



**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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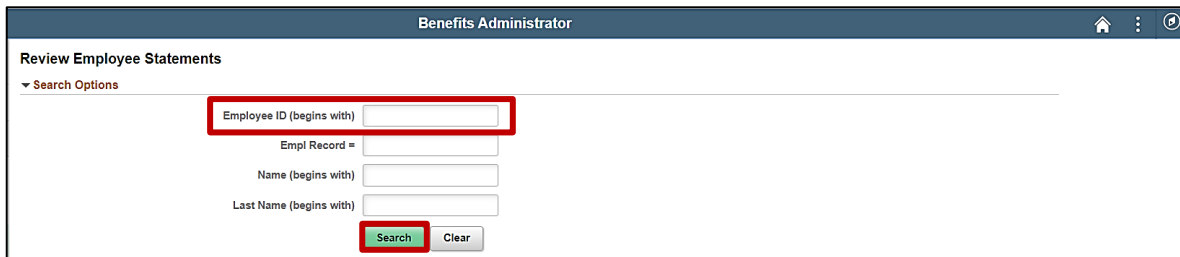
### Viewing/Printing a Confirmation Statement

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.

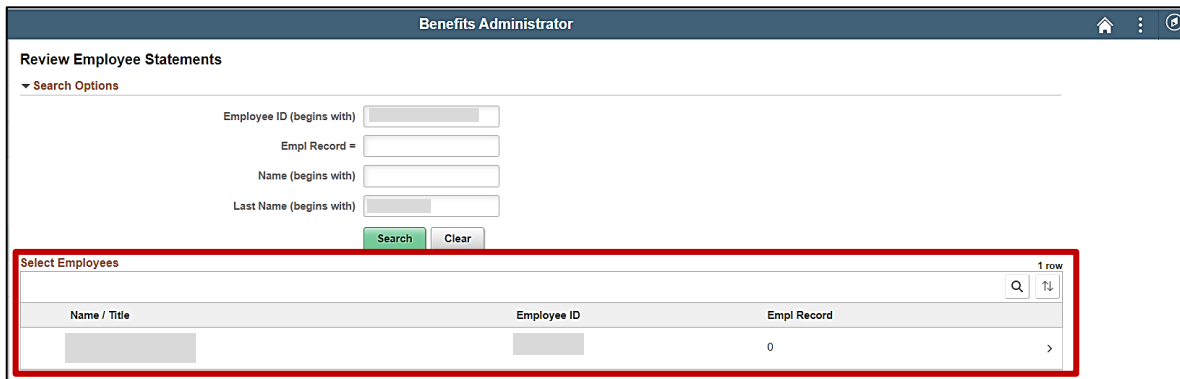


2. Enter the employee's Employee ID in the **Empl ID** field.

**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.

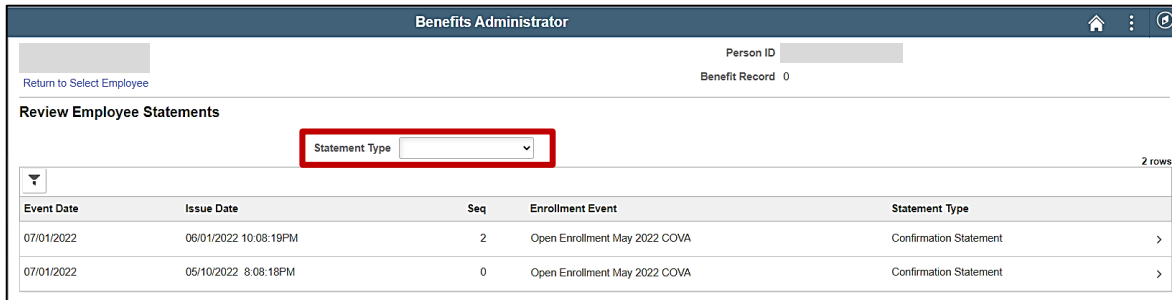
The page refreshes with the search results displayed in the **Select Employees** section.



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

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



Benefits Administrator

Person ID [redacted]  
Benefit Record 0

Return to Select Employee

**Review Employee Statements**

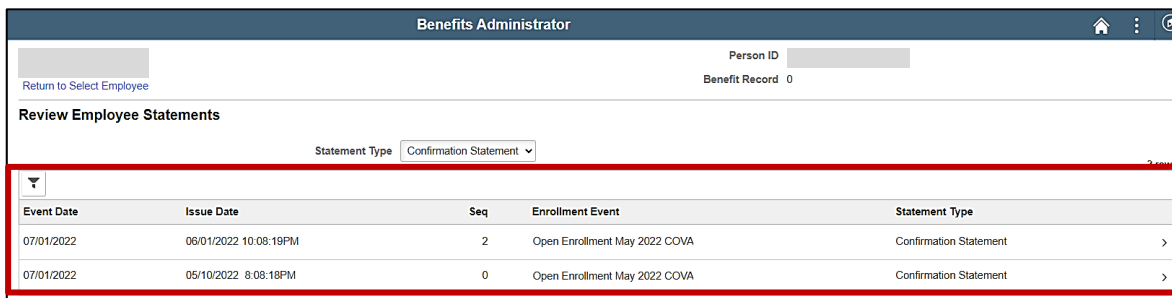
Statement Type [dropdown menu]

2 rows

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 >

5. Click the **Statement Type** dropdown button and select “Confirmation Statement”.

The page refreshes.



Benefits Administrator

Person ID [redacted]  
Benefit Record 0

Return to Select Employee

**Review Employee Statements**

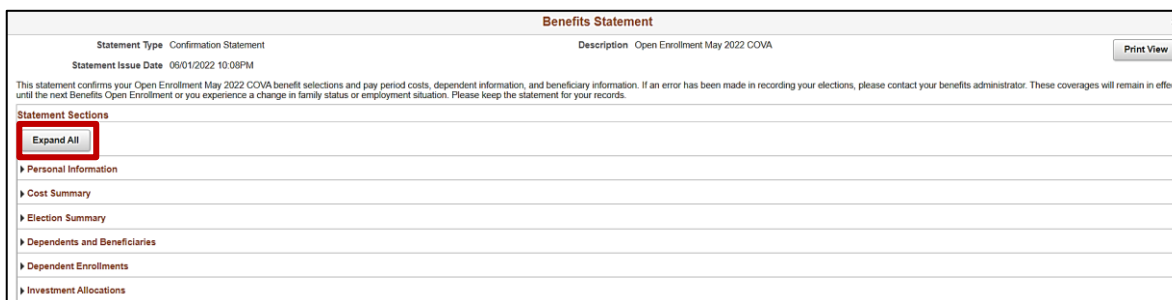
Statement Type Confirmation Statement

2 rows

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  
Statement Issue Date 06/01/2022 10:08PM  
Print View

This statement confirms your Open Enrollment May 2022 COVA 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
- Dependent Enrollments
- Investment Allocations

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



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The page refreshes with the sections expanded.

Statement Type	Confirmation Statement	Description	Open Enrollment May 2022 COVA
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 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**  
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	
Email Address	

**Eligibility Information**

Home Address	
Gender	
Marital Status	
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
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.

BEN\_Conf\_Stmnt.pdf

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CONFIRMATION OF 2022 ELECTIONS  
OPEN ENROLLMENT MAY 2022 COVA  
Statement Issue Date: 06/01/2022

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	
Email Address	
Gender	
Marital Status	
Birthdate	

**ELECTION SUMMARY**

Benefit	Coverage	Category Base	Your Cost Per Pay Period
COVA Case + Prev Dental	EE+Spouse		\$ 110.00
Flex Spending Medical			
Flex Spending Dependent Care			
Premium Reworked Per & Spouse			\$ -17.00
Flex Spending Admin Fee			

\*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
1 [REDACTED]		Spouse	Approved Dependent

**DEPENDENTS ENROLLMENTS**

Benefit Option	Dependent
COVA Case + Prev Dental	[REDACTED]

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