VRSMDB	0.00	633.88	633.88	0.00	1,714.02	1,714.02
		P	VRSRET	VRSMDB	0.00	704.36	704.36	0.00	1,904.58	1,904.58
		A	VRSRET	VRSMDB	0.00	145.48	145.48	0.00	393.38	393.38
		A	VRSRET	VRSMDB	0.00	970.26	970.26	0.00	2,623.56	2,623.56
		A	VRSRET	VRSMDB	0.00	880.26	880.26	0.00	2,380.24	2,380.24
		P	VRSRET	VRSMDB	0.00	492.15	492.15	0.00	1,330.77	1,330.77
		P	VRSRET	VRSMDB	0.00	446.28	446.28	0.00	1,206.75	1,206.75
		P	VRSRET	VRSMDB	0.00	546.78	546.78	0.00	1,478.49	1,478.49
		P	VRSRET	VRSMDB	0.00	433.68	433.68	0.00	1,172.66	1,172.66
		A	VRSRET	VRSMDB	0.00	130.11	130.11	0.00	351.81	351.81
		A	VRSRET	VRSMDB	0.00	103.04	103.04	0.00	278.62	278.62
		A	VRSRET	VRSMDB	0.00	99.56	99.56	0.00	269.21	269.21
		A	VRSRET	VRSMDB	166.66	0.00	-166.66	450.66	0.00	-450.66
		A	VRSRET	VRSMDB	0.00	155.57	155.57	0.00	420.66	420.66
Section Total					**166.66**	**10,108.60**	**9,941.94**	**450.66**	**27,333.64**	**26,882.98**
Benefit Section: Hybrid Retirement										
		A	HBDBER	HBDBER	0.00	104.65	104.65	0.00	327.55	327.55
Section Total					**0.00**	**104.65**	**104.65**	**0.00**	**327.55**	**327.55**
Benefit Section: Group Term Life										
		A	GRPLFR	GTLR	0.00	0.00	0.00	0.00	36.97	36.97
		A	GRPLFR	GTLR	0.00	0.00	0.00	0.00	30.02	30.02
		A	GRPLFR	GTLR	0.00	0.00	0.00	0.00	305.09	305.09

Screenshot of the VRS Billed Transaction Errors section

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Business Unit: 74900 - Buckingham Correctional Center Current Year: 2024 Current Month: JUN

VRS Billed Transaction Errors

See VRS Billing Details report for additional details. Except where indicated, Cardinal did not reconcile these transactions.

VRS Org Code	EMPLID	VRS Plan Code	(5011110) Employee Retirement	(5011110) Employer Retirement	Buyback Pretax Ind	(5011110) Retirement Buyback	(5011140) Group Term Life	(5011160) Retiree Hlth Credit	(5011170) VSDP LTD	Error Ind	Message
70749		LN	203.32	1,000.32	N	0.00	54.49	45.54	24.80	E	Employee Not Found

VRS Billing Summary Report (RHR079)

REVISED: 8/19/2024

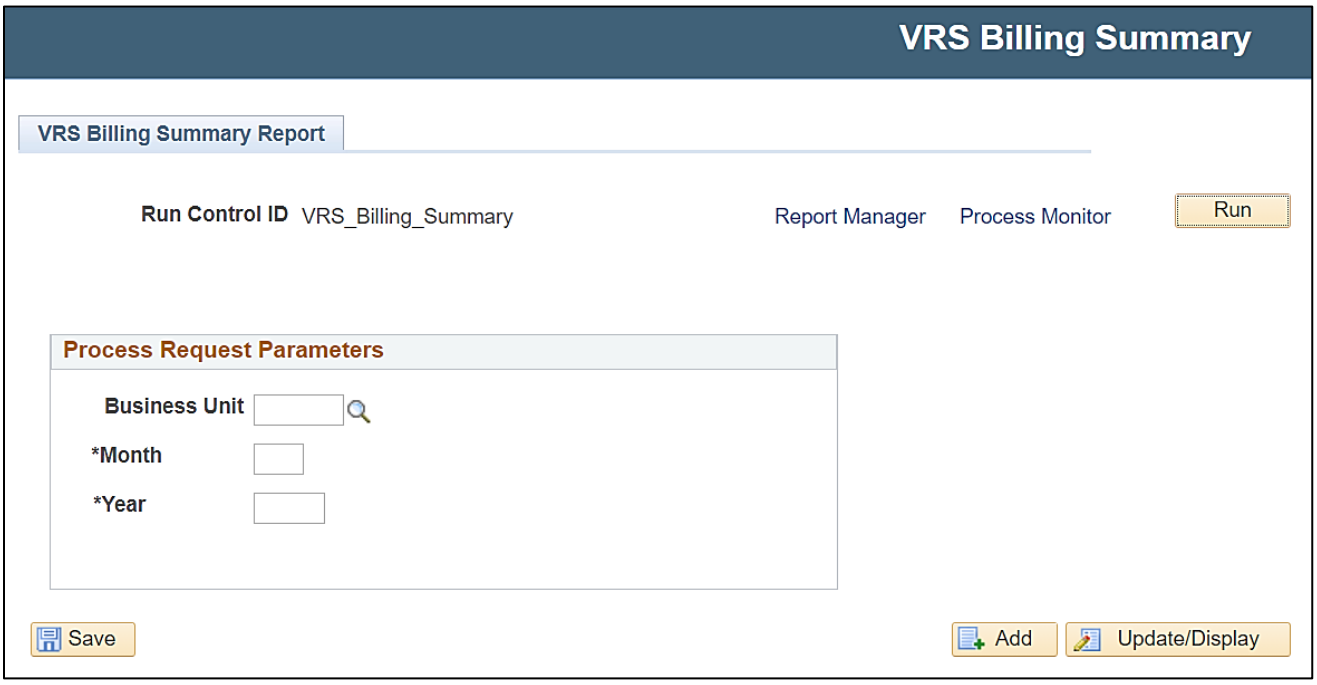
DESCRIPTION:
This report compares the totals for the employee/employer contributions for Retirement, Virginia Sickness and Disability Program (VSDP), Group Life, Retiree Health Credit and Purchase Prior Service plans to the VRS billing file. It is used to ensure the reconciliation of all contributions on a monthly basis. This report also provides totals, by Business Unit and VRS Org Code, for VRS billed amounts not reconciled (**VRS Billing Amounts Not Reconciled** section)

NAVIGATION PATH:
NavBar > Menu > Benefits > Reports > VRS Billing Summary

INPUT / SEARCH CRITERIA:
Business Unit
Month
Year

OUTPUT FORMAT:
PDF

Screenshot of the VRS Billing Summary Report Run Control Page



ADDITIONAL INFORMATION:
Month and **Year** fields are required fields.

Screenshot of the VRS Billing Summary Report

Report ID: RHR079

Commonwealth of Virginia

VRS BILLING SUMMARY REPORT

Run Date: 05/25/2021
Run Time: 03:27 00

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POSTED

Billing Month :January 2020

BU	VRS Org Code	Benefit Plan Type	GL Acct EE	VRS Bill Amt EE	Payroll Amt EE	GL Adjstmnt EE	Rounding Non Billed EE	GL Acct ER	VRS Bill Amt ER	Payroll Amt ER	GL Adjstmnt ER	Rounding Non Billed ER
10000	30100	Employee Retirement DB	22051424	0.00	16,625.70	-16,625.70	0.00	5011110	0.00	52,734.42	-52,734.42	0.00
		Employee Retirement DB	22051448	0.00	0.00	0.00	0.00	5011110	0.00	0.00	0.00	0.00
		Group Term Life		0.00	0.00	0.00	0.00	5011140	0.00	6,835.28	-6,835.28	0.00
		Hybrid Retirement	22051448	0.00	5,890.26	-5,890.26	0.00	5011110	0.00	18,436.46	-18,436.46	0.00
		Retiree Health Credit		0.00	0.00	0.00	0.00	5011160	0.00	6,104.70	-6,104.70	0.00
		VSDP LTD		0.00	0.00	0.00	0.00	5011170	0.00	1,453.96	-1,453.96	0.00
	Org Code Total			0.00	22,515.96	-22,515.96	0.00		0.00	85,564.82	-85,564.82	0.00
	XB100	Employee Retirement DB	22051424	0.00	103.20	-103.20	0.00	5011110	0.00	279.05	-279.05	0.00
		Group Term Life		0.00	0.00	0.00	0.00	5011140	0.00	27.04	-27.04	0.00
		Retiree Health Credit		0.00	0.00	0.00	0.00	5011160	0.00	24.15	-24.15	0.00
		VSDP LTD		0.00	0.00	0.00	0.00	5011170	0.00	12.80	-12.80	0.00
	Org Code Total			0.00	103.20	-103.20	0.00		0.00	343.04	-343.04	0.00
	Plan Type Total											
		Employee Retirement DB		0.00	16,728.90	-16,728.90	0.00		0.00	53,013.47	-53,013.47	0.00
		Hybrid Retirement		0.00	5,890.26	-5,890.26	0.00		0.00	18,436.46	-18,436.46	0.00
		VSDP LTD		0.00	0.00	0.00	0.00		0.00	1,466.76	-1,466.76	0.00
		Group Term Life		0.00	0.00	0.00	0.00		0.00	6,862.32	-6,862.32	0.00
		Retiree Health Credit		0.00	0.00	0.00	0.00		0.00	6,128.85	-6,128.85	0.00
	BU Total			0.00	22,619.16	-22,619.16	0.00		0.00	85,907.86	-85,907.86	0.00
10100	101	Employee Retirement DB	22051448	0.00	0.00	0.00	0.00	5011110	0.00	0.00	0.00	0.00
		Group Term Life		0.00	0.00	0.00	0.00	5011140	0.00	12.84	-12.84	0.00
		Hybrid Retirement	22051448	0.00	39.20	-39.20	0.00	5011110	0.00	122.70	-122.70	0.00
		Retiree Health Credit		0.00	0.00	0.00	0.00	5011160	0.00	11.47	-11.47	0.00
		VSDP LTD		0.00	0.00	0.00	0.00	5011170	0.00	6.08	-6.08	0.00
	Org Code Total			0.00	39.20	-39.20	0.00		0.00	153.09	-153.09	0.00
	30101	Employee Retirement DB	22051424	370.57	23,827.46	-23,456.89	0.00	5011110	1,002.02	78,329.93	-77,327.91	0.00
		Employee Retirement DB	22051448	0.00	0.00	0.00	0.00	5011110	0.00	0.00	0.00	0.00
		General Deduction	22051411	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00
		Group Term Life		0.00	0.00	0.00	0.00	5011140	154.42	11,902.74	-11,748.32	0.00
		Hybrid Retirement	22051448	175.01	14,337.32	-14,162.31	0.00	5011110	504.00	44,828.67	-44,324.67	0.00
		Retiree Health Credit		0.00	0.00	0.00	0.00	5011160	137.90	10,630.45	-10,492.55	0.00
		VSDP LTD		0.00	0.00	0.00	0.00	5011170	63.51	3,009.33	-2,945.82	0.00

Screenshot of the VRS Billing Amounts Not Reconciled section

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VRS Billed Amounts Not Reconciled

Billing Month :June 2024

See VRS Billing Details report for each Business Unit listed below for additional details.

Business Unit	VRS Org Code	(5011110) Retirement & Buyback	(5011140) Group Term Life	(5011160) Retiree Hlth Credit	(5011170) VSDP LTD
74900	70749	1,203.64	54.49	45.54	24.80