

**MONTHLY BILLING RECONCILIATION  
PROCESS FOR HEALTH,  
DENTAL, LIFE & LTD**

**DEPARTMENT OF ADMINISTRATIVE SERVICES**

**REVISED MARCH 2016**

## **BILLING REPORTS:**

- ◆ The following monthly billing reports (when applicable) will be furnished to each agency on Centralized Payroll by DAS. These reports are run following rewrites after the first payday of each month.

- Health Insurance Refund Report	075N192A
- Health Insurance Change Report	075N192B
- Health Insurance Deduction Report	075N192C
- Dental Insurance Refund Report	075N181A
- Dental Insurance Change Report	075N181B
- Dental Insurance Deduction Report	075N181C
- Health/Dental Insurance Billing Summary	075N193A
- Health Ins. Changes for (Month – 1 for each plan)	075N472A
- Dental Ins. Changes for (Month)	075N184A

- ◆ Other reports that may you may receive as needed

- Listing of Terminated Employees - Health	S075N198A
- Listing of Terminated Employees - Dental	S075N198B
- Report of Employees with Invalid Life Ins Codes	552H240A*
- Group Life with Zero State-Share Messages	075N430A*
- Leave Code 53/54/57/59 Leave Report	552H405A*
- Change Ins Premium Due To Age Change	S552H229*

*\* These special reports for Life and LTD insurance will come with a memo attached with directions on what to do for any employees on the report. See Memos and Reports, Appendix A.*

- ◆ The departments should have their billings balanced with adjustment submitted to DAS-SAE within 3 weeks.
- ◆ Each carrier's information is separated on the billing report pages. The name of the carrier will be at the top of each report/page. You will need to use the Payroll Journal Recap Reconciliation Worksheet (Appendix B) to balance the numbers from your payroll journals to the insurance billing summary report for each individual carrier.

**The Active Health and Dental carriers for the current year are:**

- Blue Cross - Includes the Indemnity plans Program 3+ and Deductible 3+ and the PPO plan Iowa Select.
- Blue Access - MCO Plan
- Blue Advantage - MCO Plan
- SPOC - Alliance Select PPO
- Delta Dental
- Dental SPOC

## **PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET:**

Begin balancing each account by completing a Payroll Journal Recap Reconciliation Worksheet (Appendix B). This worksheet will provide the information needed to assist in balancing the payroll journals with the Billing Summary reports (075N193A) from your monthly billing packet.

### ◆ **Completing Reconciliation worksheet: (Appendix B)**

1. In data warehouse, use the insurance deductions report to find your totals for each pay period for the month you are reconciling.

OR your can:

2. Use the grand totals page of the payroll journal from the data warehouse for each pay period for the month you are reconciling. (Example B-1)
3. Use the grand totals page for any rewrites and/or cancellations for the same pay periods from the data warehouse. (Example B-2)
4. Enter employee and state share totals on reconciliation worksheet for each carrier your department has for each pay period, including rewrites and cancels. (Examples B-1 & B-2 letters A-F)
5. Subtract any automatic refunds from reports 075N192A and 075N181A (Example B-3)
6. Add or subtract employees who transferred between carriers from reports 075N192B and 075N181B

**Quick tip!** Look for different codes between the first half deduction and the second half deduction on the 075N192B report (example B-4)

7. Add or subtract employee share and/or state share for those employees who transferred in or out of the department during the month. (Refer to 075N472A and 075N184A reports for help.)
8. Enter totals from billing summary 075N193A (Example B-5)
9. Any differences need to be reconciled

**Quick Tip!** Make sure you are comparing the Insurance Deduction Report and Billing Summary report amounts with the payroll journals for the correct pay periods covered on the report. For example: if the report is for January, use the pay periods in December from which deductions were made for January coverage. A sample Deduction Schedule is included in this packet (Appendix I-1). You should receive a new one from the Benefits Team annually.

## **HEALTH AND DENTAL INSURANCE DEDUCTION ADJUSTMENTS:**

**A. Billing Summary Form** (075N193A *Appendix C*): Complete the Billing Summary form as follows (example C-1):

1. Check the column under “Balanced” for each carrier that balanced.
2. If the carrier needed adjustments to balance check the “Adjustments Attached” column by that carrier.
3. If there are employee checks being submitted with the billing adjustments, check the “Checks Attached” column by that carrier.
4. Complete the **Trustee Report Adjustments Form** (TRA) (CFN 552-0570), and the necessary forms and send with the Billing Summary form.
5. Return the Billing Summary form to DAS-SAE.

**B. Trustee Report Adjustments Form** (CFN 552-0570 *Appendix D*): Complete TRA as follows:

1. Do a separate TRA for each **carrier**, and for each **month**. (example D-1)
2. List all employees whom you are making adjustments for, for that carrier and month on one Trustee Report Adjustments form.
3. Complete the appropriate forms for each employee’s adjustment
  - State Share Transfer (if eligible)
  - Transfer Between Carriers
  - Refund form
  - Attach check (if needed) for complete adjustment

**Quick Tip!** You can find the adjustment form, state share transfer, transfer between carriers and refund forms at: <https://das.iowa.gov/state-accounting/centralized-payroll/payroll-forms-and-publications>

### ◆ **Completing the Insurance Trustee Report Adjustments Form**

1. For Month of: Enter the month the report covers.
2. Insurance Carrier: Enter the insurance name (ie Blue Access, Iowa Select, Delta Dental)
3. Three Digit Department Number: Enter the your 3 digit department number
4. Dept. Name: Enter the name of the department
5. Date Completed: Enter the date the report was completed and sent.
6. Date of Revision: Enter the date the revision was completed if this is a revision of a TRA that was already submitted to DAS.
7. Page # of: Enter the page number and the total number of pages.

8. Dollar Amount: Enter the total dollar amount from the insurance summary reports for that carrier/plan. (075N193A)
9. EE's: Enter the total number of employees enrolled in that plan from the insurance summary report totals from reports 075N193A.
10. Name: Name of employee that the adjustment is for.
11. SSN: The employee's social security number.
12. Code:
  - FR- This is the health/dental code that an employee is going out of or is being removing from the billing. All refunds will be "FR" codes.
  - TO- This is the health/dental code that is being added to the billing. If your person is on leave and you are just adding them on to your billing or they are changing to a new code, the code goes on the "to" side.
13. Explanation: Explain the reason for the adjustment; include dates or the number of months they are being added as State Share eligible for FMLA and Worker's Compensation. (Ex., "leave without pay 7/10 to 7/23, less than 30 days" or "FMLA #2".)
14. +/- Total (under Dollar Amount column): Put a plus or minus depending on whether you are adding or subtracting the amount from your billing, and enter the amount of the adjustment.
15. +/- Total (under EE's column): Put a plus or minus depending on whether you are adding or subtracting the employee from you billing, and enter a "1" for each employee.
  - Additions: Reasons for additions
    - Employees who, for any reason, were eligible for health insurance coverage for the month but were not included on the insurance deduction report (075N192C or 075N181C).
    - Leave Without Pay: Employees who are on leave without pay and who are eligible to continue insurance coverage by paying either the State Share and employee's share of the premium or just the employee share if they are eligible for the state share due to FMLA or Work Comp designation. Please check for eligibility if you have a question.
  - Subtractions: Employees who are on the report in error.
  - Other Changes: Employees who had an incorrect deduction, administrative error, etc
16. Corrected Total: Total the "Dollar Amount" and "EE's" columns

**C. State Share Transfer Form** (CFN 552-0335, *Appendix E*): Complete a State Share Transfer (example E-1) any time the department owes for a missed state share for an employee or owes more than what was pulled from payroll. (ie switched to a higher priced plan)

1. Department: Name of employee's department.
2. Date: Enter the date you are completing the form.
3. Employee Name: The name of the employee you are paying state shares for.
4. SSN: Employee's social security number.
5. Payroll Number: The employee's 10-digit payroll number. (first 10 digits seen below - found on the employees EI screen in HRIS)

```
|
+----- POSITION INFORMATION -----
| NUMBER: 588-153-2110-00711-001
```

6. Reason for Transfer: The reason for the transfer and why the employee is eligible for the state share.
7. Insurance Plan: Write out the name of the insurance carrier/plan that the shares are being paid to.
8. Amount: The amount of the state shares owed.
9. Insurance Code: The employee's insurance code. (Ex. 1X400)
10. For Month of: The month of insurance that the premium is owed for.
11. Authorized by: Make sure to sign or get a signature from someone in the department that is authorized to sign insurance documents.

**Example 1:** The employee had hours the 1<sup>st</sup> pay period, and no hours in the 2<sup>nd</sup> pay period of the month when the state share premiums were pulled

1. A state share transfer for the premium due from the department is needed
2. Check from the employee, made out to Treasurer-State of Iowa, for their 2<sup>nd</sup> half deduction will need to be collected if an employee share is needed

**Example 2:** The employee has exhausted all FMLA and had no hours in either pay period for the month.

1. Check from the employee for the full amount of the premium (employee and state share) will need to be collected.
2. No state share transfer form needed

**D. Refund For Health, Dental, Life Insurance Form** (CFN 552-0334, *Appendix F*):

Complete a Refund form (example F-1) any time an employee share or state share should **not** have been deducted for that month or the employee changed to a less expensive insurance. A separate refund form will need to be completed for each type of insurance.

**Quick Tip!** If you receive Health/Dental listing of terminated employees (S075N198 example F-2) this means premiums were pulled for a month after the employee's termination date. You will need to complete the refund form for that employee to return the overpayment back to the employee and/or department.

1. Name: Enter the name of the employee that you are removing or changing.
2. Department: Enter the department name
3. Date Submitted: Enter the date you are completing the form for submission.
4. Pay Period of Over-deduction: List the pay periods that the premiums pulled for that employee and/or department that shouldn't have.
5. Payroll Number: Enter the employee's 10 digit payroll number. (first 10 digits of the number below)
6. Class and Position: Enter the class and position numbers. (The last 8 numbers below)

```
|
+----- POSITION INFORMATION -----
| NUMBER: 588-153-2110-00711-001
```

7. Employee Number: Enter the person's employee number.
8. Social Security Number: Enter the employee's social security number.
9. Insurance Type: Enter an H for health, a D for dental and an L for life or LTD, depending on what insurance type you are doing the refund for.
10. Date: This is the date of the month's premium that you are actually refunding. Enter this date in the MM/YY format. (i.e. 07/09).
11. Insurance Code: Enter the code that is being removed from the billing or the code that the employee is transferring out.
12. Pre-Tax Flag: Enter a Y or an N for whether or not the employee is participating in the Pre-Tax program for insurance deductions
13. Refund Amount for Employee: Enter the employee share amount that will be refunded.
14. Refund the State Share Amount: Enter the state share amount that will be refunded.
15. Reason for Refund: Enter a reason code from the selection listed on the form.



16. Explanation: Use this section to explain further the details of the refund.
17. Authorized Claim Signature: The form must be signed by someone from the department that is eligible to approve money transfers for the department.

**Example 3:** Employee goes from Blue Access family to Blue Access single coverage after the state shares have already been paid.

1. The premium for Blue Access family CX600 \$1,122.73
2. The premium for Blue Access single CX400 \$ 479.81
3. Complete Refund form for \$642.92(\$1,122.73 - \$479.81) to be returned to the department.

**Example 4:** Employee goes from Iowa Select Family to Blue Access Family coverage after employee and state shares have already been paid

1. The premium for Iowa Select family SX600 \$1,804.31 (\$1,533.67 state share +\$270.64 employee share)
2. The Premium for Blue Access family CX600 \$1,122.73 (all state share no employee share)
3. Complete refund form for \$410.94 (\$1,533.67 – \$1,122.73) to be refunded to the department
4. Refund \$270.64 to the employee
5. Complete a transfer between carriers for \$1,122.73

**E. Automatic Refunds** If a P1 or adjustment in IowaBenefits is entered for a change in insurance code between the 1<sup>st</sup> and 2<sup>nd</sup> pay period of a month, the second half's pay period deduction will **automatically adjust** and pull the correct amount. The system will automatically request refunds or will make up underpayments on the second check.

If the amount deducted in the first pay period for deductions is more than it should be, the "overage" will automatically be refunded to the employee. Check the Insurance Refund Report. (075N192A or 075N181A)

When an employee share deduction has been made for the first half of the premium but not the second half, proceed as follows:

If the employee is being dropped from a plan:

- The amount shown on the Refund Report will automatically be refunded to the employee. Do not submit a Refund form.

If the employee is to remain on the plan:

- If the employee is on the Insurance Refund Report (075N181A Appendix F) you will need to do a billing adjustment to pay their premiums and keep them on the plan.
- Collect a personal check from the employee for the balance of the premium if they are on a plan with an employee share (the second half that wasn't pulled)
- Submit the check with a State Share Transfer form for the state share (if eligible)
- Submit a Trustee Report Adjustment form to DAS-SAE.

**Reminder:** If a second deduction is not required due to a change in plans, and the employee's name is on an Insurance Refund Report, any overage will be automatically refunded.

**Example 5:** The employee switches from Delta Dental single to Delta Dental family after the first pay period deduction.

1. Delta Dental single has no employee share but Delta Dental family does
2. The system will automatically adjust and pull the full employee share (\$39.14) during the second pay period deduction

**Example 6:** The employee switches from Delta Dental family to Delta Dental single after the first pay period deduction.

1. Delta Dental family employee share of \$19.57 would have been paid by the employee during the first pay period deduction.
2. The employee will automatically receive a refund for the \$19.57 as shown on the 075N181A report.

**F. Employee and/or State Share Transfer Between Carriers Form** (CFN 552-0576, Appendix G):

The Transfer between Carriers form (example G-1) is used to transfer premiums that incorrectly went to the wrong insurance plan. For example, an employee changed from Blue Access to Blue Advantage but the change in IowaBenefits was entered late and the premiums already went to Blue Access.

1. Department: Enter the name of your department.
2. Date: Enter the date you are completing the form.
3. Employee Name: Enter the name of the employee
4. SSN: Enter the employee's social security number.
5. Payroll Number: Enter the employee's 10-digit payroll number.
6. Month: Enter the month and year of the billing you are adjusting for.
7. Reason for Transfer: Quickly explain what happened and why you need the payment corrected.
8. FROM Insurance Plan and Insurance Code: The insurance plan and code that was incorrectly deducted. (i.e. Blue Access CX600)
9. TO Insurance Plan and Insurance Code: The insurance plan and code the employee was supposed to be in. (i.e. Blue Advantage UX600)
10. Employee's Share: Enter the amount of any employee shares that went to the incorrect carrier.
11. State Share: Enter the amount of any state shares that were paid to the incorrect carrier. There may be an amount either an over or under payment that will need taken care of with a State Share Transfer form or a refund form.
12. Authorized by: Make sure the form has an authorized department signature.

**Example 7:** Your employee was in a Blue Access CX600 code when the premiums were pulled and they should have been in a Blue Advantage UX600 code.

1. The Blue Access CX600 state share premium is \$1,122.73
2. The Blue Advantage UX600 state share premium is \$1,080.44
3. Complete a Transfer between Carriers form for \$1,080.44, because this is the amount that was paid to the wrong carrier and needs transferred.
4. Complete a refund form for the remaining \$42.29 ( $\$1,122.73 - \$1,080.44$ ) to be refunded back to the department

**Example 8:** Your employee was in a Blue Advantage UX400 when the premiums were pulled and they should have been in a Blue Access CX400 code.

1. The Blue Advantage UX400 state share premium is \$461.71
2. The Blue Access CX400 state share premium is \$479.81
3. Complete a Transfer between Carriers form for \$461.71 because this is the amount that was paid to the wrong carrier and needs to be transferred.
4. Complete a state share transfer form for the remaining \$18.10 ( $\$479.81 - \$461.71$ ).

## **TRANSFERS BETWEEN STATE DEPARTMENTS:**

Starting in January 2015, new hires, promotions, demotions or transfers into a wellness program eligible position will be able to participate in the wellness program and receive the premium reduction. The examples below show an employee transferring between a contract and a non-contract position.

**Example 9:** An employee transfers to a new department on 9/26/2014. They were in Iowa Select SX600 and transfers to an Iowa Select w/ Wellness SN60W. All of October's insurance would have already been pulled by the transferring department.

1. The premium for Iowa Select family SX600 \$1,804.31 (\$1,533.67 state share + \$270.64 employee share).
2. The premium for Iowa Select w/ Wellness family SN60W \$1,831.60 (\$1,555.31 state share + \$276.32 employee share)
3. The receiving department is responsible for making any adjustments for the difference in premiums between the old and new code.
4. The receiving department completes a Trustee Report Adjustment form
5. The receiving department completes a State Share transfer for to pay the additional \$21.64 state share owed. (\$1533.67 - \$1555.31)
6. The receiving department will need to collect a check from the employee for the \$5.68 owed. (\$270.64 – \$276.32)

**Example 10:** An employee transfers to a new department between insurance pulls, they go from Iowa Select SX600 to Iowa Select w/ Wellness SN60W.

1. The premium for Iowa Select family SX600 \$1,804.31 (\$1,533.67 state share + \$270.64 employee share).
2. The premium for Iowa Select w/ Wellness family SN60W \$1,831.60 (\$1,555.31 state share + \$276.32 employee share)
3. The system will automatically adjust the premiums for the state share and pull \$1,555.31
4. The employee share of \$135.32 ( $\$270.64 / 2$ ) would have pulled in the first deduction.
5. The system will automatically adjust the premiums for the second half employee share and pull \$141.00 ( $\$276.32 - \$135.32$ )
6. No billing adjustment will be necessary.

**LIFE AND LONG TERM DISABILITY INSURANCE:** (CFN 005-01 *Appendix H*)

The current active carrier for Life and Long Term Disability (LTD) insurance is The Hartford.

◆ **Forms:**

- Life/LTD State Share Transfer (CFN 005-01 Example H-1) – To transfer state shares amount.
- Employee Supplemental life payment (CFN 005-02 Example H-2) – Form to be used to attach employees check for the employee cost of the supplemental share.
- Refund form (CFN 552-0334) - Refund state shares to departments or employee supplemental to employee.

**Important!** Even though they go together, Life and LTD are separate billings. Please use separate forms for each. Do not batch Life and LTD amounts together on one form.

**State Shares:** Unlike health and dental, the employees *never* pay for state shares of Life and LTD. The State always pays the state shares if an employee is out due to their own health reasons, even if they are no longer covered under FMLA. Only collect from employees for their shares for Supplemental Life not for the State Shares for Basic Life or LTD. You will need to do State Share Transfers for those. Checks for supplemental life are written to the Treasurer, State of Iowa.

**Leave Codes:** If you put an employee on a **leave code 53, 54, 57 or 59**, the **state's share** of Life and LTD premiums will be **automatically taken** out of payroll and no state share form is needed. If the employee has supplemental life insurance, you will need to verify that the employee had enough hours for the pay period to pay for the supplemental insurance. Otherwise, the employee will need to write a check or money order to pay for their supplemental life.

- **Quick Tip!** When sending a check please make sure to attach the check to the employee supplemental life payment form (CFN 005-01 appendix H example 6)

If an employee does not receive any pay and is not in a leave code, the system will assume the employee is in an 'unpaid status' and the state share for life/LTD will **not be taken**. You will need to do an adjustment for both the state shares and the supplemental amount if applicable. If the state shares do not pull for an employee and they need to be added to the billing, you will also need to do a state share for LTD as well as for Life insurance. Please use separate forms for the employee's life insurance and LTD insurance. (Appendix H example 5)

## THINGS TO KNOW

### **EMPLOYEES TRANSFERRING BETWEEN DEPARTMENTS:**

1. Transferring Between Centralized Payroll agencies
  - a. The department that the employee is in at the time of the payroll deduction pays the premiums. If the transfer requires the employee to change insurance codes due to a change in bargaining unit, the receiving agency needs to do an adjustment for the “difference” in premiums. (See examples 9 & 10 on pages 11 & 12)
2. Transferring Between Payroll Systems
  - a. For transfers in or out of Centralized Payroll, the receiving agency pays beginning with the first of the month following the transfer date.
3. Transferring From Regents
  - a. If the employee is MERIT covered with Regents, they are effective on our insurance plans the first of the month following the transfer.
  - b. If the employee was faculty or a professional/scientific covered employee, they are effective on our insurance the first of the month following 30 days of employment on Centralized Payroll.

### **LATE ADJUSTMENTS:**

When a billing adjustment needs to be made, which isn't caught until after you have done your insurance billing for that month and the original deadline for that month's billings has passed, proceed as follows:

1. Send a revised Trustee Report Adjustments form and any other forms or documentation to the SAE Payroll Team.
2. Any previous month adjustments will be reviewed and processed once a month along with the current month's adjustments.
3. Please be reminded that in order for revisions to be easily distinguished from original adjustments use a new TRA form and date it under revisions. There is a line for “Date of Revision #1” and “Date Of Revision #2” on the TRA form. On the “For Month Of” line, put the name of the month that the adjustment is actually for (not the current month).
4. Adjust your total amounts and employee totals on the new TRA to reflect the new adjustment.

## **SUBMISSION OF FORMS:**

Always send the **original and one copy** of:

1. The Trustee Report Adjustments (TRA)
2. State Share Transfer
3. Request for Refund
4. Employee and/or State Share Transfer Between Carrier forms
5. Checks from employees. If there is an employee share of a premium due, you will need to collect a check or money order from the employee. Make sure the check is written to the **“Treasurer, State of Iowa”** and that it is for the correct amount.

Since adjustments are requested timely, **do not add any names to the Trustee Report Adjustments form for which you are still waiting for an employee’s check.** Add any adjustments for these employees as a revision later after you receive their check.

List only one person for one month on a State Share Transfer form or Request for Refund form.

Sort by carrier (BCBS, Delta Dental, Blue Access, Blue Advantage, and SPOC) and staple all necessary forms to the TRA for that carrier/plan to ensure documentation will not be misplaced.

Submit the completed billing reconciliations to the Department of Administrative Services- Insurance Billings-State Accounting Enterprise-Payroll on the 3<sup>rd</sup> floor of the Hoover State Office Building.

## **KNOW WHEN YOU NEED TO MAKE AN ADJUSTMENT:**

1. When an employee’s name does not appear on the deduction report (075N192C or 017N181C) an adjustment may need to be done. First check for a leave reason. If the employee is still an active employee and has not dropped or changed coverage an adjustment will need to be completed.
2. If an employee shows up on the Change Report (075N472-A or 075N184-A), in the code 08 for *“Subscriber Placed On Leave Of Absence”*, check to see if that person is eligible for insurance and if an adjustment needs to be made.



3. Make note of any changes of an employee's insurance where the P1 was entered late for the pay period of the appropriate insurance deduction for the change.
4. If you had anyone terminate their employment before a month in which premiums have already been pulled for, you will need to do an adjustment.

**REASONS WHY EMPLOYEES MAY BE ELIGIBLE FOR STATE SHARES:**

1. If the leave without pay is under 30 days. Dates of leave should be listed on the State Share Transfer.
2. If the leave without pay is due to Workers' Compensation, the date of injury, the last day in a paid status and the month number (1 through 4) should be listed on the State Share Transfer.
3. If the employee is on FMLA leave. Write FMLA on the explanation and the month number of the state share being applied for the leave reason. (Ex: FMLA #3, meaning third month they are getting the state share applied due to FMLA leave.)
4. Administrative errors. Include explanation on all State Share Transfers. (Ex: Because of wage assignment the employee and state shares were not pulled. The insurance code was incorrect. The insurance code did not get entered in time. Etc.)

**Important Note!** When an employee is on leave without pay for more than 30 days, and is not covered by another leave program such as FMLA, the employee is not eligible for a State Share contribution and must pay the full health or dental premium in order to continue coverage. The same is also true once an employee runs out of FMLA or Worker's Compensation state share eligibility. Add the employee's name to the Trustee Report Adjustments form during each month the employee is on leave without pay.

## **GENERAL LEAVE INFORMATION:**

1. Employees are eligible for the State Shares of insurance if they are covered by FMLA for 12 weeks and Worker's Compensation for up to four months after they stop supplementing or if they are not supplementing worker's compensation. If they are on leave without pay that is not covered by FMLA or Work Comp, they are eligible if they have not been gone more than 30 days.
2. If an employee is on leave without pay for over 30 days, they will be eligible for the state shares again the first of the month following their return to work.
3. If an employee is on Catastrophic Leave and they are out of FMLA, they must work 20 hours per pay period to be eligible for the state shares.
4. If you have an employee on Catastrophic leave, the HRIS system checks the Base Pay field to see if there is enough pay to pull the employee shares. If there are not enough hours, the employee share will not be paid.
5. If you have an employee that goes out on LTD, their insurance will continue until the end of the month in which they are being taken off payroll due to LTD approval.
6. If you have an employee who goes on military leave, Life and LTD insurance ends the day the employee reports for active duty and is reinstated upon their return.

# **APPENDIX A**

## **MEMOS & REPORTS**



February 19, 2014

**MEMORANDUM**

**TO:** Personnel Assistants

**FR:** Sandy Mezera, DAS-SAE

**RE:** Invalid Life Insurance Codes

The attached report lists employees with invalid life insurance codes. The code is either incorrect because of the employees age or union affiliation. Please take the appropriate measures to correct this life code.

Include on the P1 the date the change was effective (ie: to SPOC 9/20/13). The life code should be changed the month following the age or union change. If not, State Share Transfer forms or checks from the employee must be sent to DAS-Accounting to correct the premiums.

Thank you for your assistance in this matter. If you have any questions, please give me a call at (515) 281-8999.

Enclosure



February 19, 2014

**MEMORANDUM**

**TO:** Personnel Assistants

**FR:** Sandy Mezera, DAS-State Accounting Enterprise

**RE: Life Insurance Changes Due to Age Change**

I have attached a report listing employees who, due to a change in age, have changes in their life insurance for the first of the month following their date of birth. The change is either the amount of premium, or the amount of coverage.

Please notify the employee(s) on the list of the change in his or her life insurance. Thank you for your assistance.

Enclosure



February 19, 2014

**MEMORANDUM**

**TO:** Personnel Assistants

**FR:** Sandy Mezera, DAS-State Accounting Enterprise

**RE: Life & LTD - Leave Without Pay Codes**

The attached report lists employees in a leave status 53 (FMLA For Family Member), 54 (Medical Leave Without Pay), 57 (Medical Intermittent Leave), or 59 (Temporary Layoff).

If an employee is in leave code 53, 54, 57, or 59, the state's share of life and long term disability (LTD) premiums **will** be taken from payroll. If the employee has supplemental life insurance and the supplemental premium was not paid, forward the employee's check or money order for the supplemental premium to the address below.

If an employee is not in any of the above leave codes and not approved for LTD, complete "State Share Transfer" forms (CFN 552-0335) for life and LTD premiums (Only complete the "State Share Transfer" forms if the employee has NOT been approved for LTD). If the employee has supplemental life insurance, forward the employee's check or money order, with the transfer forms to:

DAS – State Accounting Enterprise  
3<sup>rd</sup> Floor, Hoover Building  
ATTN: Sandy Mezera

If you have any questions, you can call Sandy at (515) 281-8999.

Enclosure



February 19, 2014

**MEMORANDUM**

TO: Personnel Assistants

FR: Sandra Mezera, DAS-State Accounting Enterprise

RE: Life Insurance Premiums

Attached is a report listing employees who are not placed in a leave code. Life and long term disability (LTD) premiums were not paid for the employees listed. **NOTE:** This report is printed before rewrites. Check the rewrite report for life and LTD deductions before paying premiums.

If an employee is on **unpaid leave less than 30 days**, complete "State Share Transfer" forms for the State's life and LTD premiums. Supplemental life premiums must be paid by the employee. If the employee does not pay the premium, complete a P-1 to decrease the insurance to the basic coverage.

Employees on **unpaid leave for more than 30 days for reasons other than medical leave** are not eligible for life or LTD. Employees must be placed in leave codes 50. **YOU MUST NOTIFY THE EMPLOYEE OF THE CONVERSION PRIVILEGE.** If the employee returns within six months, reinstate the life insurance on the first day of the month following the return.

If an employee is on **unpaid medical leave**, complete "State Share Transfer" forms for the State's life and LTD premiums. Employees must be placed in a leave code 54; this will allow the State's share of Life and LTD premiums to be paid automatically.

If an employee is on **intermittent medical leave**, complete "State Share Transfer" forms for the State's life and LTD premiums. Employees must be placed in a leave code 57; this will allow the State's share of Life and LTD premiums to be paid automatically.

Employees on **family medical leave (FMLA) for reasons other than their own illness** must be placed in a leave code 53. This will allow the State's life and LTD premiums to be paid automatically.

Employees must pay supplemental premiums until LTD benefits are approved. Send a personal check or money order for the employee's supplemental premium. Write checks to "Treasurer of the State" and in the memo portion write: Life Ins./(month). Checks and forms must be sent to:

DAS-State Accounting Enterprise  
3<sup>rd</sup> Floor Hoover Building  
ATTN: Sandy Mezera

Enclosure

# **APPENDIX B**

## **PAYROLL JOURNAL RECONCILIATION WORKSHEET**



**PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET**

Department	Blue Cross			Delta Dental			Blue Advantage			Blue Access		
	EE Share	State Share Total		EE Share	State Share Total		EE Share	State Share Total		EE Share	State Share Total	
Regular Payroll												
Pay period 1												
Pay period 2												
Add Rewrites from DW rewrite reports												
Pay period 1												
Pay period 2												
Subtract Cancels from DW cancel report												
Pay period 1												
Pay period 2												
Subtract Automatic Refunds - 075N192A or 075N181A												
Transfers between Carriers (+ or -) - 075N192B or 075N181B												
Transfers between Depts (+ or -)												
Totals												
Amounts from Billing summary - 075N193A												
Difference												





Example B-2

Example sheet  
Page: 1 of 1

Run Date: 03/25/2014  
Run Time: 11:12:40 AM

STATE OF IOWA  
PAYROLL JOURNAL : REWRITE - FINAL

Final Run Flag: FINAL

Report ID: 075N436-A  
Source: HR Payroll  
Department:

PP Begin Date: 12/20/2013

Report Type: Rewrite

243 - A45

Employee Pay	Amount
Base Pay	1,917.54
Lead Worker Pay	0.00
Special Duty Pay	0.00
Call Back Pay	0.00
Standby Pay	0.00
Subsistence Pay	0.00
Extraordinary Pay	0.00
Educational Diff Pay	0.00
Commuter Miles Pay	0.00
Longevity Pay	0.00
Shift Differential	52.00
Term Leave Pay	0.00
Workers Comp	0.00
Other Pay Adj	0.00
Overtime Pay	0.00
Sick Leave Pay	0.00
Compline Pay	0.00
Holiday Pay	985.91
Med-Passer Pay	0.00
Per-Diem Meal Pay	0.00
Per-Diem Cleaning Pay	0.00
Phased Retire. Incentive	0.00
Move Pay	0.00
Imputed Pay	0.00
Vacation Payout	0.00
Reassignment Pay	0.00
Income Not Subj Retire	0.00
Catastrophic Pay	0.00
Second Language Pay	0.00
Spoc Premium Pay	0.00
Vol Firefighter Pay	0.00
Spoc Dnr 4% Prem Pay	0.00
Backpay Subj Por Pay	0.00
Additional NonBase Pay	0.00
Health Incentive Pay	0.00
<b>Total Gross Pay</b>	<b>2,935.45</b>
<b>Total Net Pay</b>	<b>1,806.83</b>

Employee Share	Amount
Fed WH	487.69
Main/Commuter/Miles	0.00
State WH	132.20
Charitable Contributions	0.00
FICA	219.83
Just Retire.	0.00
Pol Retire.	0.00
IPERS	0.00
Employee Org. Dues	28.62
Blue Cross	0.00
Temporary Deduction	0.00
Credit Union	0.00
Annuity	0.00
Group Life	22.70
Deferred Comp.	0.00
Employee Org. Ins.	0.00
Spoc Health	0.00
Misc. Deduction	0.00
Dental NonSpoc	39.14
Illness WH	0.00
Out Of State WH	0.00
FICA - Police	0.00
Airport FF Retire.	0.00
Cons Peace Retire.	0.00
Corr Officer Retire.	198.44
Flex Spend Health	0.00
Blue Advantage	0.00
Dental Spoc	0.00
Blue Access	0.00
Imputed Income	0.00
TIAA-CREF Retirement	0.00
Flex Spend Depcate	0.00
L.T. Disability Ded	0.00
Roth Det Comp Ded	0.00
Garnishment	0.00
Wage Assignments	0.00
Travel Advance	0.00
<b>Total Employee Share</b>	<b>1,128.62</b>

State Share	Amount
FICA	219.83
IPERS	0.00
Just Retire.	0.00
Pol. Retire.	0.00
Blue Cross	0.00
Life Insurance	3.34
L.T. Disability	17.02
Spoc Health	0.00
Deferred Comp	0.00
Dental - NonSpoc	39.15
FICA - Police	0.00
Airport FF Retire.	0.00
Cons Peace Retire.	0.00
Corr Officer Retire.	297.65
Blue Advantage	0.00
Dental - Spoc	0.00
Blue Access	0.00
TIAA-CREF Retirement	1,122.73
<b>Total State Share</b>	<b>1,699.72</b>

Employee Share	Amount
1 Permanent Full Time	4,635.17
0 Statutory	0.00
0 Exempt Full Time	0.00
0 Exempt Part Time	0.00
0 Interim	0.00
0 Temporary Exempt	0.00
0 Project	0.00
0 Summer Exempt	0.00
0 Temporary Unauthorized	0.00
1 Total Paid Employees	4,635.17
0 Total Vacant	0.00
0 Total Not Paid	0.00
<b>Total Charged to Salaries</b>	<b>4,635.17</b>
<b>Total Trustee Amount</b>	<b>2,828.34</b>

HEREBY CERTIFY THAT THE PERSONS LISTED ON THE ATTACHED PAYROLL ARE ENTITLED TO THE AMOUNT OF COMPENSATION INDICATED AND THE DEDUCTIONS AUTHORIZED FOR THE PERIOD SPECIFIED THEREON.

SIGNED NAME

TITLE

Example B-2

Report ID: 075N447-A Source: HR Payroll  
 Department: 075N447-A PP Begin Date: 12/20/2013

STATE OF IOWA

Run Date: 02/05/2014 Run Time: 02:58:15 PM Page: 2 of 2

PAYROLL WARRANT CANCELLATION  
 GRAND TOTALS BY OBJECT CANCELLATION

Example 2

Move Pay 0.00  
 Health Incentive 0.00  
 Add'l Pay 0.00  
 Gross Pay 1,017.91

EMPLOYEE	SHARES	SHARES
Fed WH	1101	111.87
Maint / Commute Miles	1102	0.00
State WH	1103	34.12
Charitable Contribution	1104	0.00
FICA	1105	77.87
Jud Retirement	1106	0.00
Pol Retirement	1107	0.00
IPERS	1108	0.00
Employee Org Dues	1109	28.62
Blue Cross Health	1110	A 0.00
Temporary Deduction	1114	0.00
Credit Union	1115	0.00
Annuity	1116	0.00
Group Life	1117	0.00
Deferred Comp	1118	0.00
Employee Org. Ins.	1119	0.00
SPOC Health	1120	B 0.00
Misc Deduction	1122	0.00
Dental NonSPOC	1123	C 0.00
Illinois WH	1125	0.00
Other State WH	1126	0.00
FICA - Police	1130	0.00
Airport FF Retirement	1134	0.00
CONS Peace Retirement	1135	0.00
CORR Officer Retirement	1136	68.81
Flex Spend Health	1141	0.00
Blue Advantage	1143	D 0.00
Dental SPOC	1148	E 0.00
Blue Access	1149	F 0.00
Imputed Income	1151	0.00
TIAA / CREF Retirement	1152	0.00
Flex Spend Dependent Care	1160	0.00
L.T. Disability	1188	0.00
Roth Def Comp	1189	0.00
Garnishments	1500	0.00
Wage Assignment	1501	0.00
Travel Advance	2115	0.00
Total		321.29
Total Transferred to Departments		522.74
		201.45









# **APPENDIX C**

## **BILLING SUMMARY**



# **APPENDIX D**

## **TRUSTEE REPORT ADJUSTMENTS FORM**



# **APPENDIX E**

## **STATE SHARE TRANSFER FORM**

Example E-1

**IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES  
STATE SHARE TRANSFER**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: \_\_\_\_\_ Amount: \_\_\_\_\_

Insurance Code: \_\_\_\_\_

For Month of: \_\_\_\_\_

CFN 552-0335 R 4/04 Authorized by: \_\_\_\_\_

**IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES  
STATE SHARE TRANSFER**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Payroll Number: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed, or request may be returned due to insufficient information.*

Insurance Plan: \_\_\_\_\_ Amount: \_\_\_\_\_

Insurance Code: \_\_\_\_\_

For Month of: \_\_\_\_\_

CFN 552-0335 R 4/04 Authorized by: \_\_\_\_\_

# **APPENDIX F**

## **REFUND FORM**

Example F-1

Iowa Department of Administrative Services – State Accounting Enterprise

**REFUND FOR HEALTH, DENTAL AND LIFE INSURANCE**

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_ **Pay Period of Over-deduction:** \_\_\_\_\_

10 Digit Payroll Number*	Class and Position Numbers	Employee Number	Social Security Number	Insurance Type (H, D or L)

Date** (MM-YY)	Insurance Code Being Refunded	Pre-Tax Flag (Y or N)	Refund Amount For Employee	Refund Amount For State Share	Reason for Refund (Code)

**Explanation:\*\*\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Payroll number must correspond to billing report at over-deduction.

\*\* Date - include MM and YY of effective date to which the refund applies.

\*\*\* Always include a full explanation regardless of refund reason.

Insurance Type

H = Health  
D = Dental  
L = Life

Pre-Tax Flag

Y = Yes Pre-Tax  
N = No Pre-Tax

Reason for Refund

1 = Termination of Employment  
2 = Termination of Insurance Coverage Only  
3 = LTD Leave  
4 = Transfer Between Plans  
5 = Incorrect Code  
6 = Part-time to Full-time  
7 = Other Reason

**NOTE:**

Include a separate form for each type of insurance refund (i.e., life, health, dental) for each employee. Always include a full explanation regardless of refund reason.

Authorized Claim Signature \_\_\_\_\_

CFN 552-0334 R 01/12



Example F-2

PAGE 3

LISTING OF TERMINATED EMPLOYEES  
(EMPLOYEES WHO HAD HEALTH INSURANCE COVERAGE BUT TERMINATED THE PREVIOUS MONTH)  
TODAYS DATE 03/24/2014

EMPLOYEE NUMBER	EMPLOYEE NAME	PRE-TAX Y / N	TERM DATE	1ST HALF	2ND HALF	EMPLOYEE SHARE	STATE SHARE	TOTAL PREMIUM
	CLINTON C	Y	02-28-14	5X600	5X400	\$135.32	\$771.07	\$906.39
**** DEPARTMENT TOTAL ****								
<p>*****            ***** ATTENTION: PERSONNEL ASSISTANT *****            ***** ATTENTION: PERSONNEL ASSISTANT *****            ***** PLEASE PROCESS A REFUND FORM (CFN 552-0354) AND A TRUSTEE REPORT ADJUSTMENT FORM (CFN 552-0570) TO REMOVE THE ABOVE *****            ***** EMPLOYEE(S) FROM THE BILLING. SEND THE FORMS TO THE IOWA DEPARTMENT OF DAS/SAE, HOOVER STATE OFFICE BUILDING. *****            ***** CALL (515) 281-8999 IF YOU HAVE ANY QUESTIONS. *****            *****</p>								

PAGE 5

LISTING OF TERMINATED EMPLOYEES  
(EMPLOYEES WHO HAD DENTAL INSURANCE COVERAGE BUT TERMINATED THE PREVIOUS MONTH)  
TODAYS DATE 03/24/2014

EMPLOYEE NUMBER	EMPLOYEE NAME	PRE-TAX Y / N	TERM DATE	1ST HALF	2ND HALF	EMPLOYEE SHARE	STATE SHARE	TOTAL PREMIUM
	CLINTON C	Y	02-28-14	DX600	DX600	\$39.14	\$39.15	\$78.29
**** DEPARTMENT TOTAL ****								
<p>*****            ***** ATTENTION: PERSONNEL ASSISTANT *****            ***** ATTENTION: PERSONNEL ASSISTANT *****            ***** PLEASE PROCESS A REFUND FORM (CFN 552-0354) AND A TRUSTEE REPORT ADJUSTMENT FORM (CFN 552-0570) TO REMOVE THE ABOVE *****            ***** EMPLOYEE(S) FROM THE BILLING. SEND THE FORMS TO THE IOWA DEPARTMENT OF DAS/SAE, HOOVER STATE OFFICE BUILDING. *****            ***** CALL (515) 281-8999 IF YOU HAVE ANY QUESTIONS. *****            *****</p>								

# **APPENDIX G**

## **TRANSFER BETWEEN CARRIERS FORM**

Example G-1

Iowa Department of Administrative Services – State Accounting Enterprise  
EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS

Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Payroll Number: \_\_\_\_\_ Month/Year: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_

Enter only one employee name, plan name, insurance code and dollar amount per request.

FROM TO  
Insurance Plan: \_\_\_\_\_ Insurance Plan: \_\_\_\_\_  
Insurance Code: \_\_\_\_\_ Insurance Code: \_\_\_\_\_  
Employee's Share \_\_\_\_\_  
State Share \_\_\_\_\_

CFN 552-0576 R 4/04

Authorized by: \_\_\_\_\_

Iowa Department of Administrative Services – State Accounting Enterprise  
EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS

Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Payroll Number: \_\_\_\_\_ Month/Year: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_

Enter only one employee name, plan name, insurance code and dollar amount per request.

FROM TO  
Insurance Plan: \_\_\_\_\_ Insurance Plan: \_\_\_\_\_  
Insurance Code: \_\_\_\_\_ Insurance Code: \_\_\_\_\_  
Employee's Share \_\_\_\_\_  
State Share \_\_\_\_\_

CFN 552-0576 R 4/04

Authorized by: \_\_\_\_\_

# **APPENDIX H**

## **LIFE/LTD FORMS**

Example H-1

Iowa Department of Administrative Services  
**LIFE/LTD STATE SHARE TRANSFER**

Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Payroll Number: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

---

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One:  Life  LTD      Amount \$ \_\_\_\_\_

Basic Life Code: \_\_\_\_\_  
For Month of: \_\_\_\_\_      \*If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.

Authorized by: \_\_\_\_\_

CFN 005-01 03/14

Iowa Department of Administrative Services  
**LIFE/LTD STATE SHARE TRANSFER**

Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Payroll Number: \_\_\_\_\_  
Reason for Transfer: \_\_\_\_\_

---

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed or this request may be returned due to insufficient information.*

Check One:  Life  LTD      Amount \$ \_\_\_\_\_

Basic Life Code: \_\_\_\_\_  
For Month of: \_\_\_\_\_      \*If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.

Authorized by: \_\_\_\_\_

CFN 005-01 03/14

## Example H-2

Iowa Department of Administrative Services

### EMPLOYEE SUPPLEMENTAL LIFE PAYMENT

Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Payroll Number: \_\_\_\_\_  
Leave Code: \_\_\_\_\_

---

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed or this request may be returned due to insufficient information.  
Only fill out this form if an employee has provided a check for their supplemental life insurance*

Amount: \$ \_\_\_\_\_ \*Please make sure the amount of the check matches  
the amount on the supplemental life rate sheets.  
Life Supplemental Code: \_\_\_\_\_  
For Month of: \_\_\_\_\_

CFN 005-02 03/14

Iowa Department of Administrative Services

### EMPLOYEE SUPPLEMENTAL LIFE PAYMENT

Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Payroll Number: \_\_\_\_\_  
Leave Code: \_\_\_\_\_

---

*Enter only one employee name, plan name, insurance code and dollar amount per request.  
All fields on form must be completed or this request may be returned due to insufficient information.  
Only fill out this form if an employee has provided a check for their supplemental life insurance*

Amount: \$ \_\_\_\_\_ \*Please make sure the amount of the check matches  
the amount on the supplemental life rate sheets.  
Life Supplemental Code: \_\_\_\_\_  
For Month of: \_\_\_\_\_

CFN 005-02 03/14

# **APPENDIX I**

## **DEDUCTION SCHEDULE**

Example I-1

October 2015

DEDUCTION SCHEDULE 2015 - 2016

2015		Pay Period		Pay	Insurance Effective Date	
Begin*	End	Date		Health and Dental	Life	
8/28/2015	9/10/2015	9/18/2015	October	1st Half		
9/11/2015	9/24/2015	10/2/2015	October	2nd Half/State Share		
9/25/2015	10/8/2015	10/16/2015	November	1st Half		October
10/9/2015	10/22/2015	10/30/2015		3rd Check - No Deductions		
10/23/2015	11/5/2015	11/13/2015	November	2nd Half/State Share		November
11/8/2015	11/19/2015	11/25/2015	December	1st Half		
11/20/2015	12/3/2015	12/11/2015	December	2nd Half/State Share		December
2016		Pay Period		Pay	Insurance Effective Date	
Begin*	End	Date		Health and Dental	Life	
12/4/2015	12/17/2015	12/24/2015	January	1st Half		
12/18/2015	12/31/2015	1/8/2016	January	2nd Half/State Share		
1/1/2016	1/14/2016	1/22/2016	February	1st Half		January
1/15/2016	1/28/2016	2/5/2016	February	2nd Half/State Share		
1/29/2016	2/11/2016	2/19/2016	March	1st Half		February
2/12/2016	2/25/2016	3/4/2016	March	2nd Half/State Share		
2/26/2016	3/10/2016	3/18/2016	April	1st Half		March
3/11/2016	3/24/2016	4/1/2016	April	2nd Half/State Share		
3/25/2016	4/7/2016	4/15/2016	May	1st Half		April
4/8/2016	4/21/2016	4/29/2016		3rd Check - No Deductions		
4/22/2016	5/5/2016	5/13/2016	May	2nd Half/State Share		May
5/8/2016	5/19/2016	5/27/2016	June	1st Half		
5/20/2016	6/2/2016	6/10/2016	June	2nd Half/State Share		June
6/3/2016	6/16/2016	6/24/2016	July	1st Half		
6/17/2016	6/30/2016	7/8/2016	July	2nd Half/State Share		
7/1/2016	7/14/2016	7/22/2016	August	1st Half		July
7/15/2016	7/28/2016	8/5/2016	August	2nd Half/State Share		
7/29/2016	8/11/2016	8/19/2016	September	1st Half		August
8/12/2016	8/25/2016	9/2/2016	September	2nd Half/State Share		
8/26/2016	9/8/2016	9/16/2016	October	1st Half		September
9/9/2016	9/22/2016	9/30/2016		3rd Check - No Deductions		
9/23/2016	10/6/2016	10/14/2016	October	2nd Half/State Share		October
10/7/2016	10/20/2016	10/28/2016	November	1st Half		
10/21/2016	11/3/2016	11/10/2016	November	2nd Half/State Share		November
11/4/2016	11/17/2016	11/23/2016	December	1st Half		
11/18/2016	12/1/2016	12/9/2016	December	2nd Half/State Share		December
12/2/2016	12/15/2016	12/23/2016	January	1st Half		
12/16/2016	12/29/2016	1/6/2017	January	2nd Half/State Share		

\*P-1 Eff. Date

NOTE: Employee's deductions, when necessary, are taken from both pay periods. If the second half pay period date is used, the system will automatically take the full month's employee share of the premium. The State's share is always made in the second half pay period. No deductions are taken from the third pay check of the month.

If an employee makes changes that result in a premium increase or decrease, and the change is not processed until the second half pay period, the system will adjust the second deduction. If a refund is due to the employee it will be on the next month's billing "Automatic Refund List."

If an employee is terminating, coverage will end on the last day of the month of termination. You need to look at the deduction schedule to determine if or when you need to "zero" out the health and/or dental codes. If the employee has single coverage and it is not the second half deduction (state share) pay period, you do not need to zero out the codes.