

# **STATE OF TENNESSEE**

Edison eForms Process

July 2018

# **Edison eForm Process**

- eForms is an automation process to hire, re-hire, or transfer employees in your agency.
- Once you obtain a completed and signed enrollment form with the applicable required dependent documentation, you will be able to:
  - Enter employee personal data, job data, dependent personal data, benefit elections into Edison eForm,
  - Attach the dependent documents, and
  - Submit it directly to BA.

**Note:** eForms CAN be entered during BA lockout.



# **Edison eForm**

- Once a service center analyst evaluates the transaction for completeness and accuracy, it will be approved in Edison.
  - If additional documentation is necessary to complete the transaction, it will be sent back to you via the Edison eForm system with the request for additional information.
  - You will be alerted by email when you have a Benefit eForm that has been sent back for revision.
  - You will also be able to view the Benefit eForm to see where it is in the approval process after it has been submitted.



# **Edison eForm**

- Currently, we are locked out of making job and/or enrollment changes in Edison for certain groups, for six (6) workdays per month.
- We validate and submit transactions that are placed in a holding status and are released immediately once we are out of lockout.
- Our document processing time has improved since the implementation of the eForm process.



# Access eForm through Modules into Benefits WorkCenter

Self Service •	Self Service	BENEFITS	0 «
Starta		Benefits WorkCenter	0 07
General Information	General Information	Benefits Administration     Non-Payroll Job Data     Employee Profile Page	
Payroll	Human Resources	Benefits Document Upload     New Employment Instance     Update Dependent/Beneficiary	
Human Resources	Time and Labor	On-Demand Event Maintenance     Review BAS Activity     Health Benefits	
Time and Labor	Benefits	Workforce Administration     Modify a Person     Search by National ID	
Benefits •	Benefits News Benefits Support Info Benefits WorkCenter	Benefits Billing Enroll in Billing Review Adjustment Summary Review Employee Balances Request Hold/Alternate Address	
FSCM •	FSCM	Hire eForm Non-Payroll Hire eForm	
Training •	슈ଡ Training	Benefits eForm     Non-Payroll Benefit eForm Home	>

## **eForm New Hire**







# **Personnel Search Action Form with SSN**

### **NP Person Search**

#### Electronic Personnel Action Form

Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.





## **Personnel Search Action Form with no Result**

### **NP Person Search**

#### Electronic Personnel Action Form

Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.

<ul> <li>Search Fields</li> </ul>	
Employee ID	
Or	
Social Security # 87	5412396
	Clear Search
Your search returned	no results.
	Would you like to: Add Person for Hire
	^
	Click Add Baroon for Hiro
	Click Add Person for file



# **Employee Identification Information Blank**

### **NP Person Search**

Enter Employee Identification I	nformation
Please complete the fields below an	d then click the Start Hire button.
Add a Person for Hire	
*First Name	*Social Security #: 875412396
Middle Name	*Date of Birth
*Last Name	Cancel Start Hire

## SSN will automatically populate. Complete all Fields with an Asterisk



# **Employee Identification Information Complete**

### **NP Person Search**

Enter Employee Identification Info	ormation
Please complete the fields below and th	nen click the Start Hire button.
Add a Person for Hire	
*First Name Mark	*Social Security #: 875412396
Middle Name A	*Date of Birth 04011979
*Last Name Benefits	Cancel Start Hire
	1
	Click Start Hire



# **Hire eForm Step 1**

Create a Hire eForm		Oceanal	
Step 1 of 3: Enter Hire Personal Data		Search	
Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.		Message	
	eForm ID 251815	Are you sure you want to Return to Search? Your changes will not be saved. (24746,17)	
Personal Information		Select "Yes' to leave the form.	
SSN XXXX2396	Empl ID New	Select 'No' to stay on the form in order to submit it or put it on hold.	
Middle Name A		Yes No	
*Date of Birth 04/01/1979	*Gender T	Close	
*Address Line 1			
Address Line 2		Are you sure you want to close this form? Your changes will not be saved. (24746,1)	
*City *State * *Telephone	Q *ZIP	Select 'Yes' to leave the form.	
*County	٩	Select 'No' to stay on the form in order to complete it or put it on hold.	
*Email		Yes No	
Complete all Fields with Asterisk	<pre>an</pre>	11	

# **Hire eForm Step 1 Complete**

### Create a Hire eForm

#### Step 1 of 3: Enter Hire Personal Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Personal Information	
SSN XXXX2396	Empl ID New
*First Name Mark	
Middle Name A	
*Last Name Benefits	
*Date of Birth 04/01/1979 🛐	*Gender Male ▼
*Marital Status Married	•
Home Address and Phone *Address Line 1 3722 Trenton Rd	
Address Line 2	
*City Clarksville	*State TN Q *ZIP 37040 Click Save & Next
*Telephone 615/770-3833	
*County Montgomery	
*Email anywhere@tn.com	
	<-> Previous Save & Next >>
	Search Close

eForm ID 251815



Apartment numbers & PO Box numbers go on Line 1 with the street address

# **Address Message**

### Create a Hire eForm

#### Step 1 of 3: Enter Hire Personal Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Personal Information	Message
SSN XXXX2396 *First Name Mark Middle Name A *Last Name Benefits *Date of Birth 04/01/19	The address entered could not be validated. (24646,10) Please check the following website to ensure the accuracy of your address: www.usps.com/zip4 or contact your Human Resources Office. Do you want to correct the address? Yes No
*Marital Status Married	▼
Iome Address and Phone	
*Address Line 1 3722 Tr Address Line 2 *City Clarksvi *Telephone 615/770 *County Montgoi *Email anywhe	enton Rd Ile *State TN Q *ZIP 37040 -3833 mery Q re@tn.com
	<< Previous     Save & Next >>       << Search     Close
	You may receive this message.

eForm ID 251815



If you know the address is correct select No. Select Yes if you need to make a correction.

# Hire eForm Step 2 "Job Data Information"

Create a Hire eForm			Employee Edison ID #		
Step 2 of 3: Enter	Hire Job Data				
Fill out the fields below Name Mark A Bene	w and hit Submit to efits	o create a new User ID Empl ID 004	The new user will be created with the default passwor 477936 eForm ID 251815		
Job Data					
*Effective Date		B			
*Position Number Business Uni Department: Location Cod *Empl Class	HIR it: e:	Reason _			
*Vision Offered	Yes ONO		Submit		
Complet	te all Fiel Asteris	lds with an k	Close		



## Hire eForm Step 2 "Effective Date and Reason Code"

### Create a Hire eForm

### Step 2 of 3: Enter Hire Job Data Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Effective Date 9/18/2018	3		
Action HIR	*Reason	•	
Position Number	A X-Benefits X-Benefits X-Benefits	s Employee Hire s Higher Educ Empl o Office Hire	
Business Unit:	X-benend	S Oliline Hile	
Department:			
Location Code:			
*Empl Class			
*Vision Offered 🔘 Yes 🔍 No			

Effective Date – This is the hire date and not the effective date of coverage. If you have a probationary period (LG), hire your member in Edison the day after their probationary period has been satisfied.

Close

# Hire eForm Step 2 "Position Number"

### Create a Hire eForm

### Step 2 of 3: Enter Hire Job Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

	Name Mark A Benefits	Empl ID 00477936	eForm ID 251815
	Job Data		
	*Effective Date 9/18/2018		
Notice	Action HIR	*Reason X-Benefits Employee	Hire •
	*Position Number 99000199 Q		
	Business Unit: LETEA	Loc Education Active Teacher	Business Unit, Department
	Department: 9051000000	Carroll County Bd Ed	nonulate based on the
	Location Code: NP009	Carroll County	position number
	*Empl Class		
	*Vision Offered O Yes O No		
			Submit

TN

Close

# Hire eForm Step 2 "Empl Class/Dental"

### Create a Hire eForm

### Step 2 of 3: Enter Hire Job Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

ame Mark A Benefits		Empl ID	00477936	eForm ID	251815
lob Data					
Effective Date	9/18/2018				
Action	HIR	*Reason	X-Benefits Employee Hire	•	
Position Number	99000199 Q				
Business Unit:	LETEA	Loc Educa	ation Active Teacher		
Department:	9051000000	Carroll Co	ounty Bd Ed		
Location Code:	NP009	Carroll Co	ounty		
*Empl Class					
*Vision Offered TEA TEN	s 🔍 No				
				Submit	
				Close	

Select Empl Class/Dental



It is very important to select the correct options, as it populates the benefit options available to employees.

# Hire eForm Step 2 "Vision"

### Create a Hire eForm

#### Step 2 of 3: Enter Hire Job Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Name Mark A Benefits		Empl ID	00477936	eForm ID	251815
Job Data					
*Effective Date	9/18/2018 🗾				
Action	HIR	*Reason	X-Benefits Employee Hire	¥	
*Position Number	99000199 🔍				
Business Unit:	LETEA	Loc Educ	ation Active Teacher		
Department:	9051000000	Carroll Co	ounty Bd Ed		
Location Code:	NP009	Carroll Co	ounty	Clic	k Submit
*Empl Class TEA •	]				7
*Vision Offered    Ye	s 🔍 No				
				K	
				Submit	
				Close	

**Enter Empl Class/Dental** 



It is very important to select the correct option, as it populates the benefit options available to employees.

# Hire eForm Step 2 "Message"

### Create a Hire eForm

### Step 2 of 3: Enter Hire Job Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Ffb/rtb/aDab	0/19/2019	1	Apressa
	9/10/2010		message
Action	HIR	*Reason X-Ben	Submit this form? (24642,112)
Position Number	99000199 🔍		The form will be directed to the next approver if any
Business Unit:	LETEA	Loc Education Acti	The form will be uncetted to the next approvel, if any.
Department:	9051000000	Carroll County Bo	Yes No
Location Code:	NP009	Carroll County	
Empl Class TEA	r		
Vision Offered 🔍 Y	es 🔘 No		



Hire eForm	Step	3	"Authorized"
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### Create a Hire eForm

Step 3 of 3: Form Finalized

Congratulations, you've done it!

Empl ID 00477936 Empl Rcd 0 eForm ID 251815

- Form Status

You have just AUTHORIZED this form.

### No approvals required

Processing is complete. The system has been updated.

Click the button below to enroll the employee in benefits.

Enroll in Benefits

Go To Worklist View This Form Close This Form



# Hire eForm Step 3 "Possible Messages"

Processing is complete. The system has been updated.

Click the button below to enroll the employee in benefits.

An Error was encounterd! Your form has entered an In Error Status. This is most likely caused by a problem updating the main Peoplesoft tables with data from this form. You should contact a system administrator.

Form processing is currently paused. A system administrator has temporarily paused processing for this type of form. Once unpaused, your form should complete processing normally. You will need to come back later to check the

status of your form.

TN

To continue to enroll the employees benefits, you must have received the message showing "Processing is Complete" and have the "Enroll in Benefits" button.

# Hire eForm Step 3 "Authorized"

### Create a Hire eForm

Step 3 of 3: Form Finalized

Congratulations, you've done it!

Empl ID 00477936 Empl Rcd 0 eForm ID 251815

Form Status

Go To Worklist

You have just AUTHORIZED this form.

### No approvals required

Processing is complete. The system has been updated.

Click the button below to enroll the employee in benefits.



## You have the option to let your employee enter their own benefits in Edison using the ESS.



# **Benefit Add Lookup Search**

### Benefits Add Lookup Search

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Exis	ting Value			
Search C	riteria			
Empl ID:	begins with	▼ 00477936 Q		
Empl Record:	= •	0		
Event Date:	= <b>v</b>	31		
Search	Clear	Basic Search 📴 Save Search Cri	teria	
lick Sea	rch			

## The Employee ID/Edison number automatically populates



# **Benefit eForm Step 1**

Employ	yee	pendente.			
lame Empl ID Employe Add Dep	Mark Benefits 00477936 ee has no entere	Empl Record	0		eForm ID 251818
				<< Previous << Search	Next >> Close



# **Benefit eForm Step 1 "Adding Dependents"**

Name Mark E	enefits			eForm ID 251	318
Empl ID 00477	936 Empl Record	0			
New Dependen	li .				
e *Eiret		Verification Needed	*l act	New Entry	
*Relationship		▼ *S	SN		
✓ Details					1
*Date of Birth	<b>I</b>	*Gender	•		
Same Add	ress as Employee				
*Address 1					
Address 2			0.17		
*City			Q Zip		
Same Pho	ne as Employee	~			
*Telephone	ne us Employee				
*Telephone					
Add Dependent					
				Nortas	
			<< Previous	INEX[ >>	

25

## **Benefit eForm Step 1 "Adding Dependents"**

Enroll the employee's dependents.						
r Employee						
Name Mark Benefits Empl ID 00477936 Empl Reco	rd 0			eForm ID 2	5 <mark>1</mark> 818	
Mary Benefits						
	Verification Need	led		Mew Entr	у	
*First Mary	Middle		*Last Benefits			
*Relationship Spouse	•	*SSN 478-5	52-1963			
👻 Details						
*Date of Birth 04/10/1979	*Gender	Female	•			
Same Address as Employee					Legal Guardian	
Address 1 3722 Trenton Rd					Natural Child Spouse	
Address 2					Step Child	
City Clarksville	Sta	te TN	Zip 37040			
County Montgomery						
Same Phone as Employee						
Telephone 615/770-3833						
Add Dependent						
		<<	Previous	Next >>		
		<<	Search	Close		
For a	dditional	lonon	donte			
FUIA	uullional	reheii	uenio,			2

Verification Needed  New Entry  *First Mary Middle *Last Benefits  *Relationship Spouse  *SSN 478-52-1963  Date of Birth 04/10/1979  *Gender Female  Calculate State Address as Employee Address 1 3722 Trenton Rd Address 2	
*First Mary Middle *Last Benefits *Relationship Spouse ▼ *SSN 478-52-1963 ✓ Details *Date of Birth 04/10/1979 第 *Gender Female ▼ ✓ Same Address as Employee Address 1 3722 Trenton Rd Address 2	
*Relationship Spouse	
► Details     *Date of Birth 04/10/1979      • Gender Female      • Gender Female      • Gender sale      • Gender Female      • Gender • • • • • • • • • • • • • • • • • • •	
Same Address as Employee     Address 1 3722 Trenton Rd       Address 2     Natural Ch	
Address 1 3722 Trenton Rd Legal Guar Address 2 Natural Ch	
Address 2 Natural Ch	dian
	ld
City Clarksville State TN Zip 37040 Spouse Step Child	
County Montgomery	
Telephone 615/770-3833	
Jamie Benefits	
Verification Needed     New Entry     Action State Repetits	
*Relationship Natural Child	
Same Address as Employee	
Address 1 3722 Trenton Rd	
Address 2	
City Clarksville State TN Zip 37040	
City     Clarksville     State TN     Zip 37040       County     Montgomery     Image: County State TN     Image: County State TN	
City     Clarksville     State TN     Zip 37040       County     Montgomery       Same Phone as Employee	

- Emp	oloyee Mark B	anafits	eForm ID - 251919
Empl	ID 004779	936 Empl Record 0	ePoliti ID 251616
Medi	cal		
	Waive Cove	erage	Coverage Begin Date 08/01/2016
En	roll All		
	Enroll	Name	Relationship
1		Mary Benefits	Spouse
2		Jamie Benefits	Natural Child
*Cove	erage Requ	Jested	<b>T</b>
Dent	al		
	Maive Cove	erage	Coverage Begin Date 08/01/2016
En	roll All		
	Enroll	Name	Relationship
1		Mary Benefits	Spouse
2		Jamie Benefits	Natural Child
*Cove	erage Requ	uested	•
Vis	ion		
	Waive Co	verage	Coverage Begin Date 08/01/2016
	Enroll All		
	Enroll	Name	The Hold button is to
	1	Mary Benefits	
			when you are unab
	2 0	Jamie Benefits	complete
*Co	verage Re	quested	Step 2 or Step 1

28

Employee			
lame Mark E	Benefits	eForm ID 251818	
mpl ID 00477	936 Empl Record 0		
Medical			
Waive Cov	erage	Coverage Begin Date 10/01/2018	-
Enroll	Name	Relationship	
1 🕑	Mary Benefits	Spouse	
2	Jamie Benefits	Natural Child	
Waive Cov Enroll All	rerage	Coverage Begin Date 08/01/2016	6
Waive Cov	Name Mary Benefits	Coverage Begin Date 08/01/2016 Relationship Shouse	6
Waive Cov Enroll All	verage           Name           Mary Benefits           Jamie Benefits	Coverage Begin Date 08/01/2016 Relationship Spouse Natural Child	6
Waive Cov	Mary Benefits Jamie Benefits Uental Preferred Provider :	Coverage Begin Date 08/01/2016          Relationship         Spouse         Natural Child         Employee plus Spouse           Dental Preferred P         Pre-Paid :: Employee	Provider :: Employe
Waive Cov Enroll All 1 2 Coverage Req Vision	Verage           Name           Mary Benefits           Jamie Benefits           Juested           Dental Preferred Provider :	Coverage Begin Date 08/01/2016          Relationship         Spouse         Natural Child         Employee plus Spouse           Employee plus Spouse	Provider :: Employe vee plus Spouse

## **Benefit eForm Step 3 "Adding Attachment"**

### Create a Benefits eForm

#### Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.



Form Messages Message Text Description There is a new Spouse dependent who will need Attachments for Spouse verification. Please attach both a marriage certificate and Relationship Type proof of joint ownership to this form before acknowledging this message and continuing. **Notice** There is at least one Natural Child dependent who will need verification. Please attach their birth certificate to this form Attachments for before acknowledging this message and continuing. If there Natural/Adopted Child an Adopted Child dependent who will need verification. Relationship Type please attach court documents or adoption papers to this form before acknowledging this message and continuing. Comments << Previous Submit Your Comment: Hold Spell Check Your Comment (Alt+5)



## **Benefit eForm Step 3 "Attachment Added"**

### Create a Benefits eForm

#### Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

🔻 Employ	yee			
Name	Mark Benefits			eForm ID 25182
Empl ID	00477936	Empl Record	0	
File Attac	hments			

	Upload	View	Description	Doc ID	
1	Upload	View	Enrollment ( •	rickk04170012016-08-09- 19.46.45	Delete (Alt+8)

#### Add File Attachment

Message Text	Description
Attachments for Spouse Relationship Type	There is a new Spouse dependent who will need verification. Please attach both a marriage certificate and proof of joint ownership to this form before acknowledging this message and continuing.
Attachments for Natural/Adopted Child Relationship Type	There is at least one Natural Child dependent who will need verification. Please attach their birth certificate to this form before acknowledging this message and continuing. If there an Adopted Child dependent who will need verification, please attach court documents or adoption papers to this form before acknowledging this message and continuing.

#### Comments

Your Comment: Spell Check Your Comment (Alt+5)



31

## **Benefit eForm Step 3 "Acknowledge Attachment"**



## Benefit eForm Step 3 "Submit Message"

#### Create a Benefits eForm

Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

mp	ID 00477936	Empl Rec	ord 0		
A	llachments	Minur	Description	Dec ID	
1	Upload	Mew	Enrollment	rickk04170012016-08-09- 19.46.45	Delete (Alt+8)
2	Upload	Mew	Marriage Ce 🔻	rickk04170012016-08-09- 19.49.22	Delete (Alt+8)
3	Upload	Mew	Birth Certific 👻	rickk04170012016-08-09- 19.50.36	Delete (Alt+8)
Ad	ld File Attachmer	nt			
m	Messages		Description	Massaga	
~ (	Attachmen Relationsh Attachmen Natural/Ad Relationsh	ts for Spouse hip Type ts for lopted Child hip Type	There is a new S who will need ve attach both a ma proof of joint own before acknowle and continuing There is at least dependent who Please attach the this form before a message and co Adopted Child di need verification documents or ad form before ackn	Submit this form? (24642, The form will be directed t	112) to the next approver, if any
omл	ients				
'our	Comment:			<< Previous	Submit
					100



# **Benefit eForm Step 4 "Finalized"**

### Create a Benefits eForm

Congratulations, you've done it!	
- Employee	
Name Mark Benefits Empl ID 00477936 Empl Record 0	eForm ID 251821
✓ Form Status	
BASC WF G_FORM_ID=251821, EOAWTHREAD_I BASC Approvals Pending	D=299912:Pending
BASC WF C_FORM_ID=251821, EOAWTHREAD_I BASC Approvals Pending Multiple Approvers TN Ben Admin Service Center	D=299911:Pending
BASC WF G_FORM_ID=251821, EOAWTHREAD_I BASC Approvals Pending Multiple Approvers TN Ben Admin Service Center Go To Worklist	D=299911:Pending
BASC WF  G_FORM_ID=251821, EOAWTHREAD_I BASC Approvals  Pending Multiple Approvers TN Ben Admin Service Center  Go To Worklist Mew This Form Return	D=299911:Pending
BASC WF  Close This Form  Gase Content in the service of the servi	D=299911:Pending



f there are attachments it will go to a Pending Status. If no attachments, it will go to a Complete status.

# **eForm Rehire and Transfers**







## **Personnel Search Action Form with Employee ID**

### **NP Person Search**

### Electronic Personnel Action Form

Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.





## **Personnel Search Action Form with Results**

	NP Person Search	
	Electronic Personnel Action Form	
	Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.	
	Employee ID 00477936	
	Or	
	Social Security #	
Click	k the ID Number	
$\overline{\}$	Active Job 🖌 Inactive Job *blank = No NP Job Record Add New Person	
	Results <u>Find</u>   고  <1 of 1	
	Empl ID Empl Record Job Name	
	Member Edison ID #     0     Image: Comparison of the second seco	

The Green Check means employee is still active in Edison. "You will still enter them in system"

The Yellow Check means employee is inactive in Edison.



# **Rehire or Transfer eForm Step 1**

#### Create a Hire eForm

#### Step 1 of 3: Enter Hire Personal Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

ersonal Infor	mation			
SSN	XXXXX2396		Empl ID New	
*First Name	Mark	1		
liddle Name	A			
*Last Name	Benefits			
*Date of Bir	rth 04/01/1979 🛐		*Gender Male	T
*Marital Stat	us Married	•		
Address Lin	ne 2 City Clarksville	*State TN	Q *ZIP 37040	
*Teleph	one 615/770-2922	State	Q 21P 37040	
*Cou	Inty Montgomery		L	Click Save & Next
*En	nail anywhere@tn.com		<< Previous	Save & Next >> Close

eForm ID 251915



## Update any information needing to be updated.

# Hire eForm Step 2 "Job Data Information"

Create a Hire	eForm		Employee	Edison ID #
Step 2 of 3: Enter I	Hire Job Data			
fill out the fields below Name Mark A Bene	v and hit Submit t fits	o create a new User ID Empl ID 00	The new user will be c	reated with the default passwo eForm ID 251815
Job Data				
*Effective Date		31		
Action	HIR	*Reason		
*Position Number		Q		
Business Uni	t:			
Department:				
Location Cod	e;			
*Empl Class	¥			
*Vision Offered	Yes 🔍 No			
			7	Submit
Complet	e all Fie	lds with an		Close
	Asteris	k		



# **Rehire or Transfer eForm Step 2**

### Create a Hire eForm

#### Step 2 of 3: Enter Hire Job Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

*Effective Date	10/1/2018 📴				
Action	REH	*Reason	X-Benefits Higher Educ Rehire	• •	X-Benefits Employee Rehire X-Benefits Higher Educ Rehir
*Position Number 9	9000015 Q	*Comp Rate	0.000000		
Business Unit:	HETBR	Tennessee	Board of Regents		
Department:	9000200000	Austin P St	Un		lotice
Location Code:	NP063	Montgome	y County		
*Empl Class 🔹					
*Vision Offered O Yes	© No				



Notice

All TBR, STOLA, and ASD agency are required to enter the employees Annual Comp Rate

## Rehire or Transfer eForm Step 2 "Complete"

### Create a Hire eForm

### Step 2 of 3: Enter Hire Job Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

**Click Submit** 

lame Joe D Benefits		Empl ID	00477936	eForm ID 251826	
Job Data					
*Effective Date	10/1/2018 🛐				
Action	REH	*Reason	X-Benefits Higher Educ Rel	nire 👻	
*Position Number	99000015 🔍	*Comp Rate	— —		Notice
Business Unit:	HETBR	Tennessee	e Board of Regents		
Department:	9000200000	Austin P St	t Un		
Location Code:	NP063	Montgome	ry County		
*Empl Class TBR •					
*Vision Offered	es 🔘 No				

Submit Close



# **Rehire or Transfer eForm Step 1**

### **Create a Hire eForm**

#### Step 1 of 3: Enter Hire Personal Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

eForm ID 251826

rsonal Infor	mation				
SSN	XXXXXX9369		Empl ID	00477936	
*First Name	Joe				
iddle Name	D				
*Last Name	Benefits				
*Date of Bi	rth 04/01/1979 🛐		*Gender	Male	×.
*Marital Stat	tus Married	· •			
Address Li	ne 2 City Clarksville	*State TN	Q *Z	IP 37042	
*Teleph	one 615/770-3833				Covo 9 No
		210			k Jave & Ne
*Co	unty Montgomery	Q	L.	•	
*Col	unty Montgomery nail anywhere@tn.gov		L		
*Col *En	unty Montgomery nail anywhere@tn.gov	Q			
*Co *En	unty Montgomery nail anywhere@tn.gov	Q		<< Previous	Save & Next >>



### Update any information that needs to be updated.

## Rehire or Transfer eForm Step 2 "Message"

### **Create a Hire eForm**

### Step 2 of 3: Enter Hire Job Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Name Joe D Benefits		Empl ID	0047793	eForm ID 251826
Job Data				Message
*Effective Date	.10/1/2018 🗃			Submit this form? (24642,112)
Action	REH	*Reason	X-Ben	
*Position Number	99000015 Q	*Comp Rate		The form will be directed to the next approver, if any.
Business Unit:	HETBR	Tennesse	e Board	Yes No
Department:	9000200000	Austin P S	t Un	
Location Code:	NP063	Montgome	ery County	
*Empl Class TBR •	-			
*Vision Offered	es 🔘 No			

Submit	
Close	



## **Rehire or Transfer eForm Step 3 "Finalized"**

### Create a Hire eForm

Congratulations, yo	u've done it!					
	Empl 00	477936	Empl Rcd	0	eForm ID	251826
🕶 Form Status						
You have just AUTH	ORIZED this form.					
lo approvale reg	uired					
o approvais rec	Junea					
	Processing is	complete	e. The syste	m ha	s been up	dated.
	Processing is	complete	e. The syste	m ha	s been up	dated.
	Processing is Click the butto	complete	e. The syste to enroll the	em ha e <mark>emp</mark>	s been up loyee in b	dated. enefits.
	Processing is Click the butto	complete	e. The syste to enroll the	em ha e emp	s been up Iloyee in b	dated. enefits.
	Processing is Click the butto	complete on below	e. The syste to enroll the	em ha e emp	s been up Iloyee in b	dated. enefits.
Go To Worklist	Processing is Click the butto	complete on below	e. The syste to enroll the	em ha e emp	s been up Iloyee in b	dated. enefits.
Go To Worklist /iew This Form	Processing is Click the butto Enroll in Benefi	complete on below ts	e. The syste to enroll the	em ha e emp	s been up Iloyee in b	dated. enefits.



# **Benefit Add Lookup Search**

### Benefits Add Lookup Search

Enter any information you have and click Search. Leave fields blank for a list of all values.

Empl ID:	begins with	• 0	00477936
Empl Record:	= +		0
Event Date:		Ē	
0	0		
Search	Clear	Basi	ic Search 🔤 Save Search Criteria



# **Benefit eForm Step 1**

mployee				
me Joe Benefits	eForm ID 25			51829
IPI ID 00477936 Empl Rec	ord 0			
ie Bencints				
Update this Dependent				
Relationship Spouse		SSN 896757524		
▶ Details				

Check inside the block "Update this Dependent" to update information. Click Add Dependent if you need to add additional dependents.



# **Benefit eForm Step 1 "Updating"**

#### Create a Benefits eForm

Enroll the employee's dependents.				
- Employee				
Name Joe Benefits Empl ID 00477936 Empl Record 0			eForm ID 251829	
Sue Benefits				
Update this Dependent     *First Sue Middle		*Last Benefits		
*Relationship Spouse	▼ *SSN 896757	7524		
👻 Details				
*Date of Birth 04/05/1979 🛐	*Gender Female • State TN	Zip 37042		
Same Phone as Employee Telephone 615/770.3833		Click	next and c	omplete as
Add Dependent	<< Pre << Se	evious	would in a r	new hire situatio

# **Additional Hire eForm Comments**

### **Hire eForm**



Add a Hire form Use this link to start a Hire eForm for an NP employee.



View a Hire form Use this link to View an existing form - you will only see forms that you have department security access for.

Any changes for a submitted Hire eForm will require a Corrections & Clarification Form, Enrollment Change Application, or Zendesk ticket explaining the correction.

To check the status of a Hire eForm click the "View a Hire form" button.

You will receive emails from Edison updating you on the status of the Hire eForm.



# **Additional Benefit eForm Comments**

### **Benefit eForm**



To create a Benefit eForm click the "Create a Benefits Enrollment eForm" button.

If you placed a Benefits eForm on Hold click the "Update a Benefit Enrollment eForm" button.

To check the status of a Benefit eForm click the "View a Benefit Enrollment eForm" button.

You will receive emails from Edison updating you on the status of the Benefits eForm.



# Reminders

Please only submit one Benefit eForm per employee. We see multiple forms being entered for the same people, which causes the forms to error.

If a form is entered, but not yet approved, it can be changed under the update option.

Once the eBenefit form is submitted and approved, any changes will have to be made by an enrollment change application even if they are still within their eligibility period.

If there is a newborn without a SSN yet that needs to be added, you will need to enter it as 999999999.

When you are rehiring an employee with dependents, once you select enroll Benefits at the end of Step 3 or create a Benefit eForm on Step 1 of the Create A Benefit eForm, it will show you their previous dependents. There is no "Verification Needed" showing.

Dependent verification will be required for any dependents added back to coverage more than ninety (90) days after the employee's termination.



## For Questions Contact: Benefits Administration



## 800.253.9981 or 615.741.3590 Monday – Friday, 8a - 4:30p CT or create a Zendesk Ticket