The Setup of Benefit Codes within FM2000 and the interface to the Payroll System Deduction screen is coordinated between the Human Resource and Payroll Offices.

The interface to the Payroll Deduction screen is controlled by having a Payroll Deduction Code associated with a Benefit Code within the Human Resources – Maintenance – Benefit Code Table.

In order to facilitate the reconciliation of Benefit Processing to the Payroll Deductions, it is recommended that Payroll Deductions be created with a correspondence to each Benefit Code category.

For Example, if you have a Benefit for Dental Insurance - Family and a Benefit Deduction for Dental Insurance - Single, create 2 Payroll Deductions that you can associate with the appropriate Benefit Code as follows:

Payroll Mair	itenance Menu		<u>_ </u>		
Depts	Buildings Accounts	Ded Codes	Pay Freqs Earn Codes		
Code CRED UN DENT-F DENT-S ERS ERSAR ERSAR ERSAR414 ERSBACK ERSLN FLX-MED	Description CREDIT UNION DENTAL - FAMILY DENTAL-SINGLE EMP'S RETIREMENT SY ERS ARREARS ERS ARREARS ERS ARREARS-414H ERS ADJUSTMENT ERS LOAN FLEX MEDICAL	Tax Type Before After After Before Before Before After Before After Before	Code: DENT-F Descr. DENTAL - FAMILY Annuity: No Type: Deduction From Net After Tax Flex: No Flex: Reimbursement Bond: No Bond Amount: 0.00 Bank Acct: No Exclude From Calc: no Mandatory: No Bank Acct: No Exclude From Calc: no Mandatory: No Pay Freq: Q Ded Year: C Amt/Pct: 0.00 Times Taken: 0 Ded Type: Dollar Lim: 0.00		
SORT © Code © Desci	STARTING TY	YPE) All) Before Tax) After Tax	G/L Acct:		
Mext Erev Erst Last Save Heset Add Delete Lancel Exit when the Description of this Deduction					

Step 1: Create a Payroll Deduction Code for each Benefit as needed.

Attend Codes	Benefit Codes	Eval Types	Civ Ser Codes	Certif Types	Cobra Codes
Provider	Туре		Type: Dental	7	
CDPHP-NO CONTR	NB HEALTH	-	Provider: DELTA I	DENTAL	
DELTA DENTAL	DENTAL		Policy#: 1234567	/89	
WAIVED WAIVED	MAJOR MED HEALTH	Create Payr	oll Deductions: YES		
WAIVED	LIFE	********	COVERAGE	INFORMATION **	*****
WAIVED	DENTAL	Coverage [ed Code Total	Cost \$/% Empl	oyee Cost Employer Cost
TYPE (Health Dental Disability Major Med O Other All	Family DEI Individual DEI Spousal	VT-F Q 5,000 VT-S Q 3,000 Q 0	.00 \$ ¥ 4,0 .00 \$ ¥ 2,5 .00 \$ ¥	00.00 1,000.00 00.00 500.00 0.00 0.00
Next Prev First Last Save Reset Add Delete Cancel Exit					

Note that the Ded Code fields have now been associated with the 2 payroll deduction created in the previous step.

*** If you do not want a Payroll Deduction automatically created when a Benefit Code is Added to Each Employee's Benefit Screen, simply leave the Ded Code fields blank on the Benefit Code Table setup!

Step 3 - Add the Benefits to each Employee's individ	ual Benefit Screen.
--	---------------------

Save Beset Add Delete Cancel Ngtes Exit Employee Information Attend Personal Profession Benefits Dependents Employee Benefits Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Ins Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Ins Ins Ins Ins Ins Ins Health Ins Ins Ins Ins Ins Ins Ins Health Ins Ins Ins Ins Ins Ins Ins Ins Employee: 9 ANNUALIZE, JOSEPH T Employee Ins Ins Ins Ins Ins Employee: 9 ANNUALIZE, JOSEPH T Employee Ins	Employee Main	ntenance
Save Reset Add Delete Cancel Ngtes Egit Employee Information Attend Personal Profession Benefits Dependents Employee Benefits Employee Portion Total Cost Start Date End Date Health Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Health Ins Type For Type Employee Portion Total Cost Start Date Ins Employee: 9 ANNUALIZE, JOSEPH T Emp Type: DRIVE BUS DRIVERS 4144-55-9999 Provider: DELTA DENTAL Dental Type: Family Date Range: 07/01/01 Employee Portion: 4,000.00 Employer Portion: 1,000.00 Total Cost: 5,000.00 Face Value: 0.00	lie <u>N</u> avigation	
Employee Information Attend Personal Profession Benefits	$\mathbb{N} \land \mathbb{N}$	Save Reset Add Delete Cancel Ngtes Egit
Benefits Employee Benefits Dependents Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Health Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Health Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Health Ins Type Provider End Date Retirement Emergency Ins Type: DRIVE BUS DRIVERS 444-55-9999 Provider: Dental Type: Family Date Range: 07/01/01 Employee Portion: 1,000.00 Total Cost: 5,000.00 Face Value: 0.00	Employee Info	ormation Attend Personal Profession
Dependents Employee Benefits Health Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Notes Retirement Emergency Employee: 9 ANNUALIZE, JOSEPH T Emp Type: Dental Type: Family Date Range: 07/01/01 Employee Portion: 1,000.00 Total Cost: 5,000.00 Face Value: 0.00	Benefits	
Health Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date Health Notes Retirement Instruction Instruction Emergency ANNUALIZE, JOSEPH T Emp Type: DRIVE BUS DRIVERS 444-55-9999 Provider: Dental Type: Family Date Range: 07/01/01 Employee Portion: 4,000.00 Employer Portion: 1,000.00 Total Cost: 5,000.00 Face Value: 0.00	Dependents	Employee Benefits
Health Notes Health Notes Retirement Emergency Employee: 9 ANNUALIZE, JOSEPH T Employee Portion: 1,000.00 Total Cost: 5,000.00 Face Value: 0.00	Health	Ins Type Provider Cover Type Employee Portion Employer Portion Total Cost Start Date End Date
Retirement Emergency Employee: 9 ANNUALIZE, JOSEPH T Employee: 9 Dental Type: Family Date Range: 07/01/01 Employee: Portion: 1,000.00 Total Cost: 5,000.00 Face Value: 0.00	Health Notes	
Emergency ANNUALIZE, JOSEPH T Emp Type: DRIVE Q BUS DRIVERS 444-55-9999 Provider: DELTA DENTAL Q Dental Type: Family Date Range: 07/01/01 Employee Portion: 4,000.00 Employer Portion: 1,000.00 Total Cost: 5,000.00 Face Value: 0.00	Retirement	
Employee: 9 ANNUALIZE, JOSEPH T Emp Type: DRIVE Q BUS DRIVERS 444-55-9999	Emergency	
	Employee: 9 444- Provider: DELT. Employee Portion	ANNUALIZE, JOSEPH T Emp Type: DRIVE Q BUS DRIVERS 55-9999 A DENTAL Q Dental Type: Family Date Range: 07/01/01 n: 4,000.00 Employer Portion: 1,000.00 Total Cost: 5,000.00 Face Value: 0.00

Note that you can associate Benefits by the appropriate Employee Type!

The Date Range should reflect the Start and End dates of this particular Benefit.

As you select the Provider and the Type, the bottom line Employee, Employer, and Total Cost dollars will fill in. A Waived Benefit should also be recorded!

When you save the screen, if this Benefit has a Payroll Deduction associated with it, a message will display as follows:

Information 💌					
٩	An active deduction for this employee portion will be created!				
	()				

Click OK to Create a Payroll Deduction for the Employee's Share of this Benefit.

Please Note that you will need to Update the Payroll Deduction Screen \$ Amount.

If you have not included a Default Pay Frequency on the Payroll Maintenance – Deduction Code screen or a Default Number of Checks, the System will remind you that you will need to add that to the Employee's Payroll Deduction Screen.



Step 4 - The Payroll Deduction Screen for the Employee is now ready to be finalized by the Payroll Department for processing on an upcoming payroll. Notice that the Limit field is the Employee Portion of the Benefit!

P Employee Maintenance	
<u>File Navigation</u>	
	Save Reset Add Delete Cancel Ngtes Egit
Employee Information Retirement Earnings	Deductions Direct Dep Tax Wthd Analysis
Code T Amt / Pct Freq Stat Limit Yr DENT-F \$ 0.00 Act 4.000.00 C ERS % 3.00 RET Act 0.00 C	Employee: 9 ANNUALIZE, JOSEPH T 444-55-9999 DRIVE
	Ded Code: DENT-F Q DENTAL - FAMILY
	Limit Year:
	Type: \$ Bank Acct: Limit: 4,000.00 Y-T-D Amt: 0.00
	Amount 0.00 F-T-D Amt 0.00
	Status: Active Remaining: 4,000.00
	Start Date: / / Last Amt: 0.00
	End Date: / / Last Taken:
Enter the Deduction Code.	

Human Resources - Reports provides for a number of listings related to Benefits:

Report Types:	Benefit Reports	
C Attendance Reports	Reports	<u> </u>
Benefit Reports	Census Reports Benefit Listings	
Civil Service Reports	Employee Benefit Status	
C Educational Reports	Waived Employee Benefit	
C Employee Lists		
C Evaluation Reports		
C Health Reports		
C Position Report		
C Year End Reports		
<u>B</u> un	Exit	

Selection Screen for the Benefit Census Report:

₩ Benefit Cer	nsus Report			
-Select Dedu	ction Codes		lection Criteria	
Code	Description	-	Include Salary in Census Report:	C Yes ⊙ No
CRED UN	CREDIT UNION			
DENT-F	DENTAL - FAMILY		Include Marital Status:	⊙ Yes ◯ No
EBS	EMP'S BETIBEMENT SYS			
ERSAR	ERS ARREARS		Additional Heading Description:	
ERSAR41	ERS ARREARS-414H			
ERSBACK	ERS ADJUSTMENT	P	elta Dental Benefit	
ERSLN	ERS LOAN			
FLX-MED	FLEX MEDICAL			
GARN-ASC	GARN-ALBANY SCU	-	01	
				Lancel
Enter Additional	Heading Description or Leave Blank.			

Sample Benefit Census Report - Note the individual whose Payroll Deduction has not yet been updated to include the Per Pay Amount!

diag	jcen	FINANC	Eltxt - N	otepad						- 8
ile <u>E</u>	dit	<u>S</u> earch	<u>H</u> elp							
)4/12 ****	/ 02	*****	*****	******	DEMO SCI	100L DIST ********	RICT ******	*****	*****	****
CE	NSU	IS INFO	DRMATI	ON FOR DE	DUCTIONS: DENT-F,DEN	r-s				
elta	De	ntal I	Benefi	t						
****	***	*****	*****	******	********	*******	******	*****	********	****
Cn	t	Enp#	Emplo	yee Name	Soc	ial Sec#	Date of Bir	th Sex Mar S	t Hire Date	Ho
	1	11 Li	AIDE, ist	TEACHER Code	668 [.] Plan Description	-95-5233 Type	02/22/1952 Percent	F Sing Amount	03/01/198 Limit	5 FYT
			1	DENT-F	DENTAL - FAMILY	\$		200.00	4,000.00	
Cn	t	Emp#	Emplo	yee Name	Soc	ial Sec#	Date of Bir	th Sex Mar Si	t Hire Date	Ho
	2	9 Li	ANNUA ist	LIZE, JOS Code	EPH T 444 Plan Description	-55-9999 Туре	02/14/1965 Percent	M Sing Amount	07/01/200 Limit	0 Fyt
			1	DENT-F	DENTAL - FAMILY	\$			4,000.00	
		тоти	AL NUM	BER OF EM	PLOYEES ==>	2	I	TOTAL DEDUC	TIONS LISTE	D ==:

Selection Screen for Benefit Listing Report.

the Benefit Listings	
Selection Criteria	Select by Insurance
Group By: C Provider C Insurance Typ	e 💽 Coverage Type 🔿 Name
Display Family Coverage Type:	• Yes • No
Display Individual Coverage Type:	Yes O No O
Display Spousal Coverage Type: Separate Pages for Each Group:	C No C Yes C No
Include Waived Benefits:	C Yes C No
Include Active Employees in Listing:	⊙ Yes C No
Include Inactive Employees in Listing:	C Yes 💿 No
Include On Leave Employees in Listing:	C Yes 💿 No
<u>D</u> K	Cancel
Select a Sorting Method for This Report.	

Select the desired Output Destination:

🌆 Report Outp	out 💶 🗵 🗶
Output Des	tination
à	Preview
4	Default Printer
	File
×)	Microsoft Excel Export
	Cancel
Enter data or pre	iss ESC to end.

XM	licrosoft E	Excel - 21506115290							. 8 ×
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Co	mic Sans M	5 • 10 • B 2	<u>n</u> ≣	≣≣ 🖬 \$ %	6, .00, .00 €	E 1/E 🔛 •	· 🕭 • <u>A</u> •		
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1	04/12,	DEMO SCHOOL DISTI	RICT		11:00:00 AM				
2	BENEFI	T LISTINGS BY COVE	RAGE TY	PE					
3									- 1
4	Emp#	Name	Еттр Тура	e Provider	Туре	Cover Typ	e Emplr Portion B	Emply Portion	_
5									- 1
6	9	ANNUALIZE, JOSEPH	DRIVE	DELTA DENTAL	Dental	Family	1000	4000	- 1
7	11	AIDE, TEACHER	ТА26	DELTA DENTAL	Dental	Family	1000	4000	
8									_
9	<u> </u>								_
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20		EMO SCHOOL DISTRICT 🦯							ЪГ
Rea	dy	,							

Sample Benefit Listing Report Output to Excel!

Employee Benefit Status])
Select by Emptype: Q Select by Building	: 🞑	Select by Department:	Q	
Employee Selection Criteria				
Employee Start Name:				
Employee End Name:				
Include Active Employees in Listing:	Yes	C No		
Include Inactive Employees in Listing:	🖲 No	C Yes		
Include Retired Employees in Listing:	🖲 No	C Yes		
Include On Leave Employees in Listing:	💿 No	C Yes		
Include Temporary Employees in Listing:	Yes	🔿 No		
Include Waived Benefits:	🔿 Yes	No		
<u>D</u> K	<u>C</u> an	icel		
ess to lookup buildings.				

Selection Screen for Employee Benefit Status Report

Sample Employee Benefit Status Report:

04/12/02		'RICT *******	PAGE 1 ******				
EMPLOYEE BENEFIT STATUS							
EMP#	NAME	TYPE (S) PROVIDER	INS TYPE COV	ER TYPE RATE AMOUNT		
8 ADMI	NISTRATOR, JILL	ADM12	CDPHP-NO CONTRIB	Health Famil	y 6,000.00 0.00		
	DEPENDENTS:	Spouse Child	Administrator, Administrator,	William D 01/ Mary Lou 01/	15/2040 123-45-6578 27/1977 321-12-3545		
11 AIDE	, TEACHER	TA26	DELTA DENTAL	Dental Famil	y 1,000.00 4,000.00		
NO DEPENDENTS ARE AVAILABLE FOR THIS EMPLOYEE.							
9 ANNU	JALIZE, JOSEPH	DRIVE	DELTA DENTAL	Dental Famil	y 1,000.00 4,000.00		
		NO DEPEN	DENTS ARE AVAILABI	E FOR THIS EMPL	OYEE.		

Setup Screen for Waived Benefit Listing Report:

Selec	t All Employee Types		🔽 Select All C	overage Types	
Туре	Description		Provider	Cover Type	-
ADM10	ADMINISTRATOR 10M0		WAIVED	MAJOR MED	
ADM12	ADMINISTRATOR 12M0		WAIVED	HEALTH	
CLERK	CLERKS		WAIVED	LIFE	
CONF	CONFIDENTIAL EMPLOYEES		WAIVED	DENTAL	
CSANN	CSEA ANNUALIZED - ICABOD		WAIVED	DISABILITY	
CSHR	CSEA HRLY - ICABOD		WAIVED	OTHER	
DRIVE	BUS DRIVERS				
FS	FOOD SERVICE WORKER				
MAINT	MAINTENANCE WORKERS				$\overline{}$
NURSE	NURSES				
SCOCH	SPRING COACH				
SUBDR	SUB BUS DRIVERS	•	ОК	<u>C</u> an	cel

Sample Waived Benefit Listing Report:

📶 Report Viewer									
		E <u>x</u> it							
04/12/02 DEMO	SCHOOL DISTR	ICT *********	*****	PAGE 1					
EMPLOYEE'S WITH 'Waived' BENEFITS :									
Emp# NAME	EMP TYPE	COVERAGE TYPE	START DT	ENDING DT					
8 ADMINISTRATOR, JILL A Report Completed 11:34 AM D	ADM12	Dental	07/01/00						
Use arrows and scroll bars to browse through repo	ort.								