

Department of Accounts

Payroll Bulletin

Calendar Year 2011

September 16, 2011

Volume 2011-15

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The Payroll Bulletin is published periodically to provide CIPPS agencies guidance regarding Commonwealth payroll operations. If you have any questions about the bulletin, please call Cathy McGill at (804) 371-7800 or Email at cathy.mcgill@doa.virginia.gov

State Payroll Operations

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New Field for Group Insurance and Retiree Credit Only

**New Field on the
HMCU1 Employee
Benefits Screen**

There are some circumstances which require **only** Group Insurance (deduction numbers 102 and 120) and possibly Retiree Credit (deduction numbers 105 and 115) deductions to calculate. Typically this would be desired for ORP-eligible new hires who have 60 days in which to choose a retirement plan, Workforce Transition Act (WTA) employees who are no longer receiving a severance payment, and employees on Military leave. The HMCU1 has been enhanced with a field entitled "GROUP INS/RETIREE CREDIT ONLY" to accommodate this need. (A sample screen of the new HMCU1 is displayed at the end of this section). Valid values for the "GI" field are "Y" to calculate only group insurance and retiree credit or "N" or blank to calculate the full complement of "retirement-related" deductions. Blank is the default.

If no retirement code is entered and the GI field is changed to "Y" the system will default the retirement plan code to "VN" and create only the Group Life and Retiree Credit deductions (102, 105, 115 and 120) with a frequency of 09 and issue an informational message "I - "RETIRE PLAN REQUIRED-VN DEFAULT". This ensures a valid retirement plan code exists so that the VRS reporting programs will include the calculated amounts.

When an active employee's status is changed to one that requires only group insurance (and retiree credit for employees who have not yet chosen a retirement plan) simply change the GI field to "Y." The retirement and LTD deductions will be systematically deactivated. If the retirement and LTD deductions need to be reactivated, simply change the GI field to "N."

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New Field for Group Insurance and Retiree Credit Only, continued

However, you will not be allowed to change both the retirement plan and the GI field in the same action. Therefore, when an undecided new hire has made a retirement election you will need to change the GI field to "N," press enter, then enter the retirement code (if not VN) and press enter again.

Note: A GI field value of "Y" is not valid for the LT retirement plan code. This combination will result in a fatal error message of "F – LT INVALID CODE FOR GI ONLY." LT is only to be used when ALL retirement related deductions are to be deactivated.

HMCU1 Screen Example

```

> C ON HMCU1
      -EMPLOYEE BENEFITS-
- COMPANY--> 00000 EMPLOYEE NUMBER--> 00000000000
  NAME->
-HEALTHCARE BENEFITS-
  PROVIDER CODE-----> __
  MEMBERSHIP TYPE----> __
-RETIREMENT BENEFITS-
  RETIRE PLAN CODE--> __ GROUP INS/RETIREE CREDIT ONLY --> _
  BUY BACK TAXING----> _
  BUY BACK TYPE INDICATOR (PLAN 2 ONLY)--> __
  BB BEGIN DATE-----> 00/00/0000 BB END DATE -----> 00/00/0000

0001I-ENTER HEALTH TRANSACTIONS IN BES A287W-NO RECORD/S FOUND
                                09/12/11 15:33:07 1 M3LL CID5 __

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Changes to H0ZDC

H0ZDC and HMCU1 for Retirement and Health Care

To enforce the use of HMCU1 to activate and deactivate retirement deductions, the deduction frequency and amount fields for all retirement deductions on H0ZDC have been "protected." Similar steps have been taken to protect the deduction frequency for health care deductions.

Note: Health care codes and deductions should be updated via data entry in the Benefits Eligibility System (BES) and the nightly BES-to-CIPPS interface. Data entry on HMCU1 is required if timing issues demand an immediate update in CIPPS.

New Health Care Provider: TRICARE

TRICARE Supplement

The state Health Benefits Program will begin offering TRICARE Supplement health benefits effective October 1, 2011 to eligible employees. Enrollment eligibility will be determined by DHRM and the updates to employee's records will flow through the BES-to-CIPPS automated update. The supplemental premium is an employee-only paid premium and will be withheld on a pre-tax basis.

The Provider Codes (and associated premium tables) to be used in CIPPS for TRICARE are:

110 – Non-WTA Employee

160 – WTA Employee

110/160 TRICARE

<u>Employee Coverage Code</u>	<u>Semi-Monthly</u>			<u>Monthly</u>		
	<u>Employee</u>	<u>Agency</u>	<u>Total</u>	<u>Employee</u>	<u>Agency</u>	<u>Total</u>
S - Employee Only	\$30.00	\$0.00	\$30.00	\$60.00	\$0.00	\$60.00
D - Employee Plus One	\$59.50	\$0.00	\$59.50	\$119.00	\$0.00	\$119.00
F - Family	\$80.00	\$0.00	\$80.00	\$160.00	\$0.00	\$160.00
O - Employee Only - Part Time	\$30.00	\$0.00	\$30.00	\$60.00	\$0.00	\$60.00
T - Employee Plus One - Part Time	\$59.50	\$0.00	\$59.50	\$119.00	\$0.00	\$119.00
M - Family - Part Time	\$80.00	\$0.00	\$80.00	\$160.00	\$0.00	\$160.00

Processing Assistance for CIPPS or Payline

Contact Information

When assistance is needed with CIPPS processing or Payline, please call any of the THREE support analysts in the Payroll Operations Unit. All have numerous years working with CIPPS in both a functional and analytical capacity. Their contact information is provided below.

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Fidelity Enrollment Forms

**Include Plan
Number**

Enrollment forms submitted with no plan number are being rejected by Fidelity's system even though the form indicates that the plan number is "optional". This, in turn, results in a delay in posting of the funds to the employee's account. Please ask your Benefits Administrators to include the plan number on all enrollment forms submitted to Fidelity.
