



STATE OF TENNESSEE

Benefit eForm Process for Central State ABCs

September 2019

Benefit eForm

- Once you obtain a completed and signed enrollment change application with all applicable required dependent documentation, you will be able to:
 - ✓ Attach the dependent documents, and
 - ✓ Submit it directly to BA.
- Benefit eForms CAN be enter during a locked out period.

Benefit eForms

- If you are adding new dependents, once a service center analyst evaluates the transaction for completeness and accuracy, it will be approved in Edison.
 - ✓ If additional documentation is necessary to complete the transaction, it will be sent back to the ABC via the Edison system workflow with the request for additional information.
 - ✓ You will be alerted by email when you have a Benefit eForm that has been sent back for revision.
 - ✓ You will also be able to view the eForm to see where it is in the approval process after it has been submitted.
- If no new dependents are added, the form will automatically be approved by the system

TN Employee Benefit Form

HCM > Benefits > TN Employee Benefit eForm

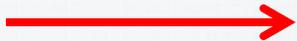
Hire eForm

Benefit eForm

Non-Payroll New Hire

TN Employee Benefit eForm

Non-Payroll Job Data



Select TN Employee Benefit eForm



eForm Process for Annual Enrollment

Company TN Employee Benefit eForm

Company TN Employee Benefit eForm



[Create a Benefit Enrollment eForm](#)

Use this link to start a Benefit Enrollment eForm.



[Evaluate a Benefit Enrollment eForm](#)

Use this link to approve, deny, or recycle a form that has been routed to you for evaluation.



[Update a Benefit Enrollment eForm](#)

Use this link to adjust-and-resubmit or withdraw a form that you initiated before it gets through final approval.



[View a Benefit Enrollment eForm](#)

Use this link to View an existing form - you will only see forms that you have department security access for.

Select Create a Benefit Enrollment eForm

Benefit Add Lookup Search

Benefits Add Lookup Search

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

▼ Search Criteria

→ Empl ID begins with ▼ 00537786 🔍

Empl Record = ▼

Event Date = ▼ 📅

Search

Clear

Click Search

Enter the Employee's Edison ID number

Step 1 of 4: Dependent Enrollment

Create a Benefits eForm

Step 1 of 4: Dependent Enrollment

● Rectangular Snip

Enroll the employee's dependents.

▼ Employee

Name Kermit Frog

eForm ID 1290477

Empl ID 00537786

Empl Record 0

Employee has no entered dependents

[Add Dependent](#)

<< Previous

Next >>

<< Search

Close

**Click Add Dependent button if adding dependents,
if not, Click Next, and make elections.**

Step 1 of 4: Dependent Information

Create a Benefits eForm

Step 1 of 4: Dependent Enrollment

Enroll the employee's dependents.

Notice there is no "Verification Needed"

Employee

Name Kermit Frog eForm ID 1290492
Empl ID 00537786 Empl Record 0

Fancy Frog

Update this Dependent

Relationship Spouse SSN 444889999

Details

[Add Dependent](#)

<< Previous Next >>
<< Search Close

Existing dependents will be listed.



Benefit eForm Step 1 “Adding Dependents”

Step 1 of 4: Dependent Enrollment

Enroll the employee's dependents.

Employee

Name **Kermit Frog** eForm ID 251818
Empl ID **00537786** Empl Record 0

New Dependent

Verification Needed New Entry

*First Middle *Last
*Relationship *SSN

Details

*Date of Birth *Gender Kermit Frog
 Same Address as Employee
*Address 1 00537786
Address 2
*City *State *Zip
*County
 Same Phone as Employee
*Telephone

[Add Dependent](#)

<< Previous Next >>
<< Search Close

Notice

Notice

Notice

Complete all Fields with an Asterisk

Dependent Enrollment - Adding Dependent

Create a Benefits eForm

Step 1 of 4: Dependent Enrollment

Enroll the employee's dependents.

Employee Rectangular Ship

Name Kermit Frog eForm ID 1290512

Empl ID 00537786 Empl Record 0

Fancy Frog

Update this Dependent

Relationship Spouse SSN 444889999

Details

Fancy Frog

Update this Dependent

*First Fancy Middle The *Last Frog

*Relationship *SSN

Details

*Date of Birth

*Gender

Same Address as Employee

Address 1 120 Eastside Square

Address 2

City Petersburg State TN Zip 37144-5237

County Lincoln

Same Phone as Employee

Telephone 931/659-9826

[Add Dependent](#)

- Legal Guardian
- Natural Child
- Spouse
- Step Child

For additional dependents click the "Add Dependent" button. If not, Click Next.



View a Benefits Enrollment

View a Benefits eForm

Step 2 of 4: View Benefits Enrollment

The History page shows everything that has happened to this eForm since its creation.

Employee

Name [Redacted] eForm ID 969423
Empl ID [Redacted] Empl Record 0

Medical

Waive Coverage Coverage Begin Date 01/01/2020

Enroll	Name	Relationship
1 <input checked="" type="checkbox"/>	Kermit Frog	Spouse

Coverage Requested Premier PPO BCBS Middle - Employee plus Spouse

Dental

Waive Coverage

Vision

Waive Coverage

Voluntary AD&O

Waive Coverage

Short-Term Disability

Waive Coverage

Long-Term Disability

Waive Coverage

Flex Spending Medical

Waive Coverage

Flex Spending Dependent Care

Waive Coverage

Health Savings Account

Waive Coverage

Flex Spending Limited Purpose

Waive Coverage

Flex Spending Dependent Care

Waive Coverage

Health Savings Account

Waive Coverage

Flex Spending Limited Purpose

Waive Coverage

Flex Spending Transportation

Waive Coverage

Flex Spending Parking

Waive Coverage

<< Previous Next >> Close



Select Enroll for dependents to be enrolled in the coverage requested

- CDHP/HSA BCBS East Employee plus Spouse
- CDHP/HSA Cigna OAP Employee plus Spouse
- CDHP/HAS Cigna LP East Employee plus Spouse
- Premier Cigna OAP Employee plus Spouse
- Premier PPO BCBS East Employee plus Spouse
- Premier PPO Cigna LP East Employee plus Spouse
- Standard PPO BCBS East Employee plus Spouse
- Standard PPO Cigna LP East Employee plus Spouse
- Standard PPO Cigna OAP Employee plus Spouse



Click Next



Benefit eForm Step 3 “Adding Attachment”

Create a Benefits eForm

Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Employee

Name Kermit Frog

eForm ID 1290530

Empl ID 00537786

Empl Record 0

Notice

Add File Attachment

Click Add File Attachment

Form Messages

	Message Text	Description
<input type="checkbox"/>	 Attachments for Spouse Relationship Type	There is a new Spouse dependent who will need verification. Please attach both a marriage certificate and proof of joint ownership to this form before acknowledging this message and continuing.

Notice

Comments

<< Previous

Submit

Hold

The Hold button is to be used when you are unable to complete or are lacking the dependent verification for a dependent.

Submission of Benefits Data

Create a Benefits eForm

Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Rectangular Snip

Employee

Name Kermit Frog

eForm ID 1290530

Empl ID 00537786

Empl Record 0

File Attachments

	Upload	View	Description	Doc ID	
1	Upload	View			Delete

Add File Attachment

Form Messages

	Message Text	Description
<input type="checkbox"/>	 Attachments for Spouse Relationship Type	There is a new Spouse dependent who will need verification. Please attach both a marriage certificate and proof of joint ownership to this form before acknowledging this message and continuing.

Comments

Your Comment:

<< Previous

Submit

Hold

Click Upload

Choosing File Attachment

Create a Benefits eForm

Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

▼ Employee

Name _____ eForm ID 1290527

Empl ID _____

File Attachment

	Doc ID	
1		Delete

Add

Comments

Your Comment:

<< Previous Submit Hold

Click Choose File and locate your document

File Attached

Create a Benefits eForm

Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Rectangular Snip

Name: [Redacted] eForm ID: 1290527

Empl ID: [Redacted]

File Attachment

Doc ID	Delete
[Redacted]	Delete

Upload Cancel

1

Add

Comments

Your Comment: [Text Area]

<< Previous Submit Hold

See attached file name “marriage certificate”

View a Benefits eForm Step 3

Benefits Form Submission Data

Create a Benefits eForm

Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The password.

Employee

Name Kermit Frog
Empl ID 00537786 Empl Record 0

File Attachments

	Upload	View	Description	Doc ID	
1	<input type="button" value="Upload"/>	<input type="button" value="View"/>	<input type="text" value=""/>	13.46.43	2019-09-06- <input type="button" value="Delete"/>

Form Messages

	Message Text	Description
<input type="checkbox"/>	 Attachments for Spouse Relationship Type	There is a new Spouse dependent who will need verification. Please attach both a marriage certificate and proof of joint ownership to this form before acknowledging this message and continuing.

Comments

Your Comment:

- Birth Certificate
- Court Document/Adoption Paper
- Enrollment Change Application
- Judge's Decree
- Legal Guardianship Document
- Marriage Certificate
- Proof of Joint Ownership
- Qualified Med Support Order

Select the Description

View a Benefits eForm Step 3

Benefits Form Submission Data

Create a Benefits eForm

Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Rectangular Snip

Employee

Name Kermit Frog

eForm ID 1290530

Empl ID 00537786

Empl Record 0

File Attachments

Upload	View	Description	Doc ID	
	<input type="button" value="View"/>	Marriage Ce ▾	2019-09-06-13.46.43	<input type="button" value="Delete"/>

Acknowledge the Form Message

Form Messages

	Message Text	Description
<input checked="" type="checkbox"/>	 Attachments for Spouse Relationship Type	There is a new Spouse dependent who will need verification. Please attach both a marriage certificate and proof of joint ownership to this form before acknowledging this message and continuing.

Comments

Your Comment:

Test for Annual Enrollment |

<< Previous

Next >>

Close

Enter your comment

View a Benefits eForm Step 3

Benefits Form Submission Data

Create a Benefits eForm

Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

● Rectangular Snip

Employee

Name Kermit Frog **eForm ID** 1290530

Empl ID 00537786 **Empl Record** 0

File Attachments

	Upload	View	Description	Doc ID	
1	<input type="button" value="Upload"/>	<input type="button" value="View"/>	Marriage Ce ▼	2019-09-06-13.46.43	<input type="button" value="Delete"/>

Form Messages

	Message Text	Description	
<input checked="" type="checkbox"/>	 Attachments for Spouse Relationship Type	There is a new Spouse dependent who will need verification. Please attach both a marriage certificate and proof of joint ownership to this form before acknowledging this message and continuing.	

Comments

Your Comment:

Test for Annual Enrollment 

Click Submit



View a Benefits eForm Step 3

Benefits Form Submission Data

Create a Benefits eForm

Step 3 of 4: Submit Benefits Data

Fill out the fields below and hit Submit to create a new User ID. The new user will be created with the default password.

Employee

eForm ID 1290530

Submit this form? (24642,112)

The form will be directed to the next approver, if any.

Form Messages

	Message Text	Description	
<input checked="" type="checkbox"/>	 Attachments for Spouse Relationship Type	There is a new Spouse dependent who will need verification. Please attach both a marriage certificate and proof of joint ownership to this form before acknowledging this message and continuing.	

Comments

Your Comment:
Test for Annual Enrollment

<< Previous Submit

Click Yes to submit the form to the next approver

Step 4 Form Finalized

Create a Benefits eForm

Step 4 of 4: Form Finalized

Congratulations, you've done it!

Rectangular Snip

Employee

Name Kermit Frog

eForm ID 1290530

Empl ID 00537786

Empl Record 0

Form Status

You have just SUBMITTED this form.

BASC WF

G_FORM_ID=1290530, EOAWTHREAD_ID=808566:Pending

BASC Approvals

Pending



Multiple Approvers

TN Ben Admin Service Center

[Go To Worklist](#)

[View This Form](#)



[Return](#)

[Close This Form](#)

View a Benefits eForm Step 4 Form History

Create a Benefits eForm

Step 4 of 4: Form Finalized

Congratulations, you've done it!

Rectangular Snip

Employee

Name Kermit Frog

eForm ID 1290530

Empl ID 00537786

Empl Record 0

Form Status

You have just SUBMITTED this form.

BASC WF

G_FORM_ID=1290530, EOAWTHREAD_ID=808566:Pending



BASC Approvals

Pending



Multiple Approvers

TN Ben Admin Service Center

[Go To Worklist](#)

[View This Form](#)

[Return](#)

[Close This Form](#)

**If there are new dependents it will always go to a Pending Status.
If no new dependents, it will go to a Complete status.**

View Dependent Information

View a Benefits eForm

Step 1 of 4: View Dependent Information

Rectangular Snip

Employee

Name Kermit Frog

eForm ID 1290530

Empl ID 00537786

Empl Record 0

Fancy Frog

Update this Dependent

Verification Needed

New Entry

First Fancy

Middle The

Last Frog

Relationship Spouse

SSN 444889999

Details

Add Dependent

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Next >>

<< Search

Close



View a Benefits eForm Step 4 Form History

View a Benefits eForm

Step 4 of 4: Form History

The History page shows everything that has happened to this eForm since its creation.

Selected Person

Name Kermit Frog

Empl ID 00537786

[View Current Job Details](#)

Form Information

eForm ID 1290530
 Form Status Pending
 Form Type BENEFITS Benefits Form
 Condition DEFAULT Default

[Who can work this form?](#)

[Form Messages](#)

BASC WF

G_FORM_ID=1290530, EOAWTHREAD_ID=808566:Pending

BASC Approvals

Pending

Multiple Approvers
 TN Ben Admin Service Center

Transaction / Signature Log

Log Instance	Current DateTime	Stage	Path	Step	Step Title	User ID	User Description	Action	Status
1	09/06/2019 2:24:48PM	0	0	0.00	Initiator	dar10622001		Submit	Pending



Comments

Comment History:

** Fri, Sep 6 19, 02:24:48 PM
 Test for Annual Enrollment

<< Previous

<< Search

Close



View a Benefits eForm Step 4 Form History

View a Benefits eForm

Step 4 of 4: Form History

The History page shows everything that has happened to this eForm since its creation.

Selected Person

Name XXXXXXXXXX Empl ID 00125985

[View Current Job Details](#)

Form Information

eForm ID 989423
 Form Status Executed
 Form Type BENEFITS Benefits Form
 Condition TNBENEFITS TN Employee Benefits eForm

[Who can work this form?](#)

[Form Messages](#)

BASC WF

▼ G_FORM_ID=989423, EOAWTHREAD_ID=720320: **Approved** ←

BASC Approvals

Approved

✓ [Ian Harris](#)
 TN Ben Admin Service Center
 08/15/19 - 9:55 PM

Transaction / Signature Log

Log Instance	Current DateTime	Stage	Path	Step	Step Title	User ID	User Description	Action	Status
1	08/12/2019 8:25:20AM	0	0	0.00	Initiator	karel0502001	Karen Staten	Submit	Pending
2	08/15/2019 9:55:39PM	10	1	1.00	Ben Admin Service Center	ian0415001	Ian Harris	Approve	Part Apprv
3	08/15/2019 9:55:39PM	10	1	1.00	System Update	ian0415001	Ian Harris	Authorize	Authorized
4	08/15/2019 9:55:53PM	10	1	1.00	System Update	ian0415001	Ian Harris	Execute	Executed

Comments

<< Previous << Search Close

Comment History:

** Karen Staten
 ** Mon, Aug 12 19, 08:25:20 AM
 testing - KLS 8/12/19



Additional Benefit eForm Comments

Benefit eForm



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[View a Benefit Enrollment eForm](#)

Use this link to View an existing form - you will only see forms that you have department security access for.



To create a Benefit eForm click the “Create a Benefits Enrollment eForm” button.

If you placed a Benefits eForm on Hold click the “Update a Benefit Enrollment eForm” button.

To check the status of a Benefit eForm click the “View a Benefit Enrollment eForm” button.

You will receive emails from Edison updating you on the status of the Benefits eForm.

Note: You will receive emails from Edison updating you on the status of the Benefits eForm.

For Questions Contact: Benefits Administration



800.253.9981 or 615.741.3590
Monday – Friday 8:00a - 4:30p CST or create
a Zendesk Ticket

