NY15-23
PE15-19

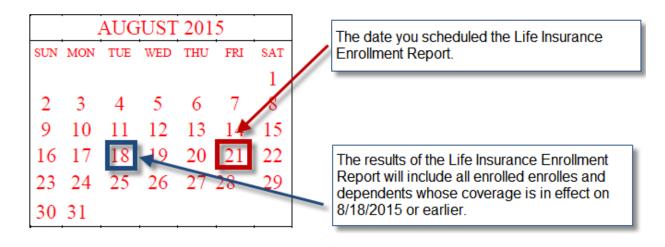TO: Agency Health Benefits Administrators

FROM: Employee Benefits Division

SUBJECT: New Report Available: Life Insurance Enrollment Report
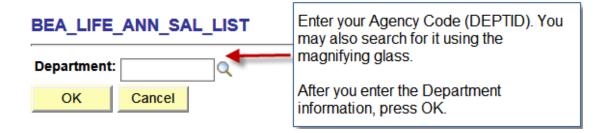
DATE: September 14, 2015

The New York Benefits Eligibility and Accounting System (NYBEAS) has been enhanced to provide a new report for NYS and PE agency Health Benefits Administrators.

The Life Insurance Enrollment Report (BEA_LIFE_ANN_SAL_LIST) is a snapshot of an agency's employees and retirees who are enrolled in NYSHIP life insurance coverage. The Life Insurance Enrollment Report's snapshot is based upon enrollees and dependents whose coverage was effective on or before the most recent Tuesday.

The date you scheduled the Life Insurance Enrollment Report.

The results of the Life Insurance Enrollment Report will include all enrolled enrolles and dependents whose coverage is in effect on 8/18/2015 or earlier.

When you select this report, you will be prompted for the agency code. After providing this information, follow the instructions from memo NY15-19 / PE15-15 / PA15-14 / PAEX15-13 / SEHP15-5 to run the report.

BEA_LIFE_ANN_SAL_LIST

Department: [   ] 🔍

[OK] [Cancel]

Enter your Agency Code (DEPTID). You may also search for it using the magnifying glass.

After you enter the Department information, press OK.

Agencies are encouraged to run this report to verify the enrollment of their employees and dependents, and to update information that is incorrect.

The following data fields are reported in the Life Insurance Enrollment Report:

Report Field	Report Field Description
SSN	The Social Security Number of the enrollee.
Name	The enrollee's name.
Plan Type	2A = Employee Life Insurance 2B = Spouse Life Insurance 2C = Dependent Life Insurance 2D = A&S Basic Monthly Benefit 2E = Extra In-Hospital Monthly Benefit 2F = Extra Monthly Income Benefit 2G = Additional Loss of Life and Limb 2H = Accidental Death and Dismemberment Life Insurance
Benefit Plan	The enrollee's level of coverage based upon Plan Type. For example, an employee with one times their salary option for employee Life would have NY01X in this field.
Descr	A short description of the Benefit Plan. For example, the short description of NY01X is 1 X Salary Life Insurance.
DeptID	The enrollee's agency code.
Company	NYS = New York State PE = Participating Employer PA = Participating Agency
Pay Group	ALB = Administration Lag Payroll, Biweekly ACB = Administration Current Payroll, Biweekly ILB = Institution Lag Payroll, Biweekly ICB = Institution Current Payroll, Biweekly TLB = Triple Lag Payroll, Biweekly MTH = Monthly
Life Covrg Amt	The value of the coverage amount.
Life Salary	The salary of the individual used to determine the Life Covrg Amt, if the employee selected a multiple of salary option.

Smoker	S = Smoker
	If the field is blank, then considered Non-Smoker.
Age	The age of the employee for the purpose of calculating premium.
Benefit Program	The enrollee's benefit program.
Premium	The premium cost associated with the enrollee's coverage.

For your convenience, a sample output from this report is enclosed. Additionally, an updated listing of HBA Reports available is enclosed. If you have any questions related to the Life Insurance Enrollment Report please contact the M/C Life Insurance Unit at 518-473-3496.

Attachment(s)