

#### Viewing and Printing a Confirmation Statement Overview

This Job Aid provides the step-by-step instructions utilized by an Agency Benefits Administrator (BA) to view and print a Confirmation Statement on behalf of an employee.

**Navigation Note:** Please note that you may see a **Notify** button at the bottom of various pages utilized while completing the process within this Job Aid. This "Notify" functionality is not currently turned on to send email notifications to specific users within Cardinal.

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### Viewing/Printing a Confirmation Statement

After completing the new hire benefits enrollment, the employee should receive an email with their Confirmation Statement after the next Benefits Administration process runs. However, if the employee does not have an email defined in Cardinal yet, or did not receive the email, the Agency BA can follow the steps in this section to view and print a Confirmation Statement for the employee.

1. Access the **Current Benefits Summary** page using the following navigation path:

Benefits Administrator Tile > Review Employee Benefits > Review Employee Statements

The Review Employee Statements Search page displays.

	Benefits Administrator	â	۵
Review Employee Statements			
✓ Search Options			
	Employee ID (begins with)		
	Empl Record =		
	Name (begins with)		
	Last Name (begins with)		
	Search Clear		

2. Enter the employee's Employee ID in the **Empl ID** field.

**Note**: Searches can also be performed using the employee's name. However, it is recommended to use the Employee ID as every employee will have a unique Employee ID.

3. Click the **Search** button.

The page refreshes with the search results displayed in the **Select Employees** section.

Benefits Administrator					
Review Employee Statements					
✓ Search Options					
Employee ID (begins with)					
Empl Record =					
Name (begins with)					
Last Name (begins with)					
	Search Clear				
Select Employees	1 row				
Name / Title	Employee ID Empl Record				
	0 >				

4. Click anywhere in the corresponding row for the employee within the **Select Employees** section.



The **Review Employee Statements** page displays for the selected employee.

	Benefits Administrator						¢
		Person ID					
Return to Select Emplo	iyee		Benefit Record	0			
Review Employe	e Statements						
	Statement Ty	pe	·			2	2 roi
T Event Date	Issue Date	Seq	Enrollment Event	Statement Type			
07/01/2022	06/01/2022 10:08:19PM	2	Open Enrollment May 2022 COVA	Confirmation Statement			>
		0		Confirmation Statement			

5. Click the Statement Type dropdown button and select "Confirmation Statement".

The page refreshes.

	Benefits Administrator						
Return to Select Employ	yee		Person II Benefit Record				
Review Employe	e Statements						
	Statement	Type Confirmation Statement	•				
T							
Event Date	Issue Date	Seq	Enrollment Event	Statement Type			
07/01/2022	06/01/2022 10:08:19PM	2	Open Enrollment May 2022 COVA	Confirmation Statement			>
07/01/2022	05/10/2022 8:08:18PM	0	Open Enrollment May 2022 COVA	Confirmation Statement			>

6. Click anywhere in the corresponding row for the applicable Benefit Event (Open Enrollment May 2022 COVA (Seq Number 2) will be opened in this example).

The **Benefits Statement** page displays for the applicable Benefit Event.

Benefits Statement							
Statement Type Confirmation Statement	Description Open Enrollment May 2022 COVA Print	nt View					
Statement Issue Date 06/01/2022 10:08PM							
This statement confirms your Open Enrollment May 2022 COVA benefit selections and pay period costs, dependent information, and bene until the next Benefits Open Enrollment or you experience a change in family status or employment situation. Please keep the statement fi	ficiary information. If an error has been made in recording your elections, please contact your benefits administrator. These coverages will remain or your records.	n in effect					
Statement Sections							
Expand All							
Personal Information							
> Cost Summary							
Election Summary							
Dependents and Beneficiaries							
Dependent Enrollments							
Investment Allocations							

7. Click the **Expand All** button to view the detailed information.



The page refreshes with the sections expanded.

Stemmer       Type       Continuation Statement       Description       Pure type         Statement Fusue Data       Generation Statement       Statement Fusue Data			Benefits Statement		×
The search and a second of the search and any period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, glease contact your benefits administrator. These coverages will remain information if an error has been made in recording your elections, glease contact your benefits administrator. These coverages will remain information a coverage in a co	Statement Type Confirmation Statement		Description Open	Enrollment May 2022 COVA	Print View
Statement Sections Collapse All  Personal Information This your personal Information currently on file. It is important that the data shown is complete and correct. If this information through the Personal Information or contact your Benefits Administrator. Contact Information Name Mailing Address Email Address Email Address Binh Date Service Date   Cost Summary This is a summary of the cost of your benefits. Details are in the Election Summary section. Your Cost Per Pay Period \$ \$ \$3.00 Full Cost \$ 110.00 Full Cost \$ 510.00 Full Cost \$ 51	Statement Issue Date 06/01/2022 10:08PM				
Collapse All  C	This statement confirms your Open Enrollment May 2022 COVA benefit selections and pay perior effect until the next Benefits Open Enrollment or you experience a change in family status or emp	d costs, dependent information loyment situation. Please keep	, and beneficiary information. If a the statement for your records.	n error has been made in recording your elections, please contact your benefits adr	ninistrator. These coverages will remain in
	Statement Sections				
This is your personal information currently on file. It is important that the data shown is complete and correct. If this information is not correct, update the information through the Personal Information or contact your Benefits Administrator. Contact Information Name Mailing Address Eligibility Information Home Address Birth Date Service Date Vour Cost Summary This is a summary of the cost of your benefits. Details are in the Election Summary section. Full Cost \$ 110.00 Full Cost	Collapse All				
Contact Information Name Mailing Address Email Address Email Address Eligibility Information Home Address Gender Marital Status Birth Date Service Date Vour Cost Per Pay Period \$93.00 Full Cost Situation Full Cost Full Cost Situation Full Cost Full Cost Situation Full Cost Fu	← Personal Information				
Name         Mailing Address         Emil Address         Emil Address         Gender         Maritil Status         Birth Date         Service Date	This is your personal information currently on file. It is important that the data shown is complete	te and correct. If this informati	ion is not correct, update the info	rmation through the Personal Information or contact your Benefits Administrator.	
Mailing Address         Eligibility Information         Home Address         Gender         Marital Status         Birth Date         Service Date	Contact Information				
Eligibility Information         Biglibility Information         Gender Marital Status Birth Date Service Date <ul> <li>Cott Summary This is a summary of the cost of your benefits. Details are in the Election Summary section.</li> </ul> Your Cost Per Pay Period <ul> <li>Sti 10:00</li> <li>Endi Cost             <ul> <li>Sti 10:00</li> <li>Endi Cost             </li></ul></li></ul>	Name				
Eligibility Information Home Address Gender Marital Status Birth Date Service Date Service Date Service Date Full Cost V (V) Denefits. Details are in the Election Summary section. Your Cost Per Pay Period \$93.00 Full Cost \$110.00 Employee Cost \$110.00	Mailing Address				
Home Address Gender Marital Status Birlin Date Service	Email Address				
Gender Marital Status Birth Date Service Date     Birth Date       - Cost Summary This is a summary of the cost of your benefits. Details are in the Election Summary section.     Your Cost Per Pay Period       Your Cost Per Pay Period     \$ 93.00       Full Cost     \$ 110.00       Employee Cost     \$ 567.00	Eligibility Information				
	Home Address				
Birth Date Service Date Cost Summary This is a summary of the cost of your benefits. Details are in the Election Summary section. Your Cost Per Pay Period \$93.00 Full Cost \$110.00 Emologer Cost \$107.00	Gender				
Cost Summary      This is a summary of the cost of your benefits. Details are in the Election Summary section.      Your Cost Per Pay Period \$93.00      Full Cost \$110.00      Employee Cost \$107.00	Marital Status				
Cost Summary  This is a summary of the cost of your benefits. Details are in the Election Summary section.  Your Cost Per Pay Period \$93.00  Full Cost \$110.00  Employee Cost \$167.00	Birth Date				
This is a summary of the cost of your benefits. Details are in the Election Summary section. Your Cost Per Pay Period \$93.00 Full Cost \$110.00 Employer Cost \$107.00	Service Date				
Your Cost Per Pay Period \$93.00 Full Cost \$110.00 Employee Cost \$147.00	← Cost Summary				
Full Cost \$ 110.00	This is a summary of the cost of your benefits. Details are in the Election Summary section.				
Employer Cost \$647.00	Your Cost Pe	r Pay Period	\$ 93.00		
Employer Cost \$647.00 Medical		Full Cost	\$ 110.00		
		Employer Cost	\$ 647.00	Medical	

- 8. Review the information as needed. Use the vertical scrollbar to scroll down and view all of the information.
- 9. Click the **Print View** button.

The **Confirmation Statement** opens as a PDF document. If the Confirmation Statement does not display, you may need to allow pop-ups from the website.

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	Cardinal This statement souffies your reveal hour for a your comployment singular and reveal PERSONAL THORNMATION	elections. These cov		Employee	MAY 2022 COVA sue Date: 06/01/2022			
2	Home Address Email Address Gender Marital Status Birthdate							
	ELECTION SUMMARY Beaefit COVA Care + Prev Dental Flex Spending Medical Flex Spending Dependent Care Premium Reward Par & Spouse Flex Spending Admin Fee	Coverage EE+Spouse	Catego	ry Base Your (	Sost Per Pay Period \$ 110.00 \$ -17.00			
3	*Cost Reflected above are per pay period	od for agencies paid	by the cardinal sy	stem, monthly for all others				
Bangaran and a second second	HEALTH DEPENDENTS							
Test Content of Conten	Name	Date of Birth	Relationship	Dependent Benefit Type				
	1		Spouse	Approved Dependent				
	DEPENDENTS ENROLLMENTS							
4	Benefit Option	Depender	ıt					
	COVA Care + Prev Dental							

10. Save and/or print the document as needed.