

How to Review Benefit Statements Overview

This Job Aid provides guidance on how to access and review Benefit Statements.

Table of Contents

How to Review Benefit Statements 2

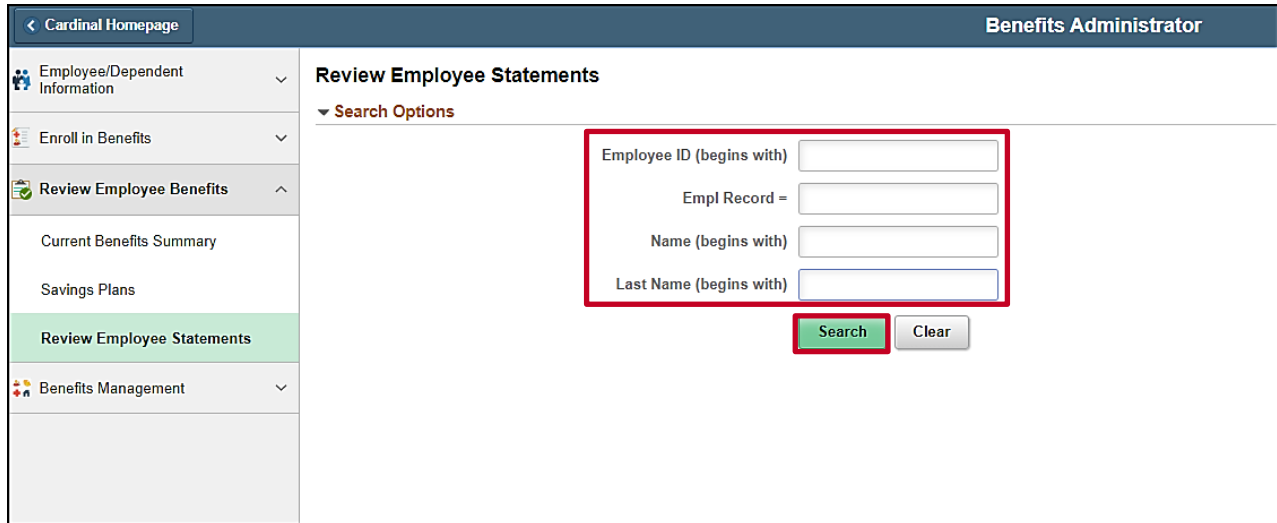
How to Review Benefit Statements

To review an employee's benefit statements the Agency BA can access the **Review Employee Statements** page.

1. Navigate to the **Review Employee Statements** page using the following path:

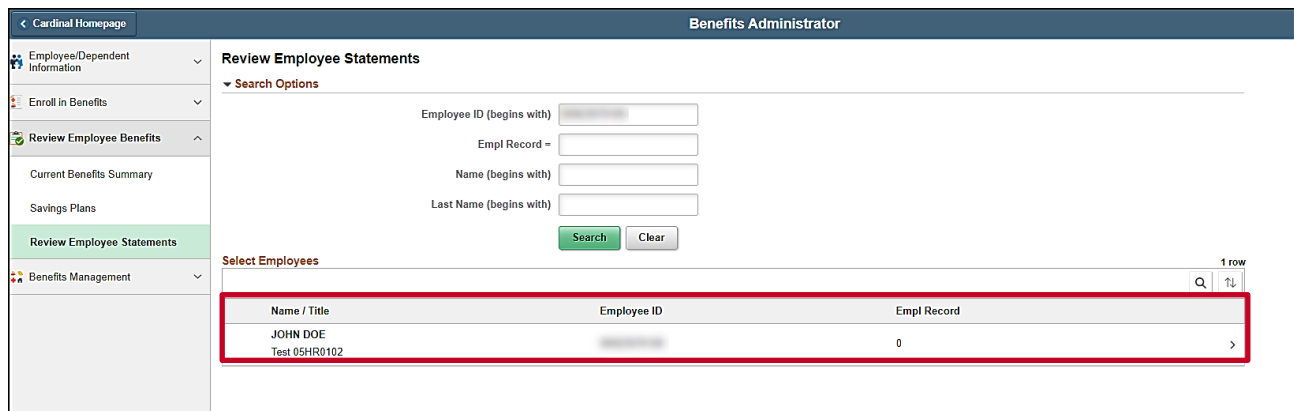
Benefit Administrator Tile > Review Employee Benefits > Review Employee Statements

The **Review Employee Statements Search** page displays.



2. Enter the **Employee ID** in the applicable search field.
3. Click the **Search** button.

The **Review Employee Statement Search** page refreshes.

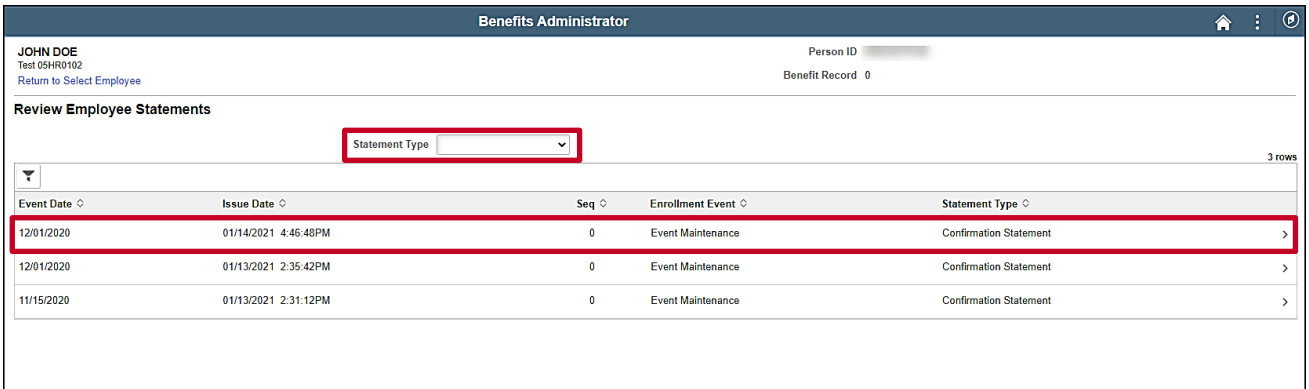


Name / Title	Employee ID	Empl Record
JOHN DOE	Test 05HR0102	0

4. The **Review Employee Statements Search** page returns and displays results on the bottom of the page. Click on the appropriate employee/participant.

BN361 How to Review Benefit Statements

The **Review Employee Statement** page displays with the employee's information.



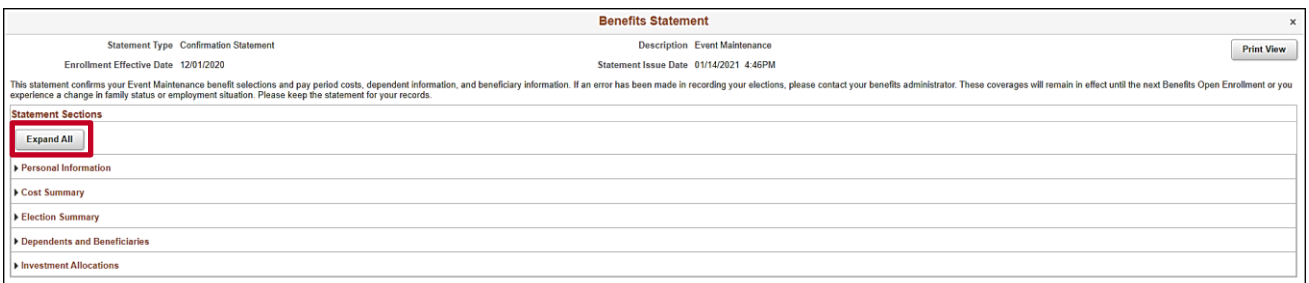
Event Date	Issue Date	Seq	Enrollment Event	Statement Type
12/01/2020	01/14/2021 4:45:48PM	0	Event Maintenance	Confirmation Statement
12/01/2020	01/13/2021 2:35:42PM	0	Event Maintenance	Confirmation Statement
11/15/2020	01/13/2021 2:31:12PM	0	Event Maintenance	Confirmation Statement

5. Select the Statement desired to view and/or print from the **Statement Type** field drop-down menu. For this scenario, we will be viewing **Confirmation Statements**.

Note: COVA is only supporting Confirmation Statements – no other statement types.

6. Select the specific Statement row to view and/or print from the list that displays.

The **Confirmation Statement** displays.



Statement Type: Confirmation Statement
Description: Event Maintenance
Enrollment Effective Date: 12/01/2020
Statement Issue Date: 01/14/2021 4:46PM

This statement confirms your Event Maintenance benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, please contact your benefits administrator. These coverages will remain in effect until the next Benefits Open Enrollment or you experience a change in family status or employment situation. Please keep the statement for your records.

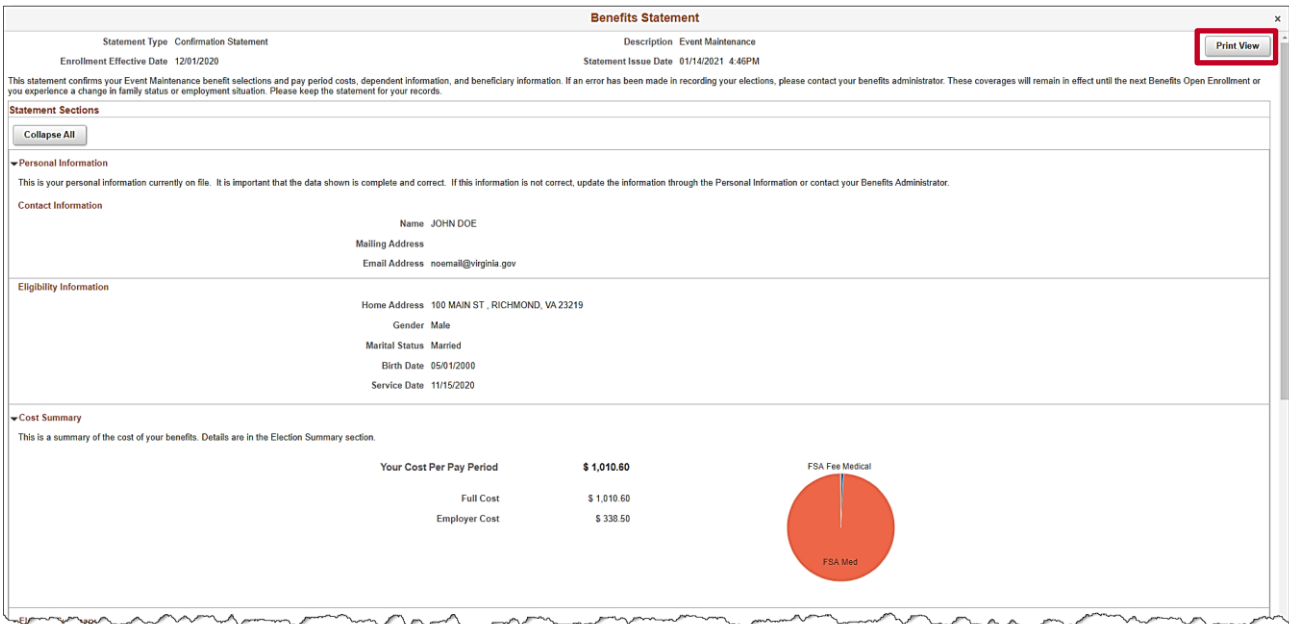
Statement Sections

- Expand All
- Personal Information
- Cost Summary
- Election Summary
- Dependents and Beneficiaries
- Investment Allocations

7. To view the statement online click on the **Expand All** button.

BN361 How to Review Benefit Statements

The **Expanded Confirmation Statement** displays.



Benefits Statement

Statement Type: Confirmation Statement | Description: Event Maintenance

Enrollment Effective Date: 12/01/2020 | Statement Issue Date: 01/14/2021 4:46PM

Print View

This statement confirms your Event Maintenance benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, please contact your benefits administrator. These coverages will remain in effect until the next Benefits Open Enrollment or you experience a change in family status or employment situation. Please keep the statement for your records.

Statement Sections

Personal Information

Name: JOHN DOE
Mailing Address:
Email Address: noemail@virginia.gov

Eligibility Information

Home Address: 100 MAIN ST, RICHMOND, VA 23219
Gender: Male
Marital Status: Married
Birth Date: 05/01/2000
Service Date: 11/15/2020

Cost Summary

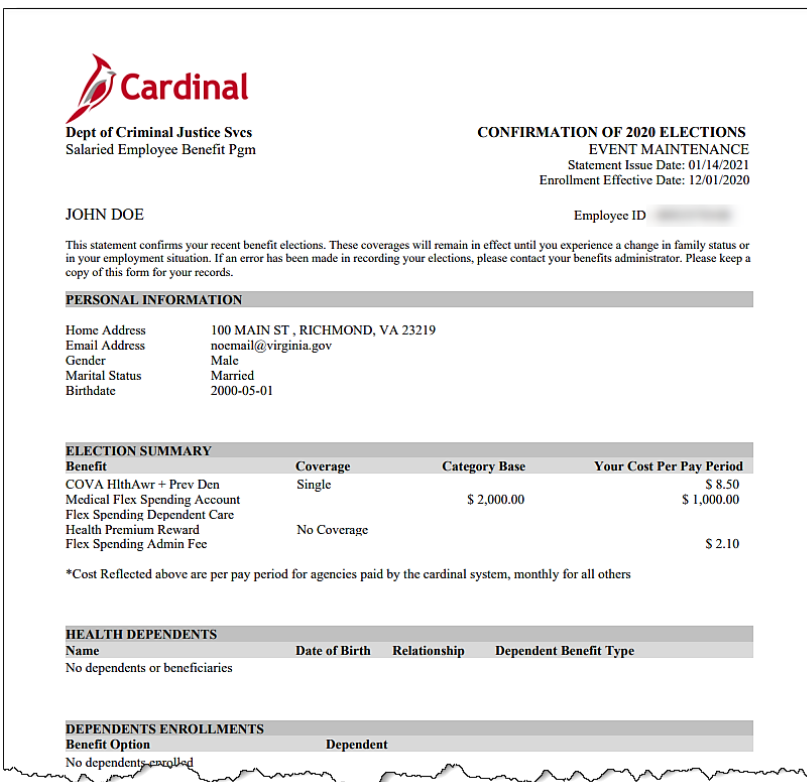
Your Cost Per Pay Period: **\$ 1,010.60**

Full Cost: \$ 1,010.60
Employer Cost: \$ 338.50

FSA Fee Medical
FSA Med

8. To print the statement, click on the **Print View** button.

The **Print View** for the selected **Statement** displays in a separate window.



Cardinal
Dept of Criminal Justice Svcs
Salaried Employee Benefit Pgm

CONFIRMATION OF 2020 ELECTIONS
EVENT MAINTENANCE
Statement Issue Date: 01/14/2021
Enrollment Effective Date: 12/01/2020

JOHN DOE | Employee ID: [REDACTED]

This statement confirms your recent benefit elections. These coverages will remain in effect until you experience a change in family status or in your employment situation. If an error has been made in recording your elections, please contact your benefits administrator. Please keep a copy of this form for your records.

PERSONAL INFORMATION

Home Address: 100 MAIN ST, RICHMOND, VA 23219
Email Address: noemail@virginia.gov
Gender: Male
Marital Status: Married
Birthdate: 2000-05-01

ELECTION SUMMARY

Benefit	Coverage	Category Base	Your Cost Per Pay Period
COVA HlthAwr + Prev Den	Single		\$ 8.50
Medical Flex Spending Account		\$ 2,000.00	\$ 1,000.00
Flex Spending Dependent Care			
Health Premium Reward	No Coverage		
Flex Spending Admin Fee			\$ 2.10

*Cost Reflected above are per pay period for agencies paid by the cardinal system, monthly for all others

HEALTH DEPENDENTS

Name	Date of Birth	Relationship	Dependent Benefit Type
No dependents or beneficiaries			

DEPENDENTS ENROLLMENTS

Benefit Option	Dependent
No dependents enrolled	

9. Review the statement and print, as applicable.