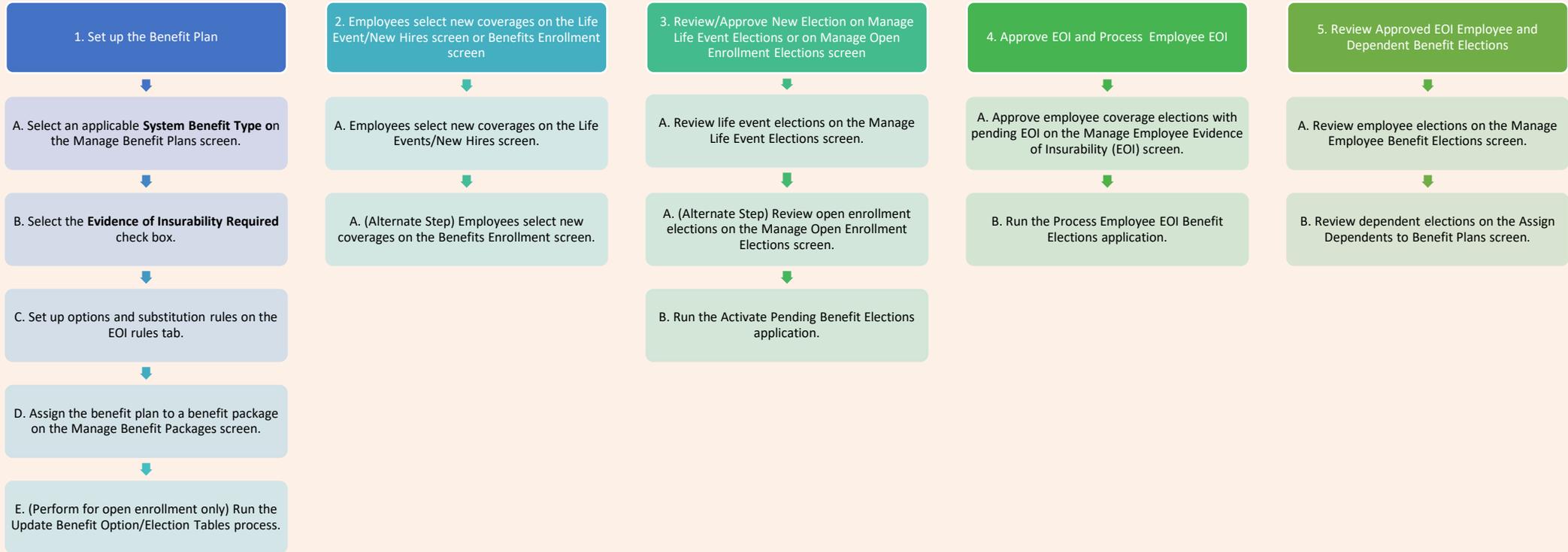


Process Evidence of Insurance Quick Steps

The high-level steps required to process the Evidence of Insurability in Costpoint are shown here. Each step includes sub-steps.



Navigation:

- Use the **PAGE DOWN** key to proceed to the next slide.
- Use the **PAGE UP** key to return to a prior slide.



Benefit Plan Code * Description *

Benefit Plan Details | Eligibility Rules | Enrollment/Coverage Rules | EOI Rules

Provider *

System Benefit Type *

User Benefit Type

Plan Information URL [✎](#)

Plan Status Active Inactive

Exclude from ESS Current Elections
 Exclude from ESS Benefit Options
 Employer-Sponsored Self-Insured Health Plan
 High Deductible Health Plan

[Coverage Detail](#) [Coverage Options](#) [Valid Postal Codes](#) [Valid States](#)

A

On the Manage Benefit Plans screen, select a benefit type in the **System Benefit Type** field. EOI fields are enabled for the following benefit types:

- Life Insurance
- AD&D Insurance
- Long Term Disability
- Short Term Disability
- Supplemental Life Insurance
- Supplemental AD&D Insurance
- Spouse Life Insurance
- Spouse AD&D Insurance



Benefit Plan Code * Description *

New Copy ▼ Delete 1 of 1 New Table Query ▼

Benefit Plan Details Eligibility Rules **Enrollment/Coverage Rules** EOI Rules

Enrollment Rules

Any Time Open Enrollment Date

On Hire Grace Period Days

On Qualifying Life Event

Open Enrollment Period

Coverage Rules

Core Benefit Disability Exclusion

Eligible for COBRA Require HR Approval in ESS

Dependents Eligible Require PCP Name and Number

Dependent Spouse or Child Evidence of Insurability Required

Beneficiaries Required

[Coverage Detail](#) [Coverage Options](#) [Valid Postal Codes](#) [Valid States](#)

B

On the Enrollment/Coverage Rules tab of the Manage Benefit Plans screen, select the **Evidence of Insurability Required** check box for benefit plans that require EOI.



Browse Applications > People > Benefits > Benefit Entry and Creation > Manage Benefit Packages

Identification

New Delete 1 of 1 Existing Table Query

Benefit Package Code * US_FULLTIME

Description * U.S. Full Time Employee BenPkg

Package Deduction

[Benefit Package Details](#)

Benefit Package Details

New Copy Delete Query

Benefit Plan *	Coverage Option *
KATHSPOUSELF	30K
KATHSPOUSELF	40K
KATHSPOUSELF	50K
KATHSPOUSELF	5K
KATHSPOUSELF	60K
KATHSPOUSELF	70K
KATHSPOUSELF	NO CVG

Close

D

On the Manage Benefit Packages screen, assign the benefit plan to the benefit package.



→ Identification New Copy Delete 1 of 1 New Table Query

Parameter ID * Description *

Selection Ranges

	Option
Taxable Entity	All
Employee	All

Options

Current Elections Benefit Options

FSA and HSA Election/Options

Medical Care Dependent Care HSA

E

Perform this step before open enrollment only.
On the Update Benefit Option/Election Tables screen, run the process for the applicable taxable entity/employees.



Browse Applications > People > Employee Self Service > Payroll and Benefits > Life Events/New Hires



Miller, Anna Leigh (108332)

Life Event: * MARRIAGE

Life Event Date: * 08/18/2020

Status: Unconfirmed

Instructions

Address/Phone

Emergency Contacts

Federal Withholding

State Withholding

Direct Deposit

Dependents and Beneficiaries

Medical Insurance

Dental Insurance

Employee Life Insurance

Accidental Death & Dismemberment

Long Term Disability

Supplemental Life Insurance

Supplemental AD&D

Dependent Life Insurance

Spouse Life Insurance

Spouse AD & D Insurance

Other Benefits

Medical FSA

Dependent FSA

Medical HSA

Beneficiaries

Summary

Spouse Life - Current Coverage Level

You are currently not covered under this benefit plan. To enroll, please make a selection under New Coverage and click Save.

[Select New Coverage Level](#)

[Select Spouse for Coverage](#)

[Instructions](#)

Select New Coverage Level

<input checked="" type="checkbox"/>	Select	Plan	Coverage Level	Semi-Monthly Premium	Plan Information	Evidence of Insurability	EOI Form Location
<input type="checkbox"/>		Spouse Life Insurance	No Coverage	0.00	N/A	Not Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input type="checkbox"/>		Spouse Life Insurance	\$5,000	2.50	N/A	Not Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input type="checkbox"/>		Spouse Life Insurance	\$10,000	5.00	N/A	Not Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input type="checkbox"/>		Spouse Life Insurance	\$15,000	7.50	N/A	Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input checked="" type="checkbox"/>		Spouse Life Insurance	\$20,000	10.00	N/A	Required	https://home.acme.com/hrdocuments/spouselifeoi.p
<input type="checkbox"/>		Spouse Life Insurance	\$25,000	12.50	N/A	Required	https://home.acme.com/hrdocuments/spouselifeoi.p

Select Spouse for Coverage

<input checked="" type="checkbox"/>	Select	Spouse	Relationship
<input checked="" type="checkbox"/>		Jason Thomas Watkins	Husband

A

Perform this step for life events only.

On the Life Events/New Hires screen, employees will select a plan on the Select New Coverage Level subtasks of applicable benefit tabs during the new hire process and certain life events.



Browse Applications > People > Employee Self Service > Payroll and Benefits > Benefits Enrollment



Miller, Anna Leigh (108332)

Open Enrollment Start and End Dates: 08/01/2020 - 11/30/2020

Benefits Start and End Dates: 01/01/2021 - 12/31/2021

- Instructions
- Current Elections
- Dependents and Beneficiaries
- Medical Insurance
- Dental Insurance
- Employee Life Insurance
- Accidental Death & Dismemberment
- Long Term Disability
- Supplemental Life Insurance
- Supplemental AD&D
- Dependent Life Insurance
- Spouse Life Insurance
- Spouse AD & D Insurance
- Other Benefits
- Medical FSA
- Dependent FSA
- Medical HSA
- Beneficiaries
- Summary

Supplemental Life - Current Coverage Level

You are currently not covered under this benefit plan. To enroll, please make a selection under New Coverage and click Save.

[Select New Coverage Level](#)

Select New Coverage Level

<input checked="" type="checkbox"/>	Select	Plan	Coverage	Coverage Amount	Semi-Monthly Premium	Plan Information	Evidence of Insurability	EOI Form Location
<input type="checkbox"/>		Supplemental Life Insurance	No Coverage	0.00	0.00		Not Required	https://home.acme.com/hrdocuments/supplement
<input type="checkbox"/>		Supplemental Life Insurance	\$25,000	25,000.00	12.50		Not Required	https://home.acme.com/hrdocuments/supplement
<input type="checkbox"/>		Supplemental Life Insurance	\$30,000	30,000.00	15.00		Not Required	https://home.acme.com/hrdocuments/supplement
<input type="checkbox"/>		Supplemental Life Insurance	\$40,000	40,000.00	20.00		Required	https://home.acme.com/hrdocuments/supplement
<input type="checkbox"/>		Supplemental Life Insurance	\$50,000	50,000.00	25.00		Required	https://home.acme.com/hrdocuments/supplement
<input type="checkbox"/>		Supplemental Life Insurance	\$60,000	60,000.00	30.00		Required	https://home.acme.com/hrdocuments/supplement
<input type="checkbox"/>		Supplemental Life Insurance	\$70,000	70,000.00	35.00		Required	https://home.acme.com/hrdocuments/supplement
<input type="checkbox"/>		Supplemental Life Insurance	\$80,000	80,000.00	40.00		Required	https://home.acme.com/hrdocuments/supplement
<input type="checkbox"/>		Supplemental Life Insurance	\$90,000	90,000.00	45.00		Required	https://home.acme.com/hrdocuments/supplement
<input checked="" type="checkbox"/>		Supplemental Life Insurance	\$100,000	100,000.00	50.00		Required	https://home.acme.com/hrdocuments/supplement
<input type="checkbox"/>		Supplemental Life Insurance	\$125,000	125,000.00	62.50		Required	https://home.acme.com/hrdocuments/supplement

A

Perform this step for open enrollment only.

On the Benefits Enrollment screen, employees will select a plan on the Select New Coverage Level subtask of each available benefit tab during open enrollment.



Identification

Employee: 108332 Miller, Anna L Life Event: MARRIAGE
 Benefit Package: US_FULLTIME U.S. Full Time Employee BenPkg Life Event Date: 08/18/2020

[Dependent FSA Election](#) [Medical FSA Election](#) [HSA Election](#)

Benefit Type Name	Benefit Plan *	Benefit Plan Name	Coverage Option *	Coverage Option Name	Start Date *	End Date	Employee Premium	Coverage Amount	EOI Status *	EOI Received Date
AD&D Insurance	AD & D	AD & D	ACC/DIS	Accidental Death/Dismemberment	08/18/2020	12/31/2020	10.00	1.00000	Not Required	
Health Care Insurance	BLUE CROSS	Blue Cross/Blue Shield	EMPL+SPOUSE	Employee & Spouse Only	08/18/2020	12/31/2020	522.00	0.00000	Not Required	
Dental Insurance	DENTAL	Dental	EMPL+1DEN	Employee +1 Dental	08/18/2020	12/31/2020	51.00	0.00000	Not Required	
Dependent Life Insurance	DEPLIFE	Dependent Life	NO CVG	No Coverage	08/18/2020	12/31/2020	0.00	0.00000	Not Required	
Long Term Disability	JEAN-LTD	Long Term Disability	NO CVG	No Coverage	08/18/2020	12/31/2020	0.00	0.00000	Not Required	
Spouse Life Insurance	<input checked="" type="checkbox"/> KATHSPOUSELF	Spouse Life Insurance	DEP CVG	Dependent Coverage	08/18/2020	12/31/2020	20.00	20,000.00000	Required	
Supplemental Life Insurance	KSUPLIFE	Supplemental Life Insurance	30K	\$30,000	08/18/2020	12/31/2020	30.00	30,000.00000	Not Required	

Edit Dependent Elections

Dependent Name * Watkins, Jason T
 Relationship Husband
 Other Relationship
 Benefit Type Spouse Life Insurance
 Coverage Option * 20K \$20,000
 Start Date * 08/18/2020
 End Date 12/31/2020

Approved by HR
 EOI Status * Required
 EOI Received Date
 PCP Name

A Perform this step for life events only.
 On the Manage Life Event Elections screen, review and, if applicable, change the EOI status of employee and spouse life event benefit elections.



Browse Applications > People > Employee Self Service > Benefit Activation > Manage Open Enrollment Elections



Identification

New Delete 1 of 1 Existing Table Query

Employee * 108332 Miller, Anna L

[Dependent FSA Election](#) [Medical FSA Election](#) [HSA Election](#)

Benefit Plan Details

New Copy Delete 7 of 11 Existing Table Query

Benefit Type Name Supplemental Life Insurance
 Benefit Plan * KSUPLIFE Supplemental Life Insurance
 Coverage Option * 100K \$100,000
 Start Date * 01/01/2021
 End Date 12/31/2021
 Employee Premium 100.00
 Coverage Amount 100,000.000000
 PCP Name
 PCP Number

Approved by HR

Confirmed

Saved

Dependent Required

Dependent Elections

Dependent Eligibility

None

EOI Status *

Required

EOI Received Date

[Edit Dependent Elections](#)

A

Perform this step for open enrollment only.

On the Manage Open Enrollment Elections screen, review and, if applicable, change the EOI status of employee and spouse open enrollment benefit elections.

Note: You can also use the Approve Open Enrollment Elections by Plan screen to mass approve multiple elections that have an **Approved** EOI status.



Browse Applications > People > Employee Self Service > Benefit Activation > Activate Pending Benefit Elections

→ Identification New Copy Delete 1 of 1 New Table Query

Parameter ID* Description*

Type

Open Enrollment Elections

Elections Based on Life Events

Selection Ranges

	Options	Start	End	
Taxable Entity*	All	<input type="text"/>	<input type="text"/>	
Pay Cycle*	All	<input type="text"/>	<input type="text"/>	
Employee*	All	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Employee Non-Contiguous Range
Through Life Event Date	One	<input type="text"/>	<input type="text"/>	

Options

Missing Election Method*

[Employee Non-Contiguous Ranges](#)

B

On the Activate Pending Benefit Elections screen, run the process for open enrollment elections or elections based on life events.

Identification New Copy Delete 1 of 2 Existing Table Query

Employee *	108332	Miller, Anna L
Taxable Entity	KATH	
Record Source	Activate Pending Benefit Elections	

Benefit Election Details

Benefit Package *	US_FULLTIME	Coverage Amount	20,000.00
Benefit Plan *	KATHSPOUSELF	Coverage Limit	999,999,999,999,999.00
Coverage Option *	20K	Enrollment Method	Life Event
Spouse	Watkins, Jason T	Life Event	MARRIAGE
Start Date *	08/18/2020	EOI Status *	Required
End Date *	12/31/2020	EOI Received Date	
		EOI Document	

Process Status

- Coverage Option Substituted because EOI Status = Denied or Required
- Benefit Election Uploaded

A

On the Manage Employee Evidence of Insurability (EOI) screen, approve or deny the employee elections with **EOI Status** that have not been approved.



→ Identification New Copy ▼ Delete 1 of 1 New Table Query ▼ □ □ ×

Parameter ID * Description *

Selection Ranges

	Options	Start	End	
Through Effective Date *	One	<input type="text"/>		
Taxable Entity *	All ▼	<input type="text"/>	<input type="text"/>	
Employee *	All ▼	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Non-Contiguous Ranges
Benefit Plan *	All ▼	<input type="text"/>	<input type="text"/>	
Pay Cycle *	All ▼	<input type="text"/>		

[Employee Non-Contiguous Ranges](#)

B On the Process Employee EOI Benefit Elections screen, run the process for applicable employee and spouse benefit elections.



Browse Applications > People > Employee > Employee Benefit Information > Manage Employee Benefit Elections

New Copy Delete 1 of 1 Existing Table Query

Employee * 108332 Miller, Anna L
 Current Benefit Package * US_FULLTIME U.S. Full Time Employee BenPkg

Benefit Totals

Premium Amount Employee Amount Company Amount Total

Benefit Elections Details

New Copy Delete Form Query

Benefit Package	Benefit Plan *	Coverage Option *	Rate Table	Start Date *	End Date	Enrollment Method	Life Event	Taxable Entity	Employee Amount	Company Amount	Premium Amount	Deduction	Deduction Description	Deduction Method	EOI Status	EOI Received Date
US_FULLTIME	KATHSPOUSELF	DEP CVG		08/18/2020	12/31/2020	Life Event	MARRIAGE	KATH	20.00	0.00	20.00	SPLIFE	Spouse Life	FIXAMT	Not Required	

A

On the Manage Employee Benefit Elections screen, review the EOI status of the processed/active employee benefit election records.



Browse Applications > People > Employee > Employee Benefit Information > Assign Dependents to Benefit Plans

Identification New Copy Delete 1 of 1 Existing Table Query

Employee * 108332 Miller, Anna L

Dependent Coverage

Benefit Information

Benefit Plan * KATHSPOUSELF Spouse Life Insurance

Coverage Option * 20K

Start Date * 08/20/2020 End Date 12/31/2020

Dependent Details

Dependent Name * Watkins, Jason T Gender M

Relationship Husband Date of Birth 02/02/1972

SSN

Evidence of Insurability

EOI Status Approved EOI Document

EOI Received Date 08/20/2020

Medical Information

Primary Care Physician PCP#

Physician 2

Dentist

Pharmacy

Import

B

On the Assign Dependents to Benefit Plans screen, review the EOI status of processed/active dependent benefit election records.



Identification New Copy Delete 1 of 1 Existing Table Query

Employee * 108332 Miller, Anna L

Dependent Coverage

Benefit Information

Benefit Plan * KATHSPOUSELF
Coverage Option * 20K
Start Date * 08/20/2020

Dependent Details

Dependent Name * Watkins, Jason T
Relationship Husband
SSN

Evidence of Insurability

EOI Status Approved
EOI Received Date 08/20/2020
EOI Document

Medical Information

Primary Care Physician
Physician 2
Dentist
Pharmacy
PCP#

This concludes the Process Evidence of Insurability Quick Steps.

Import