

Health Benefits Eligibility & Enrollment System Guide for Administrators

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Prepared by
Office of Health Benefits
Department of Human Resource Management

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General Introduction

The Department of Human Resource Management (DHRM), Office of Health Benefits (OHB) provides and administers health benefits programs to agencies and political subdivisions of Virginia to assist them in recruiting and retaining employees. OHB is responsible for collecting, validating, and distributing eligibility and enrollment data to various data partners that complies with State and Federal regulations. This data exchange provides access to health benefits, authorizes claims payments, and files Affordable Care Act (ACA) reports on the behalf of employers, subscribers and covered family members in four programs. These programs include:

1. State Employee Program
2. State Retiree Program
3. Line of Duty Act (LODA) Program
4. Local Choice (TLC) Program.

The Benefits Eligibility System (BES) is the central, sole-source of all eligibility and enrollment information for all programs managed by OHB. There are four major components:

1. BES, a secure, transaction-based eligibility and enrollment database
2. Health Benefits Direct which is a secure, web-based self-service tool for participating employers
3. HIPAA-compliant reporting for data partners including employers and third-party plan administrators
4. ACA 1094 and 1095 employer reporting with IRS for participating employers and their subscribers

Records in BES are displayed using a transaction code with a participant's identification number, SSN, or name. Approved records are created and stacked by effective date making them old, current, or in suspense. The newest record is at the top of the stack and the oldest is at the bottom. Suspense records take effect at a future date and must be removed to create an earlier record.

Records are created or changed using a transaction and reason code with a participant's identification number or SSN. These transactions require an event date and a receive date and should be keyed within 5-7 business days of the receive date and before the effective date to avoid coverage issues. Successful transactions automatically create BES Turnaround documents and get placed on the vendor's file.

BES creates eligibility files for the health care plan vendors daily. Successful transactions are sent to the vendor based on their effective date. Transactions for the first of the following month are sent beginning on the 4th of the current month. Retroactive effective dates are available to the vendor the next business date after entered in BES. For example, transactions effective June 1 begin to release to the vendor on May 4 and daily thereafter. A transaction for June 1, keyed on June 10th will be released to the vendor on the following business day.

BES creates the flex accounts file for the plan vendor weekly on Friday. Successful transactions are sent on the next scheduled file following their key date. For example, a transaction keyed on May 11 and effective June 1 will be sent on the Friday following May 11.

BES also creates various group reports and posts them to the group's HuRMan folder. HuRMan is the secure Web Portal provided to groups by DHRM-ITech. Designated group contacts have access to these reports. A description of the most frequently-used reports is included in the guide. It is important that groups always:

1. Review and reconcile BES reports.
2. Set-up accurate payroll deductions.
3. Issue mandatory notices.
4. Keep good records. Supporting documentation for all BES actions is subject to audit by OHB.

Health Benefits Direct (HBD) is used by State and TLC participating employers for the ACA Certification, the Group Data Sheet used for group set-up and renewals, and the on-line Open Enrollments. HBD interfaces with BES for each of these applications. HBD's security is provided by SecurePass for participating employers and by EmployeeDirect for their participants.

The Health Benefits Systems Guide is intended to help benefits administrators manage BES records. It is updated annually with mid-year changes distributed by E-News. Send the [Request for Assistance Form](#) with a copy of the screen to OHB when an error cannot be corrected.

Contacts for Help	Email	Phone	Fax
DHRM – ITECH – EmployeeDirect	Support@dhrm.virginia.gov		
DHRM – ITECH -- HuRMan	IHelp@dhrm.virginia.gov		
DHRM – ITECH – SecurePass	Support@dhrm.virginia.gov		
DHRM – Office of Health Benefits	OHB@dhrm.virginia.gov	804-225-3642 or 888-642-4414	804-371-0231
DHRM -- LODA	LODA@dhrm.virginia.gov	804-225-3642 or 888-642-4414	804-371-0231
DHRM -- TLC	TLC@dhrm.virginia.gov	804-225-3642 or 888-642-4414	804-786-1708
VITA Service Desk	vccc@vita.virginia.gov	Phone: 866-637-8482	

Programs, Record Managers and Group IDs

State Employee Program	Group ID	Status (Classification)	Premium Method
<i>Managed by State Agencies</i>			
State Employees	(090-999)-(001-999)-000 <i>Pay Codes</i>	PQ PF PP PE NQ NF NP NE 12 18 19 20 24	06 06
State Retiree Program	Group ID	Status (Classification)	Premium Method
<i>Managed by Office of Health Benefits</i>			
COBRA - Regular	006-005-000	X	09* 02
COBRA - Disability	006-008-000	XD	09* 02
Non-Annuitant Survivors	006-006-000	SC SS EX	02
OHB Approved Participants	006-003-000	D R LC LS SC SS	02* 03 04
<i>Managed by VRS</i>			
VRS Service Retirees & Annuitant Survivors	005-001-000	R LC LS SC SS EX	03* 02
VRS Disability Retirees	005-002-000	R LC LS EX	03* 02
VSDP Long-Term Disability (LTD) Employees	005-004-000	D LC LS EX	02* 08
<i>Managed by Last Employer</i>			
ORP Retirees	007-008-000	R LC LS EX	02
ORP Long-Term Disability (LTD) Employees	007-004-000	D LC LS EX	02* 08
Grandfathered Local Retirees	007-007-000	R LC LS EX	02
VCCS Early Retirees	007-005-000	R LC LS	08
Line of Duty Act (LODA) Program	Group ID	Status (Classification)	Premium Method
<i>Managed by Office of Health Benefits</i>			
Line of Duty Act (LODA) Beneficiaries	006-004-000	AL BL CL DL EL FL AG BG CG DG EG FG	10* 11 10* 11
Local Choice (TLC) Program	Group ID	Status (Classification)	Premium Method
<i>Managed by Office of Health Benefits</i>			
TLC Government Groups	047-(001-999)-(000-999)	TF TP EX X XD	06 06* 02
TLC School Groups	048-(001-999)-(000-999)	R LC LS SC SS TF TP EX X XD R LC LS SC SS	06* 02 06 06* 02 06* 02

* Indicates the default premium method

State Employee Program – Frequently-used BES Codes – Page 1 of 2

Group Codes	Group ID	Status (Classification)	Premium Method
Managed by State Agencies State Employees	(Agy-Grp-Sub) (090-999)-(001-999)-000	PQ PF PP PE NQ NF NP NE	06 06

Participant Codes	BES	DB	Description
Status – Non-PMIS Employees (Classification)	NE	45	Excluded from health care - penalty
	NF	01	Full-time 40 hours
	NP	43	Part-time 20-29 hours
	NQ	41	Full-time 30-39 hours
Status – PMIS Employees (Classification)	PE	44	Excluded from health care - penalty
	PF	00	Full-time 40 hours
	PP	42	Part-time 20-29 hours
	PQ	40	Full-time 30-39 hours
Health Care Medicare Indicator	N	0	Not Applicable
Health Care Memberships	DM	3	Self + Child
	DS	4	Self + Spouse
	F	1	Self + Family
	S	0	Self Only
	W	5	Waived coverage
Health Care Plans	ACC0	42	COVA Care + preventive dental
	ACC1	43	COVA Care + preventive dental + out-of-network
	ACC2	44	COVA Care + expanded dental
	ACC3	45	COVA Care + expanded dental + out-of-network
	ACC4	46	COVA Care + expanded dental + vision & hearing
	ACC5	47	COVA Care + expanded dental + out-of-network + vision & hearing
	CHA	101	COVA HealthAware + preventive dental
	CHA1	102	COVA HealthAware + expanded dental & vision
	CHA2	103	COVA HealthAware + expanded dental
	CHD	50	COVA High Deductible Plan + preventive dental
	CHD1	105	COVA High Deductible Plan + expanded dental
	KP	06	Kaiser HMO
	TRC	110	TRICARE
W	00	Waived coverage	
Pay Codes	12	12	12 pay periods beginning in July
	18	18	18 pay periods beginning in August
	19	19	18 pay periods beginning in September
	20	20	20 pay periods beginning in September
	24	24	24 pay periods beginning in July
Premium Methods	06	06	Group Bill – Agency

Dependent Codes	BES	DB	Description
Disability Indicator	E	03	Even Year Certification
	N	00	Not Disabled
	O	04	Odd Year Certification
	P	02	Certification Not Required
Medicare Indicator	E	7	Not Eligible for Medicare by Exemption
	N	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Relationship Indicator	D	20	Daughter
	OF	98	Other female child
	OM	97	Other male child
	S	10	Son
	SD	21	Step-daughter
	SF	02	Spouse-female
	SM	01	Spouse-male
	SS	11	Step-son

State Employee Program – Frequently-used BES Codes – Page 2 of 2

Leave Codes & Rules			
Layoff and Temporary Work Force Reduction			
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:
20	Placement Only	12 months	LV Begin Date; LWP supersedes
21	Severance & Placement	12 months	LV Begin Date + 12 months
22	Severance & Retirement	12 months	LV Begin Date + 12 months
23	Severance Only	12 months	LV Begin Date + 12 months
24	TWFR--Reduced Hours	12 months	LV Begin Date + 12 months
25	TWFR--Unpaid	12 months	LV Begin Date + 12 months
Leave with Full Pay			
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:
40	Bone Marrow	1 month	NA
02	Educational	24 months	NA
42	Medical	24 months; 480 hours /FMLA	NA
43	Military	4 months	NA
06	Mobility Leave	12 months	NA
44	Personal	4 months; 12 weeks/FMLA	NA
45	Pre-Disciplinary	80 hours	NA
46	Pre-Layoff Leave	80 hours	NA
47	Suspension	4 months	NA
48	Workers Compensation	12 months	NA
Leave with Partial Pay			
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:
30	Educational	24 months	LV End Date not to exceed 24 months
31	Medical	24 months; 12 weeks/FMLA	LV End Date not to exceed 24 months
32	Personal with FMLA	12 weeks	LV End Date
33	Workers Compensation	12 months	LV End Date
Leave Without Pay			
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:
17	Educational	24 months	LV End Date not to exceed 24 months
18	Medical	12 months*; 12 weeks/FMLA	LV End Date not to exceed 12 months
05	Military	60 months	LV Begin Date + 24 months; Layoff supersedes;
09	Personal	12 months*; 12 weeks/FMLA	LV Begin Date + 6 months
16	Suspension: Pending Investigation	12 months	LV End Date
03	Suspension: Standards of Conduct Violation	12 months	LV End Date
19	Workers Compensation	12 months	LV End Date
Long-Term Disability (LTD)			
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:
11	No Workers Compensation	Indefinite, 18-month increments 12 weeks/FMLA	LV Begin Date; Layoff supersedes LV End Date
13	Workers Compensation	Indefinite, 18-month increments 12 weeks/FMLA	LV Begin Date; Layoff supersedes LV End Date
Short-Term Disability (STD)			
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:
10	No Workers Compensation	125 work days, 180-182 calendar days; 12 weeks/FMLA	STD Begin Date + 6 months STD Begin Date + 6 months
12	Workers Compensation	125 work days, 180-182 calendar days; 12 weeks/FMLA	STD Begin Date + 6 months STD Begin Date + 6 months
Working Long-Term Disability (LTD)			
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:
14	No Workers Compensation	Indefinite, 12-month increments	NA
15	Workers Compensation	Indefinite, 12-month increments	NA

*24 months on exception

State Retiree Program – Frequently-used BES Codes – Page 1 of 2

Group Codes	Group ID	Status (Classification)	Premium Method
<i>Managed by Office of Health Benefits</i>	(Agy-Grp-Sub)		
Extended Coverage /COBRA Regular	006-005-000	X	09* 02
Extended Coverage /COBRA Disability	006-008-000	XD	09* 02
Non-Annuitant Survivors	006-006-000	SC SS EX	02
OHB Approved Participants	006-003-000	D R LC LS SC SS	02* 03 04
<i>Managed by Virginia Retirement System-VRS</i>			
VRS Service Retirees & Annuitant Survivors	005-001-000	R LC LS SC SS EX	03* 02
VRS Disability Retirees	005-002-000	R LC LS EX	03* 02
VSDP Long-Term Disability (LTD) Employees	005-004-000	D LC LS EX	02* 08
<i>Managed by Last Employer</i>			
ORP Retirees	007-008-000	R LC LS EX	02
ORP Long-Term Disability (LTD) Employees	007-004-000	D LC LS EX	02* 08
Grandfathered Local Retirees	007-007-000	R LC LS EX	02
VCCS Early Retirees	007-005-000	R LC LS	08

* Indicates the default premium method

Participant Codes	BES	DB	Description
Status (Classification)	D	27	LTD Employee
	EX	25	Excluded from health care - penalty
	LC	32	Split Contract – Linked Child
	LS	31	Split Contract –Linked Spouse
	R	02	Retiree
	SC	33	Surviving Child
	SS	34	Surviving Spouse
	X	04	Extended Coverage (COBRA) - Regular
	XD	56	Extended Coverage (COBRA) - Disability
Health Care Medicare Indicator	E	7	Exempt from Medicare-Not Eligible
	N	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Health Care Memberships	DM	3	Self + Child
	DS	4	Self + Spouse
	F	1	Self + Family
	S	0	Self Only
	W	5	Waived coverage
Health Care Plans for those NOT eligible for Medicare	ACC0	42	COVA Care + preventive dental
	ACC1	43	COVA Care + preventive dental + out-of-network
	ACC2	44	COVA Care + expanded dental
	ACC3	45	COVA Care + expanded dental + out-of-network
	ACC4	46	COVA Care + expanded dental + vision & hearing
	ACC5	47	COVA Care + expanded dental + out-of-network + vision & hearing
	CHA	101	COVA HealthAware + preventive dental
	CHA1	102	COVA HealthAware + expanded dental & vision
	CHA2	103	COVA HealthAware + expanded dental
	CHD	50	COVA High Deductible Plan + preventive dental
	CHD1	105	COVA High Deductible Plan + expanded dental
	KP	06	Kaiser HMO
	TRC	110	TRICARE
	W	00	Waived coverage
Health Care Plans for those eligible for Medicare (no low-income subsidy)	65DV	37	Advantage 65 + RX + dental & vision
	65MO	48	Advantage 65 – no RX
	A65	27	Advantage 65 + RX
	B2	03	Option II – no dental & vision
	B2DV	36	Option II + dental & vision
	MODV	49	Advantage 65 – no RX + dental vision
	W	00	Waived coverage

State Retiree Program – Frequently-used BES Codes – Page 2 of 2

Participant Codes continued	BES	DB	Description
Health Care Plans for those eligible for Medicare (with low-income subsidy)	65D1	91	Advantage 65 + RX + dental & vision – low-income subsidy 1
	65D2	92	Advantage 65 + RX + dental & vision – low-income subsidy 2
	65D3	93	Advantage 65 + RX + dental & vision – low-income subsidy 3
	65D4	94	Advantage 65 + RX + dental & vision – low-income subsidy 4
	65D5	95	Advantage 65 + RX + dental & vision – low-income subsidy 5
	65D6	96	Advantage 65 + RX + dental & vision – low-income subsidy 6
	65D7	97	Advantage 65 + RX + dental & vision – low-income subsidy 7
	65D8	98	Advantage 65 + RX + dental & vision – low-income subsidy 8
	65D9	99	Advantage 65 + RX + dental & vision – low-income subsidy 9
	A651	51	Advantage 65 + RX – low-income subsidy 1
	A652	52	Advantage 65 + RX – low-income subsidy 2
	A653	53	Advantage 65 + RX – low-income subsidy 3
	A654	54	Advantage 65 + RX – low-income subsidy 4
	A655	55	Advantage 65 + RX – low-income subsidy 5
	A656	56	Advantage 65 + RX – low-income subsidy 6
	A657	57	Advantage 65 + RX – low-income subsidy 7
	A658	58	Advantage 65 + RX – low-income subsidy 8
	A659	59	Advantage 65 + RX – low-income subsidy 9
	B21	71	Option II – no dental & vision – low-income subsidy 1
	B22	72	Option II – no dental & vision – low-income subsidy 2
	B23	73	Option II – no dental & vision – low-income subsidy 3
	B24	74	Option II – no dental & vision – low-income subsidy 4
	B25	75	Option II – no dental & vision – low-income subsidy 5
	B26	76	Option II – no dental & vision – low-income subsidy 6
	B27	77	Option II – no dental & vision – low-income subsidy 7
	B28	78	Option II – no dental & vision – low-income subsidy 8
	B29	79	Option II – no dental & vision – low-income subsidy 9
	B2D1	81	Option II + dental & vision – low-income subsidy 1
	B2D2	82	Option II + dental & vision – low-income subsidy 2
	B2D3	83	Option II + dental & vision – low-income subsidy 3
B2D4	84	Option II + dental & vision – low-income subsidy 4	
B2D5	85	Option II + dental & vision – low-income subsidy 5	
B2D6	86	Option II + dental & vision – low-income subsidy 6	
B2D7	87	Option II + dental & vision – low-income subsidy 7	
B2D8	88	Option II + dental & vision – low-income subsidy 8	
B2D9	89	Option II + dental & vision – low-income subsidy 9	
Premium Methods	02	02	Direct Bill Subscriber
	03	03	Group Bill - VRS
	04	04	Agreement with OHB
	08	08	Agreement with Last Group
	09	09	Pending Payment

Dependent Codes	BES	DB	Description
Disability Indicator	E	03	Even Year Certification
	N	00	Not Disabled
	O	04	Odd Year Certification
	P	02	Certification Not Required
Medicare Indicator	E	7	Not Eligible for Medicare by Exemption
	N	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Relationship Indicator	D	20	Daughter
	OF	98	Other female child
	OM	97	Other male child
	S	10	Son
	SD	21	Step-daughter
	SF	02	Spouse-female
	SM	01	Spouse-male
SS	11	Step-son	

Line of Duty Act (LODA) – Frequently-used BES Codes – Page 1 of 1

Group Codes	Group ID	Status (Classification)	Premium Method
Managed by DHRM-OHB Line of Duty Act (LODA) Beneficiaries	(Agy-Grp-Sub) 006-004-000	AL BL CL DL EL FL AG BG CG DG EG FG	10* 11 10* 11

* Indicates the default premium method

Participant Codes	BES	DB	Description
Status (Classification)	AG BG CG DG EG FG AL BL CL DL EL FL	63 64 65 66 67 68 57 58 59 60 61 62	Grandfathered Original Subscriber Grandfathered Original Subscriber with Workers Compensation Grandfathered Surviving Spouse Grandfathered Surviving Child Grandfathered Spouse Grandfathered Child Original Subscriber Original Subscriber with Workers Compensation Surviving Spouse Surviving Child Spouse Child
Health Care Medicare Indicator	E N Y	7 0 6	Exempt from Medicare-Not Eligible NOT Eligible for Medicare Eligible for Medicare
Health Care Memberships	DM DS F S	3 4 1 0	Self + Child Self + Spouse Self + Family Self Only
Health Care Plans for those NOT eligible for Medicare	LOD1 LOD2	127 128	LOD1 – Former Employment LOD2 – Current Employment
Health Care Plans for those eligible for Medicare	LOD3	129	LOD3 – Medicare Primary
Premium Methods	10 11	10 11	VRS Participating Employer Non-Participating Employer

Dependent Codes	BES	DB	Description
Disability Indicator	E N O P	03 00 04 02	Even Year Certification Not Disabled Odd Year Certification Certification Not Required
Medicare Indicator	E N Y	7 0 6	NOT Eligible for Medicare by Exemption NOT Eligible for Medicare Eligible for Medicare
Relationship Indicator	D OF OM S SD SF SM SS	20 98 97 10 21 02 01 11	Daughter Other female child Other male child Son Step-daughter Spouse-female Spouse-male Step-son

Local Choice (TLC) – Frequently-used BES Codes – Page 1 of 2

Group Codes	Group ID	Status (Classification)	Premium Method
Managed by DHRM-OHB TLC Government Groups	(Agy-Grp-Sub) 047-(001-999)-(000-999)	TF TP EX X XD	06 06* 02
	TLC School Groups	048-(001-999)-(000-999)	R LC LS SC SS
TF TP EX			06
X XD			06* 02
R LC LS SC SS			06* 02

* Indicates the default premium method

Participant Codes	BES	DB	Description
Status (Classification)	EX	25	Excluded from health care - penalty
	LC	32	Split Contract – Linked Child
	LS	31	Split Contract –Linked Spouse
	R	02	Retiree
	SC	33	Surviving Child
	SS	34	Surviving Spouse
	TF	50	Full-time Employees
	TP	52	Part-time Employees
	X	04	COBRA - Regular
	XD	56	COBRA - Disability
Health Care Medicare Indicator	E	7	Exempt from Medicare-Not Eligible
	N	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Health Care Memberships	DM	3	Self + Child
	DS	4	Self + Spouse
	F	1	Self + Family
	S	0	Self Only
	W	5	Waived coverage
Health Care Plans for those NOT eligible for Medicare	HD2	106	HDP without HSA/HRA funding + comprehensive dental
	HD2D	126	HDP without HSA/HRA funding + preventive dental
	HD3	124	HDP with HSA/HRA funding + comprehensive dental
	HD3D	125	HDP with HSA/HRA funding + preventive dental
	KA1	117	Key Advantage 250 + comprehensive dental
	KA1D	121	Key Advantage 250 + preventive dental
	KA2	118	Key Advantage 500 + comprehensive dental
	KA2D	122	Key Advantage 500 + preventive dental
	KA3	119	Key Advantage 1000 + comprehensive dental
	KA3D	123	Key Advantage 1000 + preventive dental
	KAX	40	Key Advantage Expanded + comprehensive dental
	KAXD	120	Key Advantage Expanded + preventive dental
	KP1	107	Kaiser
W	00	Waived coverage	
Health Care Plans for those eligible for Medicare	1A65	108	Advantage 65
	2A65	109	Advantage 65 + Dental & Vision
	OPT1	111	Option I
	W	00	Waived coverage
Premium Methods	02	02	Direct Bill Subscriber
	06	06	Group Bill (and TPA)

Local Choice (TLC) – Frequently-used BES Codes – Page 2 of 2

Dependent Codes	BES	DB	Description
Disability Indicator	E	03	Even Year Certification
	N	00	Not Disabled
	O	04	Odd Year Certification
	P	02	Certification Not Required
Medicare Indicator	E	7	Not Eligible for Medicare by Exemption
	N	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Relationship Indicator	D	20	Daughter
	OF	98	Other female child
	OM	97	Other male child
	S	10	Son
	SD	21	Step-daughter
	SF	02	Spouse-female
	SM	01	Spouse-male
	SS	11	Step-son

Transactions & Reason Codes – Page 1 of 2

Transactions That Display Data	Health Care	Flex Acct	Reason Code
Flex Accounts – Plan Year Snapshot	NA	PSB306	NA
Health Care Coverage – Calendar Year Snapshot	PSB308	NA	NA
Help Screens	PSBHLP	NA	NA
Leave Expire Report	PSL002	NA	NA
Participant Data As of [Date]	PSB305	NA	NA
Participant / Dependent Name Scroll	PSB015	NA	NA
Participant History	PSB309	NA	NA
PMIS/BES Broadcast Screen	PMIS	NA	NA
Premium Reward History	PSBREW	NA	NA
Transactions Available To BES	BENEFIT	NA	NA

Transactions & Reason Codes That Update Data	Health Care	Flex Acct	Reason Code
Create Newly-Eligible Non-PMIS Record**	PSB000		
Delete Suspense Record	PSB117		
Enroll, Change, or Waive Elections	PSB301	PSB200	See below
Add Dependent to Existing Family Coverage	PSB301	NA	19
Initial Enrollment	PSB301	PSB200	01
Open Enrollment	PSB301	PSB200	56
Post Open Enrollment	PSB301	PSB200	47
Qualifying Mid-Year Event (QME)			
Birth or Adoption	PSB301	PSB200	15
Child Covered under your Plan Lost Eligibility	PSB301	PSB200	38
Death of Child	PSB301	PSB200	17
Death of Spouse	PSB301	PSB200	08
Dependent Care Cost or Coverage Change	NA	PSB200	61
Divorce	PSB301	PSB200	10
Employment Change: Full-time to Part-time	PSB301	PSB200	77
Employment Change: Part-time to Full-time	PSB301	NA	78
Employment Change: Unpaid Leave Begins	PSB301	PSB200	49
Employment Change: Unpaid Leave Ends	PSB301	PSB200	50
Gained Eligibility under Medicare or Medicaid	PSB301	PSB200	66
HIPAA Special Enrollment-Loss of Coverage	PSB301	NA	70
Judgment, Decree, or Order to Add Child	PSB301	PSB200	71
Judgment, Decree, or Order to Remove Child	PSB301	PSB200	67
Lost Eligibility under Governmental Plan	PSB301	NA	76
Lost Eligibility under Medicare or Medicaid	PSB301	PSB200	09
Marriage	PSB301	PSB200	07
Move Affecting Eligibility for Health Plan	PSB301	NA	05
Other Employer's Open Enrollment or Plan Change	PSB301	NA	62
Spouse or Child Gained Eligibility under Their Employer	PSB301	PSB200	28
Spouse or Child Lost Eligibility under Their Employer	PSB301	PSB200	13
Remove Dependent – Unspecified Reason*	PSB301	NA	18
Split Contract: (initial transfer of coverage)			
1. Original Participant	PSB109	NA	45, 54, 48, or 73
2. Dependent (Link)	PSB109	NA	53
Split Contract: (after initial transfer of coverage)			
1. Original Participant	PSB301	NA	66
2. Dependent (Link)	PSB109	NA	53
Switch Medicare Plan*	PSB301	NA	03
Update Medicare MBI Number	PSB111	NA	NA
Update Premium Method*	PSB301	NA	06
Update Qualified Medical Child Support Order - Use child's SSN	PSB355	NA	NA
Waive as Participant and Enroll as Dependent on State Plan			
1. Participant waiving coverage	PSB301	NA	69
2. Participant adding dependent	PSB301	NA	13
Waive for Failure to Pay Premium While on LWOP	PSB301	NA	79
Handle Pending Record	PSBPEN	NA	NA
Manage Non-PMIS Employee's Leave Status**	PSB003	NA	
Remove A BES Term Date / Reinstate Coverage**	PSB116	NA	

Transactions & Reason Codes – Page 1 of 2

Terminate a BES Record			
Employee Death	PSB301	NA	65
No Longer Eligible	PSB301	NA	27
Participant Death*	PSB301	NA	29
Participant Request*	PSB301	NA	41
Premium Not Paid*	PSB301	NA	68
Transfer Between State Agencies			
Transfer Full-Time to Part-Time			
Transfer Part-Time to Full-Time			
Transfer to COBRA Coverage	PSB109,PSB301	NA	45
Transfer to LTD Coverage	PSB109,PSB301	NA	54
Transfer to Retiree Coverage	PSB109,PSB301		48
Transfer to Survivor Coverage	PSB109,PSB301	NA	73
Update A Group's Contact Information – required for each Group ID	PSB100	NA	NA
Update Enrolled Dependent's Personal Information	PSB301	NA	57
Update Participant's Personal Information - Address, Phone or Email	PSB301	NA	37
Update Participant's Personal Information - Address on Termed Record	PSB302	NA	NA
Update Participant's Personal Information - Name, Date of Birth, Gender	PSB000	NA	NA

*Not use for employees.

**Used for Non-PMIS employees only; PMIS employees are updated by the PMIS transaction.

Reason Code Rules for Flex Accounts

Reason Code Description	RC	Event Date	Dependent Care				Health Care				Effective Date	
			Enroll	Increase	Reduce	Cancel	Enroll	Increase	Reduce	Cancel		
Add Dependent to Existing Family Coverage	19	Date Received	-	-	-	-	-	-	-	-	-	-
Birth or Adoption	15	Birth/Adoption Date	E	I	-	-	*E	I	OHB	OHB	Rule 3	
Child Covered under your Plan Lost Eligibility	38	Last Date Covered	-	-	R	C	-	I	R	-	Rule 3	
Death of Child	17	Date of Death	-	-	R	C	-	-	R	C	Rule 3	
Death of Spouse	08	Date of Death	E	I	R	C	*E	I	R	C	Rule 3	
Dependent Care Cost or Coverage Change	61	Date Change Effective	E	I	R	C	-	-	-	-	Rule 3	
Divorce	10	Date Judge Signed	E	I	R	C	*E	I	R	C	Rule 3	
Employment Change: Full-time to Part-time	77	Last Date as FT	-	-	R	C	-	-	-	-	Rule 2	
Employment Change: Part-time to Full-time	78	Last Date as PT	-	-	-	-	-	-	-	-	-	
Employment Change: Unpaid Leave Begins	49	First Date of Leave	-	-	R	C	-	-	R	C	Rule 3	
Employment Change: Unpaid Leave Ends	50	First Date of RTW	E	I	-	-	*E	I	-	-	Rule 3	
Gained Eligibility under Medicare or Medicaid	66	First Date Covered	-	-	-	-	-	I	R	C	Rule 3	
HIPAA Special Enrollment Loss of Coverage	70	Last Date Covered	-	-	-	-	-	-	-	-	-	
Initial Enrollment	01	Hire Date	E	-	-	-	*E	-	-	-	Rule 2	
Judgment, Decree, or Order to Add Child	71	Date Received	-	-	-	-	*E	I	-	-	Rule 3	
Judgment, Decree, or Order to Remove Child	67	Date Received	-	-	-	-	-	-	R	-	Rule 3	
Lost Eligibility under Governmental Plan	76	Last Date Covered	-	-	-	-	-	-	-	-	-	
Lost Eligibility under Medicare or Medicaid	09	Last Date Covered	-	-	-	-	*E	I	R	C	Rule 3	
Marriage	07	Date of Marriage	E	I	R	C	*E	I	R	-	Rule 3	
Move Affecting Eligibility for Health Plan	05	Date Change Effective	-	-	-	-	-	-	-	-	Rule 3	
Open Enrollment	56	Date Received	E	-	-	-	*E	-	-	-	Rule 4	
Other Employer's Open Enrollment or Plan Change	62	Date Change Effective	-	-	-	-	-	-	-	-	Rule 3	
Post Open Enrollment	47	Date Received	E	-	-	-	*E	-	-	-	Rule 4	
Spouse or Child Gained Eligibility under Their Employer's Plan	28	First Date Covered	E	I	R	C	-	-	R	C	Rule 3	
Spouse or Child Lost Eligibility under Their Employer's Plan	13	Last Date Covered	E	I	R	C	*E	I	-	-	Rule 3	
Waive: LWOP & Non-Pay	79	Paid to Date	-	-	R	C	-	-	R	C	Rule 2	

*Issue Notice of Extended Coverage Rights and Employee/Retiree Privacy Notice of Creditable Coverage Codes: E=Enroll in FSA, I=Increase FSA Amount, R=Reduce FSA Amount (Amount >0), C=Cancel (Amount =0)

Effective Date Rules	
Rule 2	Changes are effective the first of the month following the event. When the event date for Initial Enrollment (reason code 01) is the first of the month, changes are effective that day.
Rule 3	Changes are effective the first of the month following receipt of the request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
Rule 4	Elections are effective July 1 following the Open Enrollment period.

Reason Code Rules for Health Care – Page 1 of 2

Reason Code Title	RC	Event Date	Enroll in Health Plan	Change Health Plan	Waive Health Plan	Add Child	Add Spouse	Remove Child	Remove Spouse	Terminate BES Record	Effective Date	Notices Etc.
Add Dependent to Existing Family Coverage	19	Date Received	-	-	-	Y	Y	-	-	-	Rule 3	2
Birth or Adoption	15	Date of Birth or Adoption	M	M	-	Y	Y	O	O	-	Rule 1	1,2,3
Child Covered under your Plan Lost Eligibility	38	Last Date Covered	-	-	-	-	-	Y	-	-	Rule 2	1,3,4
Death of Child	17	Date of Death	-	M	-	-	-	Y	-	-	Rule 2	1
Death of Spouse	08	Date of Death	M	M	-	Y	-	-	Y	-	Rule 2	1
Dependent Care Cost or Coverage Change	61	Date Change Effective	-	-	-	-	-	-	-	-	-	-
Divorce	10	Date Judge Signed	-	M	-	-	-	Y1	Y1	-	Rule 2	1,3,4
Employment Change: Full-time to Part-time	77	Last Date as FT	Y	-	Y	Y2	Y2	-	-	-	Rule 2	1,2,3
Employment Change: Part-time to Full-time	78	Last Date as PT	Y	Y	-	Y	Y	-	-	-	Rule 3	1,2
Employment Change: Unpaid Leave Begins	49	First Date of Leave	-	-	Y	-	-	Y	Y	-	Rule 3	3,4
Employment Change: Unpaid Leave Ends	50	First Date of RTW	Y	Y	-	Y	Y	-	-	-	Rule 3	1,2
Gained Eligibility under Medicare or Medicaid	66	First Date Covered	-	M	O	-	-	Y	Y	-	Rule 3	1,3
HIPAA Special Enrollment Loss of Coverage	70	Last Date Covered	M	M	-	Y	Y	-	-	-	Rule 3	1,2
Initial Enrollment	01	Hire Date	Y	-	Y	Y	Y	-	-	-	Rule 2	1,2
Judgment, Decree, or Order to Add Child	71	Date Received	M	M	-	Y	-	-	-	-	Rule 3	1
Judgment, Decree, or Order to Remove Child	67	Date Received	-	M	-	-	-	Y	-	-	Rule 3	1,3
Lost Eligibility under Governmental Plan	76	Last Date Covered	M	M	-	Y	Y	-	-	-	Rule 3	1,2
Lost Eligibility under Medicare or Medicaid	09	Last Date Covered	M	M	-	Y	Y	-	-	-	Rule 3	1,2
Marriage	07	Date of Marriage	M	M	O	Y	Y	-	-	-	Rule 3	1,2,3
Move Affecting Eligibility for Health Plan	05	Date Change Effective	Y	Y	-	Y	Y	O	O	-	Rule 3	1,2,3
Open Enrollment	56	Date Received	Y	Y	Y	Y	Y	Y	Y	-	Rule 4	1,2,3
Other Employer's Open Enroll / Plan Change	62	Date Change Effective	Y	Y	Y	Y	Y	Y	Y	-	Rule 3	1,2,3
Post Open Enrollment	47	Date Received	Y	Y	Y	Y	Y	Y	Y	-	Rule 4	1,2,3
Remove Dependent – Unspecified Reason*	18	Date Received	-	-	-	-	-	Y	Y	-	Rule 3	3,4
Spouse or Child Gained Eligibility under Their Employer's Plan	28	First Date Covered	-	M	Y	-	-	Y	Y	-	Rule 3	1,2,3
Spouse or Child Lost Eligibility under Their Employer's Plan	13	Last Date Covered	M	M	-	Y	Y	-	-	-	Rule 3	1,2
Switch Medicare Plan	03	Date Received	-	Y	-	-	-	-	-	-	Rule 3	-

Reason Code Rules for Health Care – Page 2 of 2

Reason Code Title	RC	Event Date	Enroll in Health Plan	Change Health Plan	Waive Health Plan	Add Child	Add Spouse	Remove Child	Remove Spouse	Terminate BES Record	Effective Date	Notices Etc.
Term: Employee Death	65	Date of Death	-	-	-	-	-	-	-	Y	Rule 6	3,4
Term: No Longer Eligible	27	Term Date	-	-	-	-	-	-	-	Y	Rule 7	3,4
Term: Participant Death*	29	Date of Death	-	-	-	-	-	-	-	Y	Rule 2	3,4
Term: Participant Request*	41	Last Date Covered	-	-	-	-	-	-	-	Y	Rule 2	3,4
Term: Premium Not Paid*	68	Paid to Date	-	-	-	-	-	-	-	Y	Rule 2	3,4
Transfer to (COBRA)	45	Term Date	-	-	-	-	-	Y	Y	-	Rule 2	-
Transfer to LTD Coverage	54	Term Date	Y	Y	Y	-	-	Y	Y	-	Rule 2	1
Transfer to Retiree Coverage	48	Term Date	Y	Y	-	-	-	Y	Y	-	Rule 2	1
Transfer to Split Contract	53	Term Date	Y	-	-	Y	Y	-	-	-	Rule 2	1,2
Transfer to Survivor Coverage	73	Term Date	-	Y	-	-	-	Y	Y	-	Rule 2	-
Update Dependent's Data	57	Date Received	-	-	-	-	-	-	-	-	Rule 5	-
Update Non-PMIS Employee Leave	75	Date Effective	-	-	-	-	-	-	-	-	Rule 2	-
Update Participant's Personal Data	37	Date Received	-	-	-	-	-	-	-	-	Rule 5	-
Update Premium Code*	06	Last Day of old one	-	-	-	-	-	-	-	-	Rule 2	-
Waive: Dep. on State Plan	69	Last Date Covered	-	-	Y	-	-	-	-	-	Rule 2	-
Waive: LWOP & Non-Pay	79	Paid to Date	-	-	Y	-	-	-	-	-	Rule 2	3,4

*Not used for employees.

Y=Yes; M=Maybe-dependent rules apply; O=OHB, Y1= must remove spouse and stepchildren; Y2=add only prior dependents

Effective Date Rules	
Rule 1	Changes are retroactively effective the first of the month in which the child is born, adopted, or placed for adoption. When the event date is the first of the month, changes are effective that day.
Rule 2	Changes are effective the first of the month following the event. When the event date for Initial Enrollment (reason code 01) is the first of the month, changes are effective that day.
Rule 3	Changes are effective the first of the month following receipt of the request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day.
Rule 4	Elections are effective July 1 following the Open Enrollment period.
Rule 5	Changes are effective the first of the current month. When a suspense record exists, changes are effective on that record's effective date.
Rule 6	Coverage ends at the end of the second month following the event.
Rule 7	Coverage ends at the end of the month following the event. When the event is the first of the month, coverage ends at the end of that month.

Notices, etc to be Issued		
1	To participants who enroll:	Member Handbook (changing option within the same plan does not require a new one) General Notice of Extended Coverage Rights (within 90 days of effective date) Employee/Retiree Privacy Notice of Creditable Coverage Medicare Part D General Notice of Creditable Coverage
2	To spouses added:	General Notice of Extended Coverage Rights (within 90 days of effective date) Employee/Retiree Privacy Notice Medicare Part D General Notice of Creditable Coverage (optional if provided to participant)
3	To participants and dependents removed:	Certificate of Group Health Plan Coverage
4	To all that qualify for (COBRA):	Extended Coverage Election Notice

Group Reports Posted to HuRMan

File Name	Report Name	Description
BES-ACA-Reconciliation-Rpt	BES ACA Reconciliation Report	This report is created in October, December, and January of each year. It identifies participants and dependents for calendar year ACA reporting by Employer FEIN. It must be reconciled and certified before DHRM prepares ACA employer reports for IRS on behalf of employers. This report also includes the W-2 Value of Healthcare.
BES-Dependent-Age-26-Approaching-Termination (csv & text formats)	BES Dependents Approaching Eligibility Thresholds	This report is created in <i>August and October</i> of each year. It identifies participants who have children reaching Age 26 sometime during the current year. Note that this report does not include children added to BES after the report's run date.
BES-Dependent-Age-26-Terminations (csv & text formats)	Dependent Age 26 Termination Report	This report is created each year in the <i>first part of December</i> . It lists dependent children being removed from BES effective the last day of the year because they will have reached the age that makes them ineligible for coverage in the upcoming year.
BES-Enrollment-Rpt	BES Enrollment Report-Participants	This report is available on the 3 rd , 10 th , 17 th and 24 th of each month. It lists eligible participants as of the first of a month. It includes personal information, health care coverage and FSA elections. The 3 rd , 10 th , and 17 th look back to the first of the current month. The 24 th looks forward to the first of the following month. See PM9103-BOM-Enrollment for corresponding flat file.
BES-Enrollment-Rpt-Dependents	BES Enrollment Report-Dependents	This report is available on the 3 rd , 10 th , 17 th and 24 th of each month. It lists dependents of eligible participants as of the first of a month. It includes personal information about dependents covered under the participant's health care coverage. The 3 rd , 10 th , and 17 th look back to the first of the current month. The 24 th looks forward to the first of the following month.
BES-EOM-Enrollment-Rpt	BES EOM Enrollment Report	This report is created at the <i>end of each month</i> . It identifies all the eligible participants as of the end of last month. It includes personal information, health care coverage and FSA elections. See PM9103-EOM-PARS for corresponding flat file.
BES-Exception-Rpt	BES Exception Report	This <i>monthly</i> report lists a variety of discrepancies found in BES records that need attention and reconciliation.
BES-Persons-Eligible-For-Medicare	Persons Eligible for Medicare in [month]	This <i>monthly</i> report identifies individuals approaching age 65 in the Retiree Program that will be automatically switched to Advantage 65 + Dental & Vision unless a different option is requested. This is a three month notice report.
BES-Premium-Reward-Discrepancies	BES Premium Reward Discrepancies	This <i>monthly</i> report lists discrepancies between CIPPS and BES where either the premium or reward differs.
BES-Termination-Rpt (csv & text formats)	BES Termination Report	This <i>monthly</i> report identifies participants and dependents recently terminated.
BES-Turnaround-Rpt	BES Turnaround Document	This <i>daily</i> report is the official record of changes made in BES before 5:30 PM.
BES-Turnaround-Empty	BES Turnaround Empty Document	This report is created when there are no turnarounds to report for the <i>agency</i> .
BES-Turnaround-Summary	Summary of BES Turnaround Documents	This <i>daily</i> report is a summary of changes made on the day's BES Turnaround documents.

Contact DHRM-ITECH about accessing your group's HuRMan folder. Contact DHRM - OHB about specific reports.

Group Data Extracts Posted to HuRMan

Data Extract Name	File Name	Description
BES Begin of Month Participants Extract	PM9103-BOM-Enrollment	This flat file contains data for eligible participants as of the first of the month. The file is available on the 3rd, 10th, 17th and 24th of each month. See BES-Enrollment-Rpt for corresponding report.
BES End of Month Dependents Extract	PM9104-EOM-DEPS	This flat file is created at the end of each month. It contains all the eligible dependents as of the end of last month.
BES End of Month Participants Extract	PM9103-EOM-PARS	This flat file is created at the end of each month. It contains all the eligible participants as of the end of last month. See BES-EOM-Enrollment-Rpt for corresponding report.

Contact DHRM-ITECH about accessing your group's HuRMan folder. Contact DHRM - OHB about specific files.

Flex Accounts – Plan Year Snapshot

PSB306

This transaction is used to display a snapshot of a participant's flexible reimbursements accounts (FRAs). It requires the participant's identification number or social security number. When called, it displays the current plan year.

Step 1: Key PSB306, the ID or SSN and transmit. An error means the transaction failed; try again. PSB306 returns when the transaction is successful.

Change the date in the command line for a different plan year.

Health Care Coverage – Calendar Year Snapshot

PSB308

This transaction is used to display a snapshot of a participant's health care coverage. It requires the participant's identification number, social security number or name. When called it displays the current calendar year.

Step 1: Key PSB308, the ID, SSN, or name and transmit. An error means the transaction failed; try again. PSB308 returns when the transaction succeeds.

Click on a month to see the PSB309 detail screen for that month.

Change the date in the command line for a different plan year.

Help Screens

PSBHLP

This transaction is used to display help with PSB benefits transactions. When called it displays BES screen help using several data-specific screens.

Step 1: Key PSBHLP and transmit. An error means the transaction failed; try again. PSBHLP returns when the transaction succeeds.

Leave Expire Report

PSL002

This transaction is used to display records with a leave end date that has expired or will expire within the next 45 days. It is important to review this report regularly and key follow-up leave transactions timely. When called this transaction displays participants with a leave code that requires a follow-up leave transaction.

Key leave transactions for Non-PMIS employees with PSB003. Key the PMIS transaction PSE003 for PMIS employees and PMIS will update BES.

Step 1: Key PSL002 with the agency number and transmit to see records for all groups in the agency. Or, key PSL002 with the agency number and the group number and transmit to see specific group records. An error means the transaction failed; try again. PSL002 returns when the transaction succeeds.

Click on a participant to view the PSB305 detail screen.

Participant Data As Of [Date]

PSB305

This transaction is used to display a participant's current BES data as of today. It requires the participant's identification number, social security number or name. You may also see a dependent's record from the participant's current record.

When called it displays BES data using several data-specific screens. The primary screen contains the most important BES data. The most recent changes are highlighted in red. Links on the primary screen allow quick access to additional BES data. If a link does not appear, the data is not on file.

To bypass the participant's record and go directly to the dependent's record, key PSB305, the dependent's social security number or name and transmit.

Step 1: Key PSB305, the ID, SSN or name and transmit. An error means the transaction failed; try again. PSB305 Participant Data As of [Date] returns when the transaction succeeds. Links on the top of the screen allow movement back and forth between records.

Tab to 1stDep> and transmit to see the first dependent's record. PSB305 Dependent Data As of [Date] returns.

Tab to NxD> and transmit to see the next dependent's record. PSB305 Dependent Data As of [Date] returns.

Tab to Pt> and transmit to return to the participant's record.

Tab to DSc (#)> and transmit to see a list of covered dependents. PSB305 Dependent Scroll As Of [Date] returns.

Click on a dependent to see the dependent's record. PSB305 Dependent Data As of [Date] returns.

Participant / Dependent Name Scroll

PSB015

This transaction is used to display a listing of participant and dependent's by name. When you click on a particular name, the detail screen for that person will be displayed...

Step 1: Key PSB015, the Last Name, the First Name and transmit. Or, key PSB015 and a letter and transmit. An error means the transaction failed; try again. PSB015 returns when the transaction succeeds. The closest record to what was entered will be at the top of the screen.

Click on a particular ID from the list to see a detail screen. PSB305 screen returns.

Participant History

PSB309

This transaction is used to display the history of all BES transactions for a participant. It requires the participant's identification number, social security number or name.

When called it displays with a list of all transactions by Key-date. The newest record is at the top of the list and the oldest one at the bottom. Records highlighted in red are terminated; those highlighted in green have a future term date. Pink and yellow highlights indicate cancelled records.

When you click on a particular transaction from the list, a detail PSB309 screen that looks much like the PSB305 is displayed for that transaction at that point in history. Links on the screen allow movement back and forth between records.

Step 1: Key PSB309, the ID, SSN, or name and transmit. An error means the transaction failed; try again. PSB309 returns when the transaction succeeds.

Click on a particular transaction from the list to see a detail screen. PSB309 detail screen returns. Navigate this screen as you do the PSB305.

PMIS / BES Broadcast Message Screen

PMIS

This transaction is used to display bulletin board messages to users. It automatically displays when a user first logs into BES but may be called on demand as well.

When called it displays the current bulletin board message. Long messages may require tabbing through several screens.

Step 1: Key PMIS and transmit. An error means the transaction failed; try again.
PMIS returns when the transaction succeeds.

Premium Reward History

PSBREW

This transaction is used to display premium reward history.

When called it displays the most recent premium reward history for the participant and participant's spouse.

Step 1: Key PSBREW, the ID, or SSN and transmit. An error means the transaction failed; try again.
PSBREW returns when the transaction succeeds.

Transactions Available To BES

BENEFIT

This transaction is used to display a list of transactions used for BES.

When called it displays the most frequently-used BES transactions.

Step 1: Key BENEFIT and transmit. An error means the transaction failed; try again.
BENEFIT returns when the transaction is successful.

Transactions That Update Data

Create A Newly Eligible Non-PMIS Participant Record

PSB000

This transaction is used to create a BES record for a newly eligible Non-PMIS participant. Typically, a newly eligible participant is one never in BES or one rehired more than 30 days after termination. Non-PMIS participants include all BES participants except PMIS employees. The PMIS transaction creates a BES record for a newly eligible PMIS employee.

It is best to key this transaction as soon as the participant is eligible for the Program. It will be used for Program mailings and for ACA Employer reporting. A valid social security number (SSN) is required. When a SSN is not available, send a request for assistance form to OHB. If approved, OHB will assign a system-generated SSN.

When called a series of BES screens that require data-entry are presented to complete the participant record. Most newly eligible participants are created with a Waived health care election. State employees rehired within 30 days after termination, are reinstated with the same elections.

- Step 1:** Key PSB309, SSN and transmit. Verify that the SSN is termed, listed as a dependent, or not on file.
- Step 2:** Key PSB000, SSN and transmit. An error means the transaction failed; try again.* PSB000 returns when the transaction succeeds.
- Step 3:** Key the SSN, tab to Xmit and transmit. An error means the transaction failed; try again.* PSB101 returns when the transaction succeeds.
- Step 4:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.* PSB352 returns when the transaction succeeds.
- Step 5:** Visit <https://tools.usps.com/go/ZipLookupAction!input.action> for the USPS format of the address. Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.* PSB305 returns when the transaction succeeds.
- Step 6:** Verify the data. Repeat Steps 2-6 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Delete A Suspense Record

PSB117

This transaction is used to delete a future-dated transaction. It is used most often when an earlier record needs to be inserted in history.

Do not use this transaction when a mistake is found on the future-dated transaction and the correction is effective on the same date, re-key it with the correction.

- Step 1:** Key PSB117, the ID or SSN and transmit. An error means the transaction failed; try again.* PSB117 returns when the transaction succeeds.
- Step 2:** Tab to 'Xmit' and transmit. 'Transaction Complete' displays when the transaction is successful.
- Step 3:** Key PSB309, the ID or SSN, and transmit. An error means the transaction failed; try again.* PSB309 returns when the transaction succeeds.
- Step 4:** Verify the data. The deleted transaction will be marked with an asterisk and move down in the list. The asterisk indicates the transaction is void.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transactions That Update Data

Enroll, Change or Cancel Flex Account Election

PSB200

This transaction is used to manage a flex account election. It requires a BES reason code, an event date, and a receive date. Refer to the Reason Code Rules for Flex Accounts for details. It is best to key this transaction within 5-7 business days of the receive date and before the effective date to avoid a delay in coverage.

It is important to review the entire enrollment form and compare it to the data in BES. Key personal information and the health care coverage election before keying a flex account election to avoid a conflict with effective dates.

When called a series of BES screens that require data-entry are presented to complete the flex account election.

BES creates the flex accounts file for the plan vendor weekly on Friday. Successful transactions are sent on the next scheduled file following their key date. For example, a transaction keyed on May 11 and effective June 1 will be sent on the Friday following May 11. The vendor sends a confirmation statement to the participant within 7-10 business days after the file is received.

- Step 1:** Key PSB200, the ID or SSN, and transmit. An error means the transaction failed; try again.*
PSB200 (screen 1/2) returns when the transaction succeeds.
- Step 2:** Key the appropriate data, tab to Xmit and transmit. An error means the transaction failed; try again.*
PSB200 (screen 2/2) returns when the transaction succeeds.
- Step 3:** Key the appropriate data, tab to Xmit and transmit. An error means the transaction failed; try again.*
'Transaction Complete' displays when the transaction succeeds.
- Step 4:** Key PSB305, the ID or SSN, and transmit. An error means the transaction failed; try again.*
PSB305 returns when the transaction succeeds.
- Step 5:** Verify the data. Repeat Steps 1-5 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transactions That Update Data

Enroll, Change, or Waive Health Care Coverage

PSB301

This transaction is used to manage health care coverage data for a current BES participant. A BES reason code, an event date, and a receive date are required. Refer to the Reason Code Rules for Health Care for details. It is best to key this transaction within 5-7 business days of the receive date and before the effective date to avoid a delay in coverage.

Always review the entire enrollment form and compare it to the data in BES. Key personal information before the health care election.

When called a series of BES screens that require data-entry are presented to complete the health care coverage election.

BES creates eligibility files for the health care plan vendors daily. Successful transactions are sent to the vendor based on their effective date. Transactions for the first of the following month are sent beginning on the 4th of the current month. Retroactive effective dates are available to the vendor the next business date after entered in BES. For example, transactions effective June 1 begin to release to the vendor on May 4 and daily thereafter. A transaction for June 1, keyed on June 10th will be released to the vendor on the following business day.

The vendor sends ID cards to the participant within 7-10 business days after the file is received and only when information on an existing card changes. A combined (medical, dental, and RX) ID card is issued to participants enrolled in plans for those NOT eligible for Medicare. Separate ID cards (medical, dental, and RX) are issued to participants enrolled in plans for those eligible for Medicare.

Special Handling:

- 1: When a SSN for a dependent child is temporarily unavailable, enter all 999s and a system-generated number will be assigned and reported monthly for follow-up.
- 2: When a SSN for a spouse is unavailable, or a dependent child will not have a SSN, send a request for assistance form to OHB. If approved, a system-generated SSN will be assigned and reported monthly.
- 3: When a participant chooses to enroll as a dependent, waive the participant record first. Then, the participant can be added as a dependent.
- 4: A dependent child covered under a Qualified Medical Child Support Order (QMCSO) cannot be removed until the QMCSO indicator is removed. Refer to 'Update Qualified Medical Child Support Order (QMCSO)'.
- 5: When the participant remains eligible but is not enrolled, the health care coverage is waived. When the participant is no longer an eligible employee, the BES record is terminated.

Step 1: Key PSB301, the ID or SSN and transmit. An error means the transaction failed; try again.*
PSB351 returns when the transaction is successful.

Step 2: Verify the address, phone and email address. Xmit as indicated to make corrections.
PSB352 returns when the transaction is successful.

Step 3: Visit <https://tools.usps.com/go/ZipLookupAction!input.action> for the USPS format of the address.
Key the appropriate data items, tab to End and transmit. An error means the transaction failed, try again.*
PSB351 returns when the transaction succeeds.

Step 4: Key the appropriate data items, tab to End and transmit. An error means the transaction failed; try again.*
PSB352 returns when the transaction is successful.

Step 5: Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.*
To remove a dependent, enter the day before the effective date as the delete date.
To remove a dependent's delete date, enter 000000 or blanks.
If a Medicare plan is selected, PSB111 returns for the Medicare MBI.
PSB305 returns when the transaction is successful.

Step 6: Verify the data. Repeat Steps 1-6 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transactions That Update Data

Medicare MBI

PSB111

This transaction is used to update the MBI for a participant enrolled in a Medicare plan. The PSB111 automatically displays after the PSB301 when a participant enrolls in a Medicare plan. It may be called at any time to update the MBI. The MBI is stored on the current record but is not logged when it changes. It is included on the vendor file with the next successful PSB301 transaction. It is best to key these transactions within 5-7 business days of the receive date.

- Step 1:** Key PSB111, the ID and transmit. An error means the transaction failed, try again.*
PSB111 returns when the transaction succeeds.
- Step 2:** Key the appropriate data items and transmit. If a MBI is unknown, key H-SSN-A without the hyphens
An error means the transaction failed, try again.*
PSB305 returns when the transaction succeeds.
- Step 3:** Verify the data. Repeat Steps 1-4 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Premium Method

PSB301

This transaction is used to change a participant's premium method. It is not used for employees. It is best to key these transactions within 5-7 business days of the receive date.

Refer to the Program's Frequently-used BES codes for valid premium methods. Direct bill premiums are billed on the 10th of the month. Payment is due by the first of the following month.

- Step 1:** Key PSB301, the ID, 06 and transmit. An error means the transaction failed; try again.*
PSB351 returns when the transaction is successful.
- Step 2:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.*
Use the last date for the old premium method as the Event Date. The new premium method will be effective the following date.
PSB352 returns when the transaction is successful.
- Step 3:** Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.*
PSB305 returns when the transaction is successful.
- Step 4:** Verify the data. Repeat Steps 1-4 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Qualified Medical Child Support Order (QMSCO) for a Participant's Child

PSB355

This transaction is used to add or remove a Qualified Medical Child Support Order indicator to a participant's dependent child. The child may not be removed from the participant's record until the order is removed. The order will provide the data that needs to be stored in BES. It is best to key these transactions within 5-7 business days of the receive date.

- Step 1:** Key PSB355, the dependent's SSN and transmit. An error means the transaction failed; try again.*
PSB355 returns when the transaction succeeds.
- Step 2:** Key the appropriate data, tab to Xmit and transmit. An error means the transaction failed; try again.*
'Transaction Complete' displays when the transaction succeeds.
- Step 3:** Verify the data. Repeat Steps 1-2 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

This transaction is used when a retiree or survivor chooses to cover a dependent and one or both of them are eligible for Medicare. Because Medicare plans are self-only memberships, it is necessary to create a split contract. A split contract may have more than one Medicare plan but only one non-Medicare plan. Each plan will have a participant – the original participant and the original participant's linked spouse or linked child. Each participant is enrolled in a plan based on their Medicare eligibility.

At initial enrollment into retiree or survivor coverage, plan changes are permitted for both the original participant and the linked participant. When a participant already enrolled as a retiree or survivor requires a split contract, only the Medicare-eligible participant is permitted to change plans.

Two or more Medicare-eligible persons may choose different Medicare plans. Two or more persons not eligible for Medicare are enrolled in the same non-Medicare plan with the oldest person as the participant, and in a membership that corresponds with the number of persons covered by that plan.

The total cost of the split contract combines the premium amounts of each plan selected. However, when the split contract includes a non-Medicare plan, the total cost is limited to the premium amount for a family membership in that non-Medicare plan. Send a request for assistance form to OHB for this special premium limit.

Splitting a Contract at Initial Enrollment into LTD, Retiree or Survivor Coverage:

- Step 1:** Key PSB309, the original participant's ID and transmit. An error means the transaction failed, try again.* PSB309 returns when the transaction succeeds. Confirm former coverage is termed.
- Step 2:** Key PSB109, the original participant's ID and transmit. An error means the transaction failed; try again.* PSB109 (New group ID screen) returns when the transaction succeeds.
- Step 3:** Verify the participant. If a mistake is found, repeat Steps 1-2. Key the required data items, tab to the appropriate group ID and transmit. An error means the transaction failed; try again.* PSB109 (Transfer reason screen) returns when the transaction succeeds.
- Step 4:** Verify the new group ID. If a mistake is found, repeat Steps 1-3. Tab to the appropriate enrollment reason and transmit. An error means the transaction failed; try again.* PSB301 returns when the transaction succeeds.
- Step 5:** Key the appropriate data items. Keep the dependent's delete date when enrolling in a Medicare plan. When enrolling in a Non-Medicare plan with dependents, replace a dependent's delete date with zeros. Tab to End and transmit. Coverage remains termed until you transmit on the PSB301 (even if no changes are made). An error means the transaction failed; try again.* If a Medicare plan is selected, PSB111 returns for the Medicare MBI. PSB305 returns when the transaction is successful. Coverage remains terminated until PSB305 displays.
- Step 6:** Verify the data. Repeat the PSB109 and PSB301 to correct a mistake.
- Step 7:** Key PSB109, the linked participant's ID and transmit. An error means the transaction failed; try again.* PSB109 (New group ID screen) returns when the transaction succeeds.
- Step 8:** Verify the participant. If a mistake is found, repeat Steps 6-7. Key the required data items, tab to the appropriate group ID and transmit. An error means the transaction failed; try again.* PSB109 (Transfer reason screen) returns when the transaction succeeds.
- Step 9:** Verify the new group ID. If a mistake is found, repeat Steps 6-8. Tab to the appropriate enrollment reason and transmit. An error means the transaction failed; try again.* PSB352 returns when the transaction succeeds.

Continued on next page

Splitting a Contract at Initial Enrollment into Retiree or Survivor Coverage - Continued:

Step 10: Key the appropriate data items, tab to End and transmit. Coverage remains termed until you transmit on the PSB352 (even if no changes are made). An error means the transaction failed; try again.*
If a Medicare plan is selected, PSB111 returns for the Medicare MBI.
PSB305 returns when the transaction is successful. Coverage remains terminated until PSB305 displays.

Step 11: Verify the data. Repeat the PSB109 and PSB301 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Splitting a Contract When Participant Is Already Enrolled in LTD, Retiree or Survivor coverage:

Step 1: Key PSB301, the original participant's ID, 66 and transmit.
An error means the transaction failed; try again.*
PSB351 returns when the transaction is successful.

Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.*
PSB352 returns when the transaction is successful.

Step 3: Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.*
To remove a dependent, enter the day before the effective date as the delete date.
If a Medicare plan is selected, PSB111 returns for the Medicare MBI.
PSB305 returns when the transaction is successful.

Step 4: Verify the data. Repeat Steps 1-4 to correct a mistake.

Step 5: Key PSB109, the linked participant's ID and transmit. An error means the transaction failed; try again.*
PSB109 (New group ID screen) returns when the transaction succeeds.

Step 6: Verify the participant. If a mistake is found, repeat Steps 6-7.
Key the required data items, tab to the appropriate group ID and transmit.
An error means the transaction failed; try again.*
PSB109 (Transfer reason screen) returns when the transaction succeeds.

Step 7: Verify the new group ID. If a mistake is found, repeat Steps 6-8.
Tab to the appropriate enrollment reason and transmit. An error means the transaction failed; try again.*
PSB352 returns when the transaction succeeds.

Step 8: Key the appropriate data items, tab to End and transmit. Coverage remains termed until you transmit on the PSB352 (even if no changes are made). An error means the transaction failed; try again.*
If a Medicare plan is selected, PSB111 returns for the Medicare MBI.
PSB305 returns when the transaction is successful. Coverage remains terminated until PSB305 displays.

Step 9: Verify the data. Repeat Steps 5-9 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transactions That Update Data

Waive as Participant and Enroll as Dependent

PSB301

This transaction is used when a participant chooses to waive health care coverage as a participant and enroll as a dependent in a State or TLC Program. Be sure to key the record for the participant waiving coverage first. Then, key the record for the participant adding the dependent and paying for the coverage.

- Step 1:** Key PSB301, the ID of the participant waiving coverage, 69 and transmit. An error means the transaction failed; try again*
PSB351 returns when the transaction succeeds.
- Step 2:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.*
Use the last day covered as a participant as the Event Date.
PSB352 returns when the transaction is successful.
- Step 3:** Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.*
PSB305 returns when the transaction is successful.
- Step 4:** Verify the data. Repeat Steps 1-4 to correct a mistake.
- Step 5:** Key PSB301, the ID of the participant adding the dependent, 13 and transmit. An error means the transaction failed; try again*
PSB351 returns when the transaction succeeds.
- Step 6:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.*
Use the last day covered as a participant as the Event Date.
PSB352 returns when the transaction is successful.
- Step 7:** Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.*
PSB305 returns when the transaction is successful.
- Step 8:** Verify the data. Repeat Steps 5-8 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Waive for Failure to Pay Premium While on LWOP

PSB301

This transaction is used to waive health care coverage when an employee fails to pay a required premium while on LWOP.

- Step 1:** Key PSB301, the ID, 79 and transmit. An error means the transaction failed; try again*
PSB351 returns when the transaction succeeds.
- Step 2:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.*
Use the paid to date as the Event Date.
PSB352 returns when the transaction is successful.
- Step 3:** Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.*
PSB305 returns when the transaction is successful.
- Step 4:** Verify the data. Repeat Steps 1-4 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transactions That Update Data

Handle a Pending Record

PSBPEN

This transaction is used to accept or reject a pending record created when a participant uses the self-service web tool to submit a change that requires supporting documentation. Only changes that require supporting documentation create pending records. It is best to review a pending transaction as soon as you receive notice that it has been created to determine what supporting documentation is needed. Then, accept the transaction within 5-7 business days of receiving the supporting documentation and before the effective date to avoid a delay in coverage. Or, reject the transaction because it does not satisfy Program guidelines.

Remember, a pending record may include multiple requests for changes. When you accept or reject it, you accept or reject all the changes. Additional keying is required when some of the requests are valid and others are not. First, print a copy of the pending record for documentation. Next, reject the pending record; this removes it from BES. Then, key PSB301 or PSB200 for the valid changes using the same date received that was on the original pending record.

For example, during Open Enrollment, a pending record may request to add a dependent to health care coverage and set-up a new medical FRA. Not receiving the dependent documentation makes the health care coverage request invalid, but does not change the request to set-up the medical FRA. After you print the pending record for documentation, reject it. Then, key the medical FRA using PSB200 and the same date received on the original pending record.

Step 1: Key PSBPEN, the ID and transmit. An error means the transaction failed; try again.*
PSBPEN returns when the transaction succeeds.

Step 2: Tab to Accept / Reject, key R to reject or A to accept and transmit.
A rejected record is removed from BES; notify the participant.
PSB305 returns when the transaction succeeds.

Step 3: Verify the data. Key a PSB301 or PSB200 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transactions That Update Data

Manage Non-PMIS Employee's Leave Status (including Layoff, TWFR, LWOP, and STD)

PSB003

This transaction is used to manage leave actions for non-PMIS employees. Non-PMIS employees are employees not in PMIS. PMIS transactions are used to manage leave actions for PMIS employees. It is best to key this transaction as soon as you know about the leave actions and within 5-7 business days of the effective date when possible. Use the VSDP action report to key disability transactions.

BES calculates a term date when a transaction is keyed to begin or extend a leave that affects health care coverage or flex accounts. The term date is removed when the employee is returned to work. The "Leave Code Rules" chart describes the types of leave and how the BES term date is handled.

Leave of absence generally runs concurrently with Extended Coverage (COBRA) eligibility.

Special Handling:

1. Certain changes are permitted when a leave without pay begins or ends. See Reason Code Rules chart for specifics.
2. Failure to pay a required amount while on layoff or temporary workforce reduction (leave code 20, 21, 22, 23, 24 or 25) terminates coverage and must be keyed by OHB. Failure to pay a required amount while on any other type of leave of absence requires that the coverage be waived using reason code 79. The event date is the paid-to-date.
3. The Leave Expire Report displays records with a leave end date that has expired or will expire within the next 45 days. It is important to review this report regularly and key follow-up leave transactions timely.
PSL002 with the agency number displays all groups in the Agency.
PSL002 with the agency number and the group number displays specific group records.

Step 1: Key PSB003, the ID or SSN, and transmit. An error message means the transaction failed; try again.*
PSB003 returns when the transaction succeeds.

Step 2: Follow the screen prompts carefully. There will be a series of PSB003 screens to complete.
PSB031 (for STD) or PSB353 returns when the transaction is successful.

Step 3: Key the appropriate data, tab to End and transmit.
An error message means the transaction failed; try again.*
PSB305 returns when the transaction is successful

Step 4: Verify the data. Repeat Steps 1-4 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Remove A BES Term Date / Reinstate Coverage

PSB116

This transaction is used to remove the term date on the BES record and reinstate the elections for a Non-PMIS participant within the same agency. PMIS transactions update BES for PMIS participants. It is best to key this transaction within 5-7 business days of the receive date and before the effective date if possible to avoid a delay in coverage.

Step 1: Key PSB116, the ID and transmit. An error means the transaction failed; try again.*
PSB116 returns when the transaction is successful.

Step 2: Key a note, tab to Xmit and transmit. An error means the transaction failed, try again.*
'Transaction Complete' displays when the transaction succeeds.
PSB305 returns when the transaction succeeds.

Step 3: Verify the term date is removed.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transactions That Update Data

Terminate a BES Record

PSB301

This transaction is used to terminate a BES record and end health care coverage and flex accounts. PMIS transactions update BES for PMIS participants. It is best to key this transaction as soon as you know about it.

A term date is always the end of a month following the event with one exception. Health care coverage for dependents enrolled under a deceased employee is automatically continued in the employee program for an extra month unless it is declined.

Refer to the Reason Codes Rules for Health Care coverage for the appropriate reason code and event date to be used.

Those eligible to transfer to COBRA, LTD, Retiree, or Survivor coverage must make an election by the deadline to enroll in continued coverage. See Transfer to COBRA, LTD, Retiree or Survivor coverage to key the continued enrollment.

- Step 1:** Key PSB301, the ID, the appropriate reason code and transmit.
An error means the transaction failed; try again.*
PSB351 returns when the transaction is successful.
- Step 2:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.*
PSB352 returns when the transaction is successful.
- Step 3:** Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.*
PSB305 returns when the transaction is successful.
- Step 4:** Verify the term date is correct.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transfer Between State Agencies

PSB301, PSB000

When an employee separates employment with one agency and is rehired by another agency within 30 days of the separation, it is considered a transfer between State Agencies and BES must be updated. PMIS transactions update BES for PMIS participants. It is best to key these transactions as soon as you know about them and before the effective date to avoid a delay in coverage.

Coverage in the old agency ends at the end of the month following the separation and is reinstated in the new agency with the same elections on the first of the month following the hire date in the new agency. The old agency is responsible for coverage through the end of the month following the last day worked or on paid leave. When the hire date is the first of a month, coverage in the new agency begins that day.

When a break in coverage occurs, COBRA is offered by the old agency. If COBRA is elected, the new agency contacts OHB to have the COBRA coverage terminated and then reinstates coverage in the new agency.

Non-PMIS to Non-PMIS transfer:

- Old Agency: Follow instructions to Terminate a BES record. The event date is the last day worked or on paid leave
- New Agency: Follow instructions to Create a Newly Eligible Non-PMIS Participant Record.

Non-PMIS to PMIS transfer:

- Old Agency: Follow instructions to Terminate a BES record. The event date is the last day worked or on paid leave
- New Agency: Key the PMIS transfer transaction and BES automatically reinstates the same elections on file at separation.

PMIS to Non-PMIS transfer:

- Old Agency: Key the PMIS transfer transaction and BES automatically terminates the coverage.
- New Agency: Follow instructions to Create a Newly Eligible Non-PMIS Participant Record.

PMIS to PMIS transfer:

- Old Agency: Do nothing. BES automatically updates when the new agency keys the PMIS transfer transaction.
- New Agency: Key the PMIS transfer transaction and BES automatically reinstates coverage with the same elections on file at separation.

Transactions That Update Data

Transfer Full-time to Part-time

PSB000

When an employee changes from full-time to part-time employment within the same agency, the participant's status must be changed. It is best to key this transaction as soon as you know about it and before the effective date. The PMIS transaction automatically updates BES for a PMIS participant.

Flex Account elections remain the same and health care coverage is automatically waived at the end of the month following the change to part-time. Participants who wish to continue health care coverage must re-enroll within 60 days of the change to part-time status. The State does not contribute to the premium for part-time employees, so the participant who re-enrolls pays the total premium.

Non-PMIS:

Step 1: Key PSB000, the ID and transmit. As error means the transaction failed; try again.*
PSB104 returns when the transaction succeeds.

Step 2: Key the appropriate data items, tab to Smit and transmit. An error means the transaction failed; try again.*
PSB305 returns when the transaction succeeds.

Step 3: Verify the data. Repeat Steps 1-3 to correct a mistake.

PMIS:

Step 1: Key the PMIS transaction and BES automatically updates the record.

Step 2: Verify the data. Repeat Step 1 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transfer Part-time to Full-time

PSB000

When an employee changes from part-time to full-time employment within the same agency, the participant's status must be changed. It is best to key this transaction as soon as you know about it and before the effective date.

Flex Account elections remain the same and health care coverage remains the same. The health care premium is automatically adjusted to reflect the State's contribution.

Non-PMIS:

Step 1: Key PSB000, the ID and transmit. As error means the transaction failed; try again.*
PSB104 returns when the transaction succeeds.

Step 2: Key the appropriate data items, tab to Smit and transmit. An error means the transaction failed; try again.*
PSB305 returns when the transaction succeeds.

Step 3: Verify the data. Repeat Steps 1-3 to correct a mistake.

PMIS:

Step 1: Key the PMIS transaction and BES automatically updates the record.

Step 2: Verify the data. Repeat Step 1 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transactions That Update Data

Transfer To COBRA, LTD, Retiree, or Survivor Coverage

PSB109, PSB301

These transactions are used to transfer a termed BES record to COBRA, LTD, Retiree or Survivor Coverage. These transactions should be keyed together when the election to continue coverage is made. PSB109 changes the group and status; PSB301 removes the term date and establishes the continued coverage. It is best to key this transaction within 5-7 business days of the election receive date.

Transfer Extended Coverage / COBRA:

Election Notices are issued within 14 days of the loss of coverage, and qualified beneficiaries have a 60-day election period to enroll. No action is needed in BES when COBRA coverage is declined. By design, COBRA coverage is generally started retroactively. COBRA is a continuation of coverage – carrier-to-carrier plan changes are not allowed unless there is also a qualifying mid-year event. Changing an option in the same plan is permitted. Follow the steps below to enroll in COBRA.

Transfer to Long-Term-Disability (LTD):

Participants approved for LTD must submit an enrollment form within 31 days of the loss of the employee coverage. When coverage is declined, follow the steps below to create a waive record in the LTD group. The participant remains eligible for LTD coverage and may enroll at a future date.

Transfer to Retiree Coverage:

Participants eligible for retiree coverage must submit an enrollment form within 31 days of the retirement. No action is needed in BES when retiree coverage is declined.

Transfer to Survivor Coverage:

Dependents eligible for survivor coverage must enroll within 60 days of the original participant's death.

Special handling:

When a participant eligible for LTD, Retiree, or Survivor coverage chooses to cover a dependent and one or both of them are eligible for Medicare, it is necessary to create a split contract. Skip the steps below and see 'Splitting a Contract at Initial Enrollment'.

When a participant eligible for LTD or Retiree coverage chooses to enroll as a dependent on their spouse's State plan, it is necessary to add them as a dependent on the spouse's plan first. Then, follow the steps below to create a waive record in the LTD or Retiree group. The participant remains eligible for continued coverage and may enroll at a future date. Contact the spouse's agency if the dependent coverage has not been keyed.

- Step 1:** Key PSB309, the ID and transmit. An error means the transaction failed, try again.* PSB309 returns when the transaction succeeds. Confirm former coverage is termed.
- Step 2:** Key PSB109, the ID and transmit. An error means the transaction failed; try again.* PSB109 (New group ID screen) returns when the transaction succeeds.
- Step 3:** Verify the participant. If a mistake is found, repeat Steps 1-2. Key the required data items, tab to the appropriate group ID and transmit. An error means the transaction failed; try again.* PSB109 (Transfer reason screen) returns when the transaction succeeds.
- Step 4:** Verify the new group ID. If a mistake is found, repeat Steps 1-3. Tab to the appropriate enrollment reason and transmit. An error means the transaction failed; try again.* PSB352 returns when the transaction succeeds.
- Step 5:** Key the appropriate data items. Keep the dependent's delete date when enrolling in a Medicare plan. When enrolling in a Non-Medicare plan with dependents, replace a dependent's delete date with zeros. Tab to End and transmit. Coverage remains termed until you transmit on the PSB352 (even if no changes are made). An error means the transaction failed; try again.* If a Medicare plan is selected, PSB111 returns for the Medicare MBI. PSB305 returns when the transaction is successful. Coverage remains terminated until PSB305 displays.
- Step 6:** Verify the data. Repeat Steps 2-6 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Transactions That Update Data

Update A Group's Contact Information

PSB100

This transaction is used to display or update group contacts.

When a group has more than one Group ID, it is important to remember that each Group ID must be updated. Updates entered by the end of the month are generally effective the first week of the following month.

Benefits Contact 1 receives: communications from OHB, emails from the self-service tool, materials to be distributed to members, and may request access to HuRMan and SecurePass.

Benefits Contact 2, Payroll Contact 1 and Payroll Contact 2 receive: communications from OHB and may request access to HuRMan and SecurePass.

- Step 1:** Key PSB100, the Group ID (Agy, Grp, Sub) and transmit. An error means the transaction failed, try again.* PSB100 returns when the transaction succeeds.
- Step 2:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.* 'Transaction Complete' displays when the transaction succeeds.
- Step 3:** Verify the data. Repeat Steps 1-3 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Update Enrolled Dependent's Personal Information

PSB301

This transaction is used to update the personal information for an enrolled dependent. It is best to key this transaction within 5-7 business days of the receive date.

- Step 1:** Key PSB301, the ID, 57 and transmit. An error means the transaction failed; try again.* PSB352 returns when the transaction is successful.
- Step 2:** Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.* PSB305 returns when the transaction is successful.
- Step 3:** Verify the data. Repeat Steps 1-4 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Update Participant's Personal Information

PSB301, PSB000, PSB302

These transactions are used to update a participant's address, phone, email and other personal information. Always verify the address format on the USPS Website before keying it. Always key personal information changes before health care coverage or flex accounts elections. It is best to key these transactions within 5-7 business days of the receive date.

Change Participant's address, personal phone numbers, and personal email:

- Step 1:** Visit <https://tools.usps.com/go/ZipLookupAction!input.action> for the USPS format of the address. Key PSB301, the ID, 37 and transmit. An error means the transaction failed; try again.* PSB352 returns when the transaction succeeds.
- Step 2:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.* PSB305 returns when the transaction succeeds.
- Step 3:** Verify the data. Repeat Steps 1-3 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Continued on next page

Transactions That Update Data

Update Participant's Personal Information - Continued

PSB301, PSB000, PSB302

Change Non-PMIS participant's SSN, date of birth or gender:

Step 1: Key PSB000, the ID and transmit. An error means the transaction failed; try again.*
PSB104 returns when the transaction succeeds.

Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.*
PSB305 returns when the transaction succeeds.

Step 3: Verify the data. Repeat Steps 1-3 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Change Non-PMIS participant's name:

Step 1: Key PSB301, the ID, 57 and transmit. An error means the transaction failed; try again.*
PSB352 returns when the transaction succeeds.

Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.*
PSB305 returns when the transaction succeeds.

Step 3: Verify the data. Repeat Steps 1-3 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Change PMIS employee's name, SSN, date of birth or gender:

Step 1: Key PSE091, the ID and transmit. An error means the transaction failed; try again.*
PSE091 returns when the transaction succeeds.

Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.*
'Transaction Complete' displays when the transaction succeeds. PMIS will update BES.

Step 3: Key PSB305, the ID and transmit. An error means the transaction failed, try again.*
PSB305 returns when the transaction succeeds.

Step 4: Verify the data. Repeat Steps 1-3 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Change PMIS participant's State phone number or State email:

Step 1: Key PSE098, the ID and transmit. An error means the transaction failed; try again.*
PSE098 returns when the transaction succeeds.

Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.*
'Transaction Complete' displays when the transaction succeeds. PMIS will update BES.

Step 3: Key PSB305, the ID and transmit. An error means the transaction failed, try again.*
PSB305 returns when the transaction succeeds.

Step 4: Verify the data. Repeat Steps 1-4 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Continued on next page

Transactions That Update Data

Update Participant's Personal Information - Continued

PSB301, PSB000, PSB302

Change termed participant's address:

- Step 1:** Visit <https://tools.usps.com/go/ZipLookupAction!input.action> for the USPS format of the address. Key PSB302, the ID and transmit. An error means the transaction failed, try again.* PSB302 returns when the transaction succeeds.
- Step 2:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.* 'Transaction Complete' displays when the transaction succeeds.
- Step 3:** Key PSB305, the ID and transmit. An error means the transaction failed, try again.* PSB305 returns when the transaction succeeds.
- Step 4:** Verify the data. Repeat Steps 1-4 to correct a mistake.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

PSB000

PSB000
----- 230 PER129CMG 08/13/2018 11:52:00

PARTICIPANT CREATE/CHANGE/DELETE

Enter Social Security Number: *** - ** - ****
Xmit:

IMPORTANT!

Please be very careful when entering a new social security number and check for accuracy. It can be extremely difficult, time-consuming, and expensive to change a SSN, especially if the SSN you want to change to was previously used on the system. The employee may occur a delay in paycheck delivery or benefits coverage if the wrong SSN is entered.

PLEASE PLEASE take a moment and verify your entry. If you are not 100% certain of its accuracy, STOP!

000022 Social Security Number or ID Input Required

50CSEC 230

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PSB003 1/8:

PSB003
----- 235 PER129CMG 08/16/2018 12:18:42

NON-PMIS LEAVE / STD / LTD SELECTION

Enter SSN or ID:
Xmit:

000002 Screen Call-Up Complete -- Proceed

CALLUP 235

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PSB003 2/8:

```
PSB003,7487204
----- 207 PER129CMG 08/16/2018 12:21:31

Agency/Group 129 - 001 Dept of Human Resource Mgmt
ID 748-72-04 TESTER, ANDREW
Current Status Not On Leave

NON-PMIS LEAVE / STD / LTD SELECTION

<-- Move Employee To Leave Without Pay
<-- Move Employee To Leave With Partial Pay
<-- Move Employee To Leave With Full Pay or Working LTD
<-- Move Employee To Layoff / TWFR
<-- Move Employee To Short Term Disability - New STD Claim Number
<-- Move Employee To Long Term Disability (NOT Working)

Move Cursor To Desired Option and Transmit
000002 Screen Call-Up Complete -- Proceed

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```

PSB003 3/8:

```
PSB003,7487204 NON-PMIS LEAVE WITHOUT PAY OPTION MENU
----- 216 PER129CMG 08/16/2018 12:27:53

Agency 129 - 001 Dept of Human Resource Mgmt
ID 748-72-04 TESTER, ANDREW
Current Status Not On Leave

<- 16 LWOP: Suspension: Pending Investigation
<- 17 LWOP: Educational
<- 18 LWOP: Medical
<- 05 LWOP: Military
<- 09 LWOP: Personal
<- 03 LWOP: Suspension: Violation of Standards/Conduct
<- 19 LWOP: Workers Compensation

Move Cursor To Desired Option and Transmit
000002 Screen Call-Up Complete -- Proceed

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```

PSB003 4/8:

```
PSB003,7487204   NON-PMIS LEAVE WITH PARTIAL PAY OPTION MENU
----- 216 PER129CMG   08/16/2018 12:32:56

      Agency 129 - 001   Dept of Human Resource Mgmt
      ID 748-72-04     TESTER, ANDREW
Current Status      Not On Leave

      <- 30 LWPP: Educational
      <- 31 LWPP: Medical
      <- 32 LWPP: Personal
      <- 33 LWPP: Workers Compensation

      Move Cursor To Desired Option and Transmit
000002 Screen Call-Up Complete -- Proceed

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```

PSB003 5/8:

```
PSB003,7487204   NON-PMIS LEAVE WITH FULL PAY / WORKING LTD OPTION MENU
----- 216 PER129CMG   08/16/2018 12:37:16

      Agency 129 - 001   Dept of Human Resource Mgmt
      ID 748-72-04     TESTER, ANDREW
Current Status      Not On Leave

      <- 02 LWFP: Educational
      <- 42 LWFP: Medical
      <- 43 LWFP: Military
      <- 44 LWFP: Personal
      <- 45 LWFP: Pre-Disciplinary
      <- 46 LWFP: Pre-Layoff Leave
      <- 47 LWFP: Suspension
      <- 48 LWFP: Workers Compensation
      <- 40 LWFP: Bone Marrow
      <- 06 LWFP: Mobility Leave
      <- 14 Working LTD: No Workers Compensation
      <- 15 Working LTD: Workers Compensation

      Move Cursor To Desired Option and Transmit
000002 Screen Call-Up Complete -- Proceed

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```

PSB003 6/8:

```
PSB003,7487204          NON-PMIS LAYOFF / TWFR OPTION MENU
----- 216 PER129CMG      08/16/2018 12:42:07

      Agency 129 - 001   Dept of Human Resource Mgmt
      ID 748-72-04      TESTER, ANDREW
Current Status          Not On Leave

      <- 20 Layoff: Placement Only
      <- 29 Layoff: Wage Placement Only
      <- 21 Layoff: Severance and Placement
      <- 22 Layoff: Severance and Retirement
      <- 23 Layoff: Severance Only
      <- 24 TWFR: Reduced Hours
      <- 25 TWFR: Unpaid

      Move Cursor To Desired Option and Transmit
000002 Screen Call-Up Complete -- Proceed

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```

PSB003 7/8:

```
PSB003,7487204          SHORT TERM DISABILITY OPTION MENU
----- 216 PER129CMG      08/16/2018 12:46:12

      Agency 129 - 001   Dept of Human Resource Mgmt
      ID 748-72-04      TESTER, ANDREW
Current Status          Not On Leave

      <- 10 STD: No Workers Compensation
      <- 12 STD: Workers Compensation

      Move Cursor To Desired Option and Transmit
000002 Screen Call-Up Complete -- Proceed

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```


PSB104

```
PSB104,321012345          PARTICIPANT CHANGE
----- 76 PER129CMG      08/16/2018 14:50:56

      Reason 57 Par Per Update
      Event Date 081618
      Receive Date *****
      Soc-Sec-Num 321012345
      Last Name TESTER
      First Name ANDREW
      Middle Initial
      Second Initial
      Name Suffix
      Birthdate 09241962      MMDDCCYY
      Agency 129
      Group 001 SubGrp      (Local Choice Only)
      Pay Code 24
      Sex M
      Last Agency Num 000
      Original Participant 000000000
      Employee Status NF

      Xmit

000002 Screen Call-Up Complete -- Proceed

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```

PSB109 1/4:

```
PSB109,7487204          TRANSFER INACTIVE RECORD
----- 105 PER129CMG      08/20/2018 08:32:18

Participant SSN..... 321-01-2345      TESTER, ANDREW
Receive Date..... *****
Event Date..... 083118      Effective Date..... 090118
Note.....
E-Mail..... a.testner@testmail.com
      IMPORTANT!

      a. A successful record transfer requires multiple screens.
      b. Successfully transmit on each one until a PSB305 display appears.

      Transmit Next To The New Agency/Group
006/005 COBRA Regular      007/007 Local Retiree
      007/008 ORP Retiree
      007/004 ORP LTD Participant

005/001 VRS Service Retiree/Survivor      006/006 Non-Annuitant Survivor
005/002 VRS Disability Retiree/Survvr      006/003 OHB Approved Participant
005/004 VSDP LTD Participant

000002 Screen Call-Up Complete -- Proceed

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```


PSB109 4/4: XFER MINOR DEP

PSB109,900501202

----- 54 PER129CMG 08/20/2018 09:13:02

You are about to move CHRISTOPHER L. TESTER
to COBRA - Regular

Please transmit next to the reason why this move is occurring.

<- Child ceased to be eligible for coverage

<- Retiree providing coverage died
(unlikely if survivor benefits are offered)

000002 Screen Call-Up Complete -- Proceed

PM0311 54

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PSB111:

PSB111,123440001

MEDICARE NUMBER UPDATE

----- 41 PER129CMG 08/20/2018 10:25:13

SSN/ID 123440001 / 7487216
Name TESTER, ADAM A

Medicare Number *****
Xmit

Enter the number exactly as shown on the
Medicare card. Do not enter the hyphens.

Example: 1RF2-YG4-KJ98 is shown on card. Enter
it as 1RF2YG4KJ98

Contact OHB if you have any questions.

000002 Screen Call-Up Complete -- Proceed

PM0590 41

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PSB116:

```
PSB116,7487216
----- 131 PER129CMG 08/20/2018 09:35:55

      REACTIVATE TERMINATED PARTICIPANT

      Participant ID: 7487216
      Participant SSN: 123440001 TESTER, ADAM A
      Effective Date: 090118
                Agency: 129
                Group: 001
      Employee Status: NF

      Note:

                Xmit:

000002 Screen Call-Up Complete -- Proceed

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```

PSB117:

```
PSB117,123440001
----- 415 PER129CMG 08/20/2018 10:09:18

      DELETE BENEFIT SUSPENSE RECORDS

      Participant Social Security Number: 123440001
                Xmit:

                WARNING!

      This transaction will delete all benefit suspense
      records for the participant indicated above and for
      all dependents associated with this participant.
      All records will then reflect data that is
      effective as of today.

      We strongly recommend you make hard copies of all
      suspense action prior to executing this transaction
      as this data will no longer be available.

000002 Screen Call-Up Complete -- Proceed

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```


PSB351

```

PSB351,321012345          BES UPDATE          321012345 007487204
----- 68 PER129CMG      08/14/2018 10:01:13
Name: TESTER, ANDREW          ID: 748-72-04    A106
Transmit here if the address, home phone, or
email of the participant is not correct --> Reason Code: **
101 SOME ST                   Event Date: ******
RICHMOND, VA 23219-3665      Receive Date: ******
(804) 786-1708              Xmit:
a.testner@testmail.com

Reason Codes Valid For A 08/14/2018 Effective Date
01 Initial Enroll   37 Upd Prsnl Info   71 J/D/Ord-Add Ch
05 Mve Afect Elig  38 Ch Ceases Elig.   75 Chg Leave Stat
06 Chg Bill Premium 49 Unpd LV Bgn-EE   76 Lost GovSpr Pln
07 Marriage         50 Return LWOP       77 Chg FT to PT-EE
08 Death of Spouse 54 Transfer to LTD   78 Chg PT to FT-EE
09 Lost MCare/Caid 56 Open Enrollment  79 LWOP Non-Pay
10 Divorce         57 Upd Dep Info
13 S/C-Lost ER Plan 62 Other ER OE/Chg
15 Birth/Adoption  65 Trm-EE Death
17 Death of Child  66 Elig MCare/Caid
19 Add-Exst Family 67 J/D/Odr-Rmve Ch
27 Trm-Not Elig    68 Trm-Prem Not Pd
28 S/C-Elig ER Pln 70 HIPAA Sp Enroll
000693 Warning: Field Must Be Filled

```

PH0665 68

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PSB352:

```

PSB352,7487204,37          BES CHANGE          103 PER129CMG      08/16/2018 12:05:38
----- 103 PER129CMG      08/16/2018 12:05:38
ID 7487204      Sex M  Agy/Grp 129 - 001      Birth 09241962  BES Beg 080118
Addr 103 SOME ST      PO Box
City RICHMOND      State VA  ZIP 23219 - 3665      Country US
Rsn 37 Upd Prsnl Info  Receive 081618 37  Event Date 081618  Effct Date 090118
Plan ACC5 Emp NF Mbr F  PreTax Y      Bill 6
Last TESTER      First ANDREW      MI      SI      Suf
POA
Day Phn 8042253642  Home Phone 8047861708      Medicare N
E-Mail a.testner@testmail.com      Delete
Rel  Last Name      First Name  MI Suf  Birth  SSN  QB D M  Date
SF TESTER      BETSY      L      070966 321023456  N N
D TESTER      DANA      S      013000 321047654  N N
S TESTER      CHRISTOPHER  L      080118 900501202  N N

End

000002 Screen Call-Up Complete -- Proceed

```

PH0600 103

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