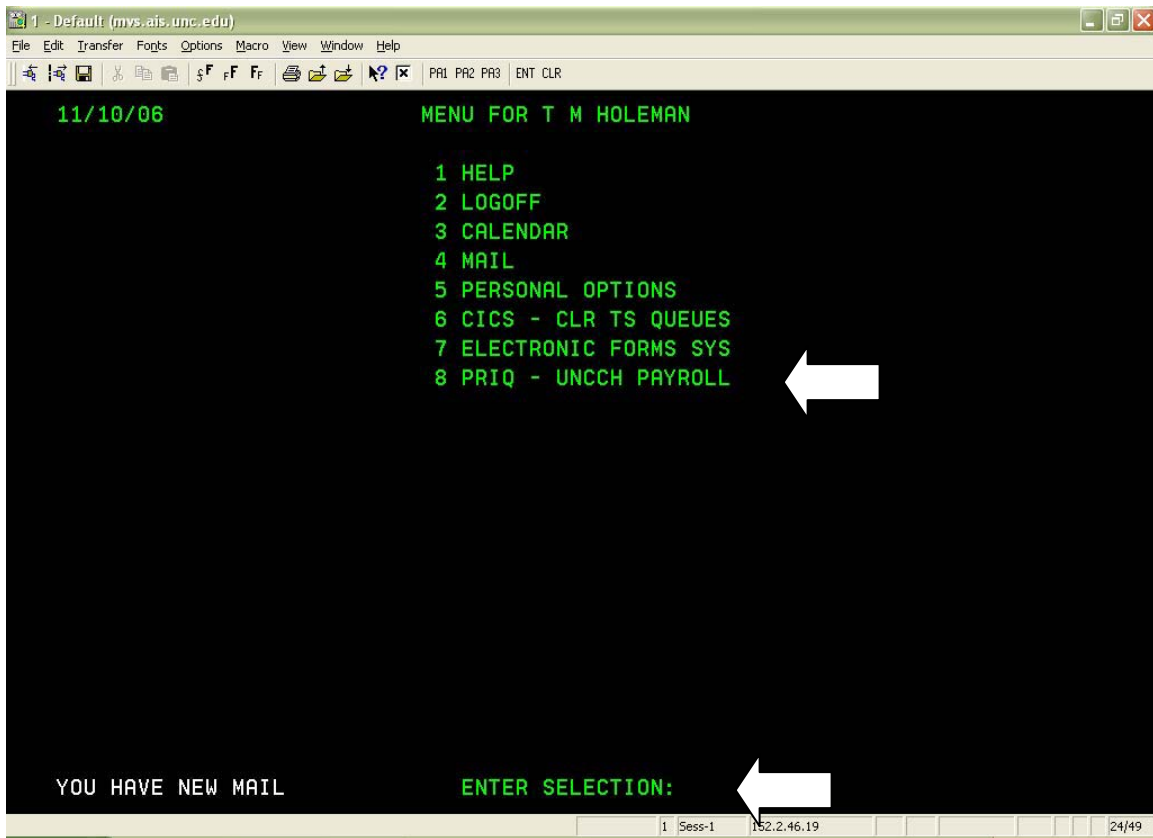


Graduate Health Insurance

On-Line Enrollment Process

If you have any questions regarding graduate health insurance, please visit http://www.unc.edu/finance/controller/gship_update.pdf for full detail on this program.

The online enrollment function is accessed by choosing the option for PRIQ – UNCCH Payroll from the menu screen. Your option list may include other options, so select PRIQ – UNCCH Payroll by typing in the number next to that option and clicking enter.



When the Graduate Health Insurance option is chosen from the Payroll Menu, the Graduate Health Insurance Enrollment and Change form will be displayed.

UNC-CH GRADUATE STUDENT HEALTH INSURANCE PROGRAM
ENROLLMENT AND CHANGE FORM 047

Name (last) (first) (m) STUDENT ID
 _____ _____ _____ SOC SEC NUM: _____
CURR

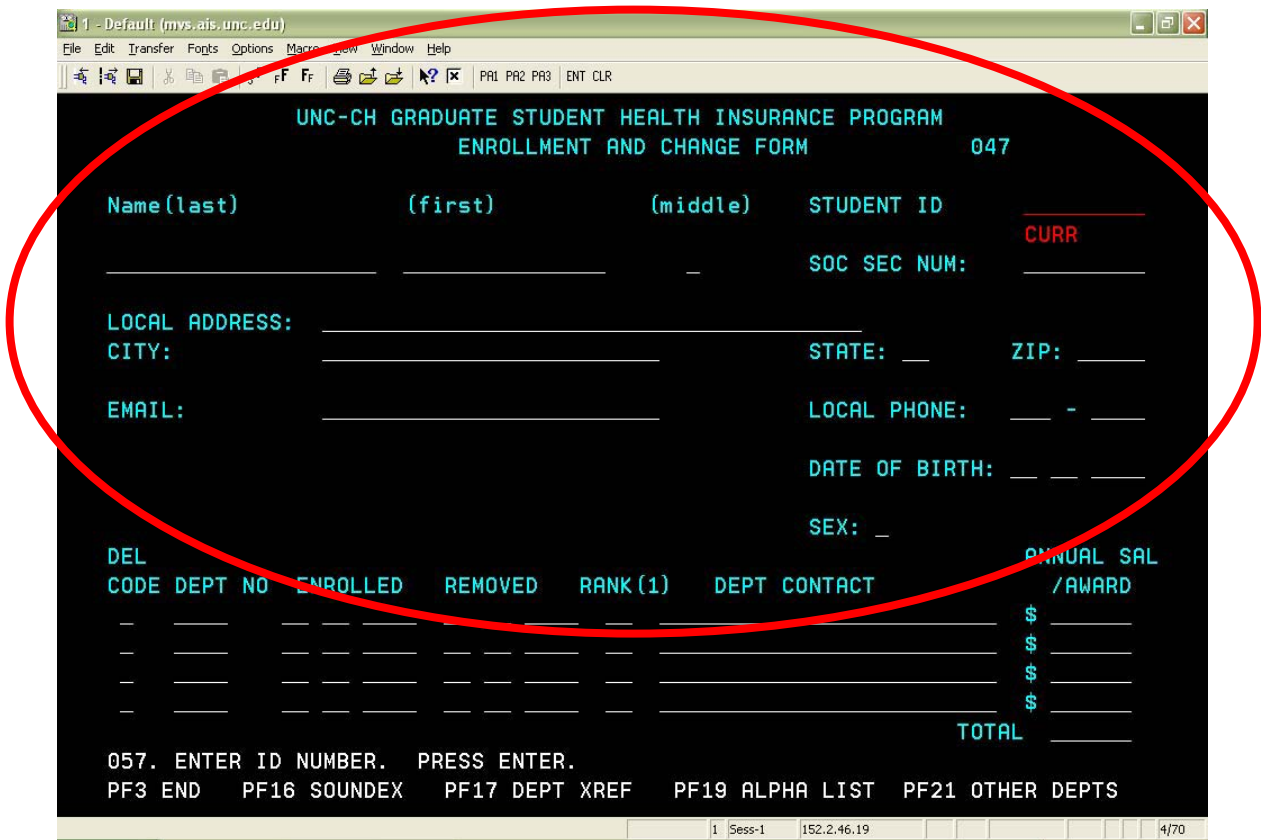
LOCAL ADDRESS: _____
 CITY: _____ STATE: __ ZIP: _____
 EMAIL: _____ LOCAL PHONE: ____ - ____
 DATE OF BIRTH: __ __ __
 SEX: _

DEL	CODE	DEPT	NO	ENROLLED	REMOVED	RANK (1)	DEPT	CONTACT	ANNUAL SAL /AWARD
—	—	—	—	—	—	—	—	—	_____
—	—	—	—	—	—	—	—	—	_____
—	—	—	—	—	—	—	—	—	_____
—	—	—	—	—	—	—	—	—	_____
									TOTAL _____

057. ENTER ID NUMBER. PRESS ENTER.
 PF3 END PF16 SOUNDEX PF17 DEPT XREF PF19 ALPHA LIST PF21 OTHER DEPTS

Student Information

1. Enter the PID number of the student in the top right of the screen in the Student ID field. Press enter. If the student is already in SIS, some of their demographic data will be retrieved and displayed on the screen. This data can be overwritten, but the changes will only be reflected in this system. When a graduate student is enrolled on the program with a temporary social security number, you must update the enrollment screen, SIS and Payroll when the permanent number is issued. **No modifications made in this screen will be reflected in the Payroll System or SIS.** If there is no SIS record for the student, enrollment cannot proceed until the SIS record is created.
2. If the student was properly enrolled in the insurance program, the previously entered data will appear. This data can be modified if necessary. If the data does not display, begin by entering the student’s name, address phone number, e-mail address (if known), and the date of birth. Help on some of the fields (Student Name, Zip Code, Local Phone, Date of Birth) is available. Press PF key 12 to view the help text, and then press PF key 12 or enter to return to data entry screen.
3. Press the TAB key to move from field to field.



4. Some fields are validated by data type.

PID	Must be 9 digits (0-9).
State	Must be a valid 2 character state abbreviation
Zip code	Must be 5 digits (0-9).
Local Phone	Must be 7 digits (0-9).
Date of Birth	A valid date in the form MM-DD-CCYY (ex. 01-31-1974)

5. All required fields must be entered and validated before departmental data can be validated.

Required Fields:

- Last Name
- First Name
- Local Address (including city, state and zip)
- Local Phone
- Date of Birth

Department Information

The user will also be required to enter departmental data based on the department that was entered in the electronic routing system initial menu.

UNC-CH GRADUATE STUDENT HEALTH INSURANCE PROGRAM
ENROLLMENT AND CHANGE FORM 047

Name (last) (first) (middle) STUDENT ID _____
SOC SEC NUM: _____

LOCAL ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ LOCAL PHONE: _____ - _____
DATE OF BIRTH: _____
SEX: _____

DEL	CODE	DEPT NO	ENROLLED	REMOVED	RANK (1)	DEPT CONTACT	ANNUAL SAL /AWARD
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
							TOTAL

057. ENTER ID NUMBER. PRESS ENTER.
PF3 END PF16 SOUNDEX PF17 DEPT XREF PF19 ALPHA LIST PF21 OTHER DEPTS

1. The user will only be allowed to modify department detail lines that correspond to their current department. Other department lines cannot be modified.
2. Press the TAB key to move from field to field.
3. Enter the information on the unprotected (**NOT** white) line. *(Please note that the lines above are currently white. Once the PID number has been entered and the information on the student has been loaded, the lines in this section will become unprotected and will be either red or green.)* If more than 4 detail information lines are needed, press PF Key 8 to display lines 5 through 8 on the screen. The next open detail information line will display, with your department number pre-filled.
4. Department number will be pre-filled and protected.

UNC-CH GRADUATE STUDENT HEALTH INSURANCE PROGRAM
ENROLLMENT AND CHANGE FORM 047

Name (last) (first) (middle) STUDENT ID _____
CURR
SOC SEC NUM: _____

LOCAL ADDRESS: _____
CITY: _____ STATE: ____ ZIP: _____

EMAIL: _____ LOCAL PHONE: ____ - ____
DATE OF BIRTH: ____ - ____ - ____
SEX: _

DEL	DEPT NO	ENROLLED	REMOVED	RANK (1)	DEPT CONTACT	ANNUAL SAL /AWARD
-	_____	_____	_____	_____	_____	_____
-	_____	_____	_____	_____	_____	_____
-	_____	_____	_____	_____	_____	_____
TOTAL						_____

057. ENTER ID NUMBER. PRESS ENTER.
PF3 END PF16 SOUNDEX PF17 DEPT XREF PF19 ALPHA LIST PF21 OTHER DEPTS

5. Delete Code is to be used to mark your department's detail line as invalid. Use one of the codes listed below or place cursor on the field and press PF key 12 to select from a list. The line will not be deleted from the display, but will be flagged as inactive.

- Delete Code Enter one of the following (IF applicable)
- G - STUDENT GRADUATED
 - W - STUDENT WITHDREW
 - E - ERROR
 - X - OTHER (Include explanation when using this delete code)

6. Removal date is not required initially, but is to represent the last date that the student will be eligible for the graduate student health insurance. **This date must always be the 14th of the month.**

UNC-CH GRADUATE STUDENT HEALTH INSURANCE PROGRAM
ENROLLMENT AND CHANGE FORM 047

Name (last) (first) (middle) STUDENT ID
SOC SEC NUM: CURR

LOCAL ADDRESS:
CITY: STATE: ZIP:

EMAIL: LOCAL PHONE: -
DATE OF BIRTH:

SEX: -

DEL	CODE	DEPT	NO	ENROLLED	REMOVED	RANK (1)	DEPT CONTACT	ANNUAL SAL /AWARD
-	-	-	-	-	-	-	-	\$-
-	-	-	-	-	-	-	-	\$-
-	-	-	-	-	-	-	-	\$-
TOTAL								\$-

057. ENTER ID NUMBER. PRESS ENTER.
PF3 END PF16 SOUNDEX PF17 DEPT XREF PF19 ALPHA LIST PF21 OTHER DEPTS

- All required fields must be entered and validated before data can be saved. You will be prompted to save the data after the detail data has been entered.

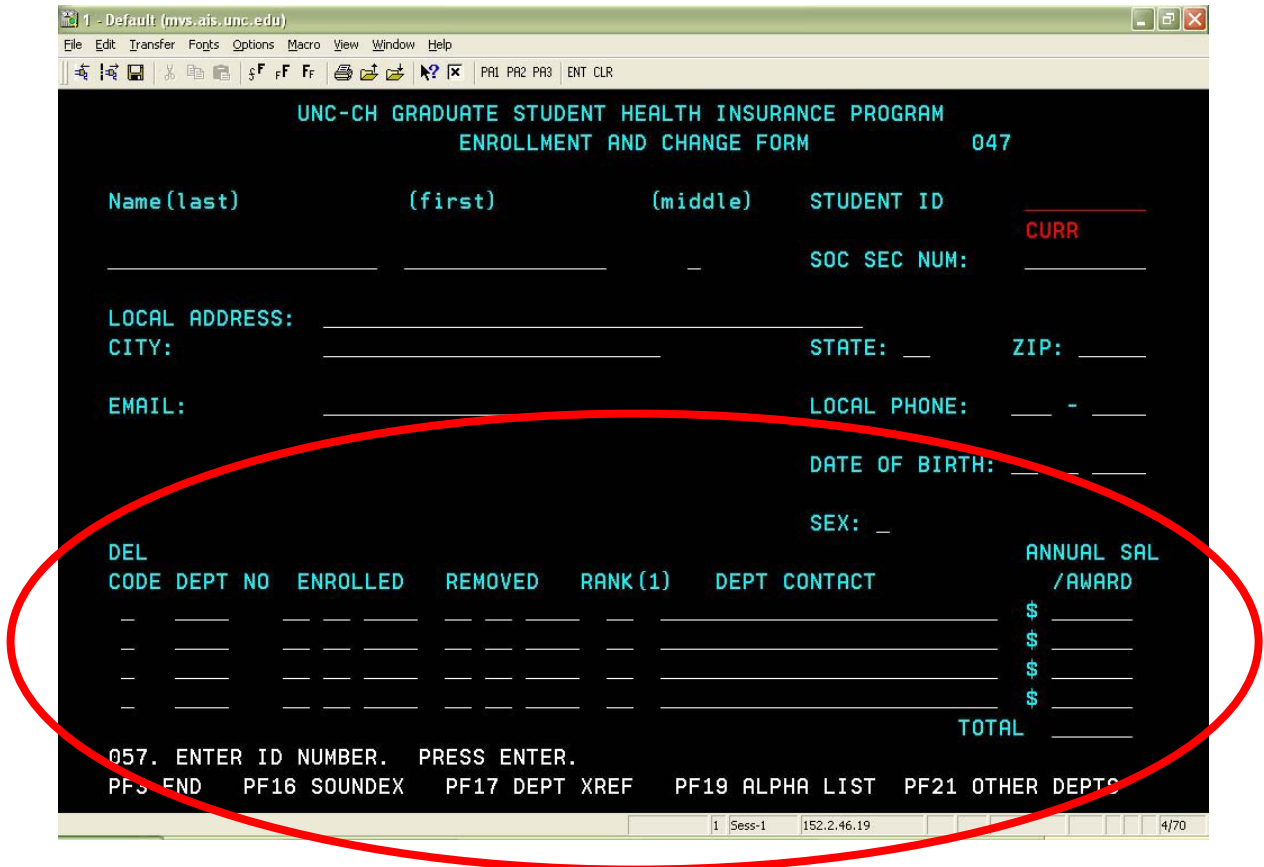
Required Fields:

- Enrolled Date
- Rank
- Dept Contact
- Annual Salary or Award

Validation Rules:

- Department Number Must be a valid, active department number and must be valid for the Electronic Forms System
- Enrolled A valid date in the form MM-DD-CCYY (ex. 08-15-2006)
- Removed A valid date in the form MM-DD-CCYY (ex. 01-14-2007)
- Rank Must be 21, 22, 23 or NS (Non-service award) (help text/selection list available)
- Annual Salary/Award Must be positive number or 0

- A running total of awards is displayed. It is not modifiable.



9. The enrollment dates begin on the 15th and end on the 14th. The initial enrollment date for the program year is August 15. Students graduating in December are enrolled through January 14. Students graduating in May are enrolled through June 14. Students who graduate must be removed from the insurance program using the ending dates listed above. The effective date of coverage for new enrollees will be the most recent 15th of the month unless a retroactive enrollment is approved by Accounting Services.
10. Continue to press Enter after completing each section. This will save the document. If you get back to a blank form, you have saved the entire document. It is recommended that you go back in and double check that the student was added.
11. Help on some of the fields is available. Press PF key 12 to view the help text, and then press PF key 12 or enter to return to data entry screen.

Field Sensitive Help:

- | | |
|-------------------|---|
| Delete Code | Selection list available |
| Department Number | Place cursor on department number on any line (use arrow keys) to see the name of that department |
| Rank | Selection list available |

Note: Accounting Services (department 2235) will maintain the enrollment database and will have the ability to specify the enrolled in and removed from program dates as well as the removed reason.

