



Please copy this form and complete it for each new benefit code. Please fax the completed form to (979) 690-5815.

Our dealership is requesting a new HRM Benefit Code. Our client number is _____.

We also want this code set up in the following client branches (if applicable): _____,
_____, _____, _____.

Benefit Code (4 characters max): _____ Benefit Name: _____

Benefit Type (circle one):

- C = Combined Insurance L = Life H = Health S = Savings
- D = Dental O = Other benefit I = Other Insurance U = Uniforms

1. Do you want to select this benefit to default into the Benefit Coverage (HRMSB000) screen when adding and employee? YES NO
2. Should the system produce a reminder for this plan if the start date is entered but a card has not been issued? YES NO
3. Do you want to set up a default G/L expense account for this plan? YES NO What is the account number? _____

(NOTE: This account will be pulled to the Insurance/Misc Benefit screen. The account is used to distribute the cost [premium] of the benefit on the Benefit Management Report. It may be overridden, and an entry is not required.)

4. What is the default voluntary payroll deduction number for this plan? _____

(NOTE: This default may be overridden, but must be a valid deduction code in your payroll system. The deduction is used to integrate the amounts withheld in payroll with total premium cost [expense] on the Benefit Management Report. An entry is not required.)

5. If there is a set number of days from hire to eligibility, how many days? _____ *(An entry is not required.)*

6. Is this benefit subject to COBRA continuation? YES NO

7. The G/L DIST account entered in the COBRA billing NAD record prints on the COBRA Billing Report. If there is not a G/L DIST entered, what default A/R account should print on the report? _____ *(An entry is not required.)*

8. How many days should default as a grace period for COBRA Maintenance? _____ *(This default entry can be overridden)*

9. What day of the month is the payment due for this plan? _____ *(Valid entries are "01" through "31" and "EOM". This CANNOT be overridden.)*

10. At what age does a child become ineligible for normal family coverage under this plan? _____ years of age

11. If a terminated employee is continuing benefits under COBRA, it is possible the employee reaches Medicare age before the termination of the continuation is reached. At what age would Medicare effectively terminate COBRA coverage? _____ years of age

You may enter up to 8 enrollment status codes for this plan. These help define situations where COBRA continuation may be needed. Please enter a description next to each SINGLE-DIGIT status code. (If no codes are to be used, they are not required in the Insurance/Misc Benefits screen.)

Code	Description	Code	Description	Code	Description	Code	Description
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Signature _____ Date _____

Name (Please Print) _____ Title _____

Dealership Name _____

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