

TLC Data Sheet Overview

The Department of Human Resource Management (DHRM) collects employer information from the participants of The Local Choice (TLC) health care program for each Plan Year (PY). This information is maintained in Cardinal for use during Open Enrollment, for maintenance due to Life Events, and is communicated to the various participating Vendors. This information is also maintained for administrative purposes by the Office of Health Benefits (OHB). The information will be entered online by the TLC employers using the TLC Data Sheet.

This document explains where and how the TLC employers will enter the annual plan changes in Cardinal using the TLC Data Sheet.

If any updates are required for TLC Contacts, refer to the Job Aid titled **BN361_TLC Contacts_Locality**. This Job Aid is located on the Cardinal Website in **Job Aids** under **Learning**.

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Revision History

Revision Date	Summary of Changes
3/1/2025	Added the Cardinal Login steps. Updated the screenshots of the Search pages (<u>Section 1</u> ; after Step 5). Added reference information to the Overview of the Cardinal HCM Search Pages Job Aid.

Benefits Job Aid



_____ BN361_TLC Data Sheet_Locality

Updating an Existing TLC Plan using the TLC Data Sheet

Step	Action
1.	Log into Cardinal (my.cardinal.virginia.gov).
The Ca	r dinal Login page displays.
	<image/>
2.	Enter the Employee Username and Password in the Cardinal Username and Password field.
	 ▲ Cardinal Username Password
3.	Click the Sign In button.
	Sign In
The Po	rtal Welcome page displays.
	Cardinal Welcome!
	Cardinal Applications Cardinal Messages Begin Date [Message Human Capital Management (HCM) Support
	Cardinal Website VITA Customer Care Center Manage Your Acount CARE Monitor



Step	Action
4.	Click the Human Capital Management link.
	Human Capital Management (HCM)

The Cardinal Homepage displays.

© ♡ ®	Menu	u 🗸 Search in Menu		٩	
Cardinal Home	page ~	an fan de fa In fan de fan			
		5.			
	Cardinal Mess	age Board	Cardinal Portal	Benefits Ad	ministrator
	0			2	
	Message(s) publ	lished today		-	ff
	U Total active m	essage(s)			
		7.02			
	Payroll	Personal Details	Benefit Details	Total R	ewards
			0.		
	• 3 •				
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For more information pertaining to the Cardinal HCM Search pages, refer to the Job Aid titled "Overview of the Cardinal HCM Search Pages". This Job Aid is located on the Cardinal Website in **Job Aids** under **Learning**.

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Benefits Job Aid

Step	Action
6.	The Business Unit field defaults to "LOCAL" and cannot be changed.
	Enter or select the applicable TLC Group Number using the TLC Group Look Up icon (magnifying glass).
	Note: Only the TLC Groups that the user has security access to will display for selection.
	Business Unit LOCAL TLC Group begins with • Q
7.	Click the Search button.
	Search Clear
The TL	C Data Sheet page displays for the applicable TLC Group.
	TLC Data Sheet
	Business Unit LOCAL TLC Group 047004000
	Group Details Q View All
	Effective Date 07/01/2024 Effective Sequence 1
	Group Description Amherst County Service Authority
	Group Type Government
	Renewal Period July
	Waiting Period Days
	Total Employees Enrolled 26 Total Participation % 89.66 ACA Reporting: O Yes - Reporting Agreement on File

	Benefit Prog	ram	003	003 TLC 047004000 Ben Program			
Plar	Selection						
	Benefit Plan	Short Desc	Descriptio	n	Plan Type		
	003F01	003KAExpC	Key Adv Exp Comprehensive De	ent	Key Adv	+	-
2	2 003F02	003KAExpP	Key Adv Exp Preventive Dent		Key Adv	+	-
3	3 003R01	003KAExpC	Key Adv Exp Comprehensive De	ent	Key Adv	+	-
4	4 003R02	003KAExpP	Key Adv Exp Preventive Dent		Key Adv	+	-
4	5 003R16	003A65WDV	Advantage 65 + DV		Medicare	+	-



Step	Action
8.	Review/update the following fields displayed in the Group Details section as applicable:
	• Effective Date: When the TLC employer accesses Cardinal to update the data for an upcoming Plan Year, the effective date will be future dated. The Effective Date field is not editable by TLC employers
	 Note: For further information on effective dating, see the Job Aid titled HR351_Overview of Effective Dating. This Job Aid is found on the Cardinal website in Job Aids under Learning
	• Group Description : Description of the group for which data is being collected. This will generally refer to the primary TLC employer when multiple TLC employers are combined into a group. The Group Description field is not editable by TLC employers
	 Group Type: Each TLC group is categorized by OHB as "School", "Government", or "Government and School". The Group Type field is not editable by TLC employers
	 Renewal Period: Plan Year begin month – July (07/01 to 06/30) or October (10/01 to 09/30). The Renewal Period field is not editable by TLC employers
	• Waiting Period Days: The number of days an employee has to enroll in a health care plan upon hire (initial enrollment). To be compliant with the Affordable Care Act (ACA), this cannot be more than a 60 day waiting period. The Waiting Period Days field is not editable by TLC employers
	Total Employees Enrolled: Number of employees selecting coverage. Update as applicable
	 Total Employees Waived: Number of employees waiving coverage. Update as applicable
	 Total Participation %: A calculated value of Total Employees Enrolled to Total Employees (enrolled + waived). The Total Participation % determines the minimum employer contribution for each plan selected
	• Premium Averaging Used : Premium Averaging is an option to employers offering multiple plans (excluding the High Deductible Plan). Premium averaging will be determined by using the average Self Only Comprehensive dental premium for all included plans. Once the average premium has been determined, the minimum employer contribution is applied to all applicable plans
	 ACA Reporting: Use the radio button options in this section to indicate if ACA forms should be produced for your Group. If you are not participating, select the applicable reason (Opt Out or Partial year participant)
	 Benefit Program – Each TLC group is assigned a Benefit Program under which the chosen plans and rates are maintained. The Benefit Program field is not editable by TLC employers
i	Review the fields displayed in the Plan Selection section. Each year the new TLC Data Sheet will be populated with the Plan Selections chosen the year before.

Benefits Job Aid



Step	Action						
10.	To change F	Plan Sele	ctions, cho	ose the following options, as a	pplicable:		
			a New Ro	w (+) icon to insert a Benefit F	Plan		
	Olick						
	Click	the Dele	ete Row (-) Icon to delete a Benefit Plan			
	Plan	Selection Report Plan	Short Doog	Description	Plan Tuna		
	1	003F01	003KAExpC	Key Adv Exp Comprehensive Dent	Kev Adv		
	2	003F02	003KAExpP	Key Adv Exp Preventive Dent	Key Adv		
	3	003R01	003KAExpC	Key Adv Exp Comprehensive Dent	Key Adv	(\cdot)	
	4	003R02	003KAExpP	Key Adv Exp Preventive Dent	Key Adv	+ $-$	
	5	003R16	003A65WDV	Advanlage 65 + DV	Medicare	+	
			ete per set antipotes				
	Employer contributi	ions to HRA/HS/	A? (Required if a H	DHP option has been selected) O Yes O	No		J
i	Groups sele	cting plar plan. An	ns which of y desired o	ffer a comprehensive and a pre change for Medicare plans mus	eventative st be coorc	dental option m dinated through	iust OHB.
						4	
11.	HRA/HAS?	field mus	tealth Plar	i (HDHP) is selected, the Emp leted by selecting the Yes or N	loyer con lo radio bu	tributions to	e
	response to	this impa	acts the Mi	nimum Employer Contribution	(MEC) val	ues on the Prer	nium
	Rates page.	No sele	ection is ne	cessary if no HDHP is selected	d.		
	Plan	Selection		×			
		Benefit Plan	Short Desc	Description	Plan Type		
	1	003F01	003KAExpC	Key Adv Exp Comprehensive Dent	Key Adv	+ -	
	2	003F02	003KAExpP	Key Adv Exp Preventive Dent	Key Adv	+ -	
	3	003R01	003KAExpC	Key Adv Exp Comprehensive Dent	Key Adv	+ –	
	4	003R02	003KAExpP	Key Adv Exp Preventive Dent	Key Adv	+ -	
	5	003R16	003A65WDV	Advantage 65 + DV	Medicare	+ –	
	Employer contributi	ions to HRA/HSA	A? (Required if a H	DHP option has been selected) O Yes O	No		
12.	Scroll down	to the De	epartments	s section as needed.			
Depart	tments sectior	1:					
[Departments						ן ך
	■ Q			₫ _ ₫	1-1 of 1 🔻 🕨	▶ View All	
	Primary Flag	Departme	ent	Description	Rates Class	8	
	۲	047004000	Amherst	Co Service Auth	Rates Class	s 🕂 🗕	
l							



Step	Action					
1	The Departme employer taske to the Departm	nts represent ed with popul ents must be	t the individual TLC employers with ating the TLC Data Sheet will be me coordinated through OHB.	in the TL narked as	.C Group. Primary.	The TLC Any changes
13.	Click the Rates	s link for the o Department 047004000	Corresponding Department.	1-1 of 1 ✓ Rates Rates	Class +	View All

The **Premium Rates** page displays in a pop-up window.

		Pre	mium Rates			×
Department Effective Date	047004000 Amherst Co Servi 05/21/2021 Effective Sequer	ice Auth nce 1				Help
Open enrollme	ent dates					
*Begin 04	4/29/2019 *End 05/15/2019					
Premium Rates	S					
Premium Rates	S				I	107 🗸 🕨 🕅
Premium Rate:	s Description	Coverage Type	Employee Rate	Employer Rate	MEC Rate	107 V V
Premium Rate:	S Description Key Adv Exp Comprehensive Dent	EE Only	Employee Rate \$308.80	Employer Rate \$463.20	MEC Rate \$617.60	107 ∨ ► ► Total Rate \$772.00
Premium Rate:	S Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE+Spouse	Employee Rate \$308.80 \$571.20	Employer Rate \$463.20 \$856.80	MEC Rate \$617.60 \$617.60	107 - Image: 107 -
Premium Rate: Premium Rate: Benefit Plan 003F01 003F01 003F01	S	Coverage Type EE Only EE+Spouse EE+Child	Employee Rate \$308.80 \$571.20 \$571.20	Employer Rate \$463.20 \$856.80 \$856.80	Id 1-107 of 1 MEC Rate \$617.60 \$617.60 \$617.60 \$617.60 \$617.60	107 V V V Total Rate \$772.00 \$1428.00 \$1428.00
Premium Rate: Premium Rate: Benefit Plan 003F01 003F01 003F01 003F01 003F01	Description Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE+Spouse EE+Child Family	Employee Rate \$308.80 \$571.20 \$571.20 \$833.60	Employer Rate \$463.20 \$856.80 \$856.80 \$1250.40	MEC Rate \$617.60 \$617.60 \$617.60 \$617.60	107 ✓ ► ► Total Rate \$772.00 \$1428.00 \$1428.00 \$2084.00
Premium Rate: Premium Rate: Image: Constraint Plan 003F01 003F01 003F01 003F01 003F01 003F01 003F01	Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE+Spouse EE+Child EE+Child Family EE Only	Employee Rate \$308.80 \$571.20 \$571.20 \$833.60 \$302.40	Employer Rate \$463.20 \$856.80 \$856.80 \$1250.40 \$453.60	I 1-107 of 1 MEC Rate \$617.60 \$617.60 \$617.60 \$617.60 \$617.60 \$617.60 \$617.60 \$617.60 \$617.60	107 ▼ ► ► Total Rate \$772.00 \$1428.00 \$1428.00 \$2084.00 \$756.00

()

The **Premium Rates** page will display only rows for the Benefit Plans selected in the **Plan Selection** section. The **Total Rate** field reflects the total premium amount for the individual Benefit Plan and Coverage Type combination. The **Employer Rate** field must be entered for each Department even if the values are the same for all Departments. The Open Enrollment dates are displayed in the **Open enrollment dates** section at the top of the page. These dates are set by OHB.



Action						
Enter the plans list	e applicable employe	r rate amou	nts in the E	mployer Rate	e fields for al	l of the be
Premium Rate	S					
E, Q					I	07 🗸 🕨 🕅
Benefit Plan	Description	Coverage Type	Employee Rate	Employer Rate	MEC Rate	Total Rate
003F01	Key Adv Exp Comprehensive Dent	EE Only	\$308.80	\$463.20	\$617.60	\$772.00
003F01	Key Adv Exp Comprehensive Dent	EE+Spouse	\$571.20	\$856.80	\$617.60	\$1428.00
003F01	Key Adv Exp Comprehensive Dent	EE+Child	\$571.20	\$856.80	\$617.60	\$1428.00
003F01	Key Adv Exp Comprehensive Dent	Family	\$833.60	\$1250.40	\$617.60	\$2084.00
003E02	Key Adv Exp Preventive Dent	EE Only	\$302.40	\$453.60	\$604.80	\$756.00



The **Employee Rate** field will automatically be adjusted once the employer rate is entered (Employee Rate + Employer Rate = Total Rate). The **MEC Rate** field (Minimum Employer Contribution) displays the minimum amount for the employer rate. The **Employer Rate** field amount must be equal to or greater than the **MEC Rate** field amount.

The **Premium Rates** page will highlight the incorrect fields in red and will not let you save the rate amounts if the Employer Rate is less than the MEC Rate. Example of the **Premium Rates** page with an error:

		Pre	mium Rates			>
Department Effective Date	047004000 Amherst Co Servi 04/28/2021 Effective Sequer	ice Auth nce 1				Help
Open enrollm	ent dates					
*Begin 04	4/29/2019 *End 05/15/2019					
Premium Rates	S					
	S				I∢	107 ~)
Premium Rate E Q Benefit Plan	S Description	Coverage Type	Employee Rate	Employer Rate	MEC Rate	107 V V V
Benefit Plan	S Description Key Adv Exp Comprehensive Dent	Coverage Type EE Only	Employee Rate \$22.00	Employer Rate \$750.00	MEC Rate \$617.60	107 V V V Total Rate \$772.0
Premium Rate Q Benefit Plan 003F01 003F01	S Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE+Spouse	Employee Rate \$22.00 \$828.00	Employer Rate \$750.00 \$600.00	MEC Rate \$617.60 \$750.00	107 V V V Total Rate \$772.0 \$1428.0
Premium Rate	Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE+Spouse EE+Child	Employee Rate \$22.00 \$828.00 \$624.47	Employer Rate \$750.00 \$600.00 \$803.53	MEC Rate \$617.60 \$750.00	107 ✓ ► ► Total Rate \$772.00 \$1428.00 \$ 1428.00 \$
Premium Rate Imp Q Benefit Plan 003F01 003F01 003F01 003F01 003F01	Description Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE+Spouse EE+Child Family	Employee Rate Image: Comparison of the second	Employer Rate \$750.00 \$600.00 \$803.53 \$834.00	MEC Rate \$617.60 \$750.00 \$750.00	107 ∨ ► ► Total Rate \$772.0 \$1428.0 \$1428.0 \$1428.0 \$2084.0
Premium Rate Image: Constraint of the second sec	Description Key Adv Exp Comprehensive Dent Key Adv Exp Preventive Dent Key Adv Exp Preventive Dent	Coverage Type EE Only EE+Spouse EE+Child Family EE Only	Employee Rate \$22.00 \$828.00 \$624.47 \$1250.00 \$123.25	Employer Rate \$750.00 \$600.00 \$803.53 \$834.00 \$632.75	I 1-107 of 12 MEC Rate 1 \$617.60 2 \$750.00 2 \$750.00 2 \$750.00 2 \$604.80 2	107 ∨ ▶ ▶ Total Rate \$772.00 \$1428.00 \$1428.00 \$2084.00 \$2084.00

Example of the corrected **Premium Rates** page:

		Pre	mium Rates			
Department Effective Date	047004000 Amherst Co Serv 04/28/2021 Effective Seque	rice Auth nce 1				Help
Open enrollm	ent dates					
*Begin 0	4/29/2019 *End 05/15/2019					
Premium Rate	S					
Premium Rate	S				I∢	107 ~)
Premium Rate Q Benefit Plan	s Description	Coverage Type	Employee Rate	Employer Rate	MEC Rate	107 V V
Premium Rate Q Benefit Plan 003F01	S Description Key Adv Exp Comprehensive Dent	Coverage Type EE Only	Employee Rate \$22.00	Employer Rate	MEC Rate \$617.60	Total Rate \$772.0
Premium Rate Q Benefit Plan 003F01 003F01	Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE+Spouse	Employee Rate \$22.00 \$677.60	Employer Rate \$750.00 \$750.40	MEC Rate \$617.60 \$750.00	107 V V V Total Rate \$772.0 \$1428.0
Premium Rate Q Benefit Plan 003F01 003F01 003F01	Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE*Spouse EE+Child	Employee Rate \$22.00 \$677.60 \$624.47	Employer Rate \$750.00 \$750.40 \$803.53	MEC Rate \$617.60 \$750.00	Total Rate \$772.0 \$1428.0
Premium Rate Image: Constraint of the second sec	Description Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE+Spouse EE+Child Family	Employee Rate \$22.00 \$677.60 \$624.47 \$1250.00	Employer Rate \$750.00 \$750.40 \$803.53 \$803.63	MEC Rate 1-107 of 1 MEC Rate \$617.60 \$750.00 \$750.00 \$750.00 \$750.00	107 V V V Total Rate \$772.0 \$1428.0 \$1428.0 \$2084.0
Premium Rate Image: Constraint of the second sec	Description Key Adv Exp Comprehensive Dent Key Adv Exp Comprehensive Dent	Coverage Type EE Only EE+Spouse EE+Child EE+Child Family EE Only	Employee Rate \$22.00 \$677.60 \$624.47 \$1250.00 \$123.25	Employer Rate \$750.00 \$750.40 \$803.53 \$834.00 \$632.75	MEC Rate 1-107 of 1 MEC Rate 8617.60 \$750.00 \$750.00 \$750.00 \$750.00 \$5750.00 \$5604.80	107 ∨ ▶ ► Totel Rate \$772.0 \$1428.0 \$1428.0 \$2084.0 \$2084.0



Step	Action					
15.	Once all of the the page.	e employer ra	tes are entered with no errors, cli	ck the OK	K butto	n at the bottom of
16.	The TLC Data Scroll down as Departments Primary Flag	Sheet page needed and Department 047004000	redisplays. click the Class link within the De Description Amherst Co Service Auth	1-1 of 1 Rates Rates	Class	tion.

The **Employee Classification** page displays in a pop-up window.

				нер	
Сера	rtment 047004000 A	mherst Co Service Auth			
Effec	tive Date 05/21/2021 E	ffective Sequence 1			
mple	ovee Classifications				
B	Q	I		View All	
	Employee Classification	Billing Method			
1	COBRA Qual Ben - Disability	Direct Billing ~		•	
2	COBRA Qual Ben - Regular	Direct Billing ~		• •	
3	Early Retirees - Not Medicare	Direct Billing ~		•	
4	Full-Time Employee	Group Billing ~			
5	Medicare Retirees	Direct Billing ~] [+	•	
	OK Cancel				



Step	Action
17.	Use the corresponding Add a New Row icon (+) or Delete Row icon (-) to add or remove classes and update the Billing Method fields as needed.
	The only mandatory Employee Classification is "Full-Time Employee". For each Employee Classification, a billing method must be selected. The Billing Method options are "Direct Billing", "Group Billing", or "Third-Party Administrator".
	Employee Classification ×
	^{re} Department 047004000 Amherst Co Service Auth
	Effective Date 05/21/2021 Effective Sequence 1
	Employee Classifications
	Employee Classification Billing Method
	1 COBRA Qual Ben - Disability Direct Billing
	2 COBRA Qual Ben - Regular Direct Billing - + -
	3 Early Retirees - Not Medicare Direct Billing - + -
	4 Full-Time Employee Group Billing - + -
	5 Iviedicare Retirees Direct Billing
	OK Cancel
18.	Once all the required updates are made, click the OK button.
	OK Cancel



Step	Action
19.	The TLC Data Sheet page redisplays.
	Scroll down and complete the Annual Changes field. Use this field to list any changes that were made to Departments, covered employee types, and the plans offered. For example, if a plan was removed, use this field to relay what plan employees in the dropped plan have been enrolled into. If no changes were made, enter "No changes". This field is required.
	Annual Changes: Summarize the changes to departments, covered employee types and the plans offered. If there are no changes enter 'no changes'.
	Group cannot be certified until you click the Validata Data button to ensure all required data for Benefit Plan, Rates, and Class has been completed.
	Validate Data
20.	Click the Validate Data button to verify that all the information has been added correctly.
	Validate Data
A Confi	rmation message displays in a pop-up window.
	Benefit Plan, Rates, and Class validations were successful. You may now attempt to certify this group by clicking YES below. (0,0)
1	If any errors or missing information is found, a warning message will appear to let the user know what piece of information needs to be edited/fixed. If a message appears, take the necessary steps to fix the error before continuing.
21.	Click the OK button to close the Confirmation message.
	Benefit Plan, Rates, and Class validations were successful. You may now attempt to certify this group by clicking YES below. (0,0)



Step	Action
22.	The TLC Data Sheet page redisplays. Scroll down as needed and click the Yes radio button within the I certify the information is correct statement.
	Certifier Name Certification Date
23.	Click the Save button at the bottom of the page.
1	Once saved, the page refreshes and Certifier Name and Certification Date fields will automatically populate with the certifier's name and the current date.
24.	Once the data sheet is certified, run the TLC Data Sheet Report. This report provides a PDF version of the TLC Data Sheet. Refer to the Cardinal HCM Benefits Reports Catalog for additional information and the navigation path for this Report. This Reports Catalog is located on the Cardinal Website in Reports Catalogs under Resources . Refer to the Job Aid titled NAV225_Generating and HCM Report for the general steps used to generate an HCM Report. This Job Aid is located on the Cardinal Website in Job Aids under Learning .