



STATE OF TENNESSEE

Edison eForms Instructions

August 2016

Welcome to Edison eForm

- We have implemented a forms automation process to hire, re-hire, or transfer employees in your agency.
- Once an ABC obtains a completed and signed enrollment form with the applicable required dependent documentation, the ABC will be able to:
 - Enter employee personal data, job data, dependent personal data, benefit elections into Edison eForm,
 - Attach the dependent documents, and
 - Submit it directly to BA.

Welcome to Edison eForm Continues

- 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 Benefit eForm to see where it is in the approval process after it has been submitted.

Welcome to Edison eForm Continues

- Currently, we are locked out of making job and/or enrollment changes in Edison for certain groups, for six (6) workdays a month.
- With this new functionality, we will continue to validate and submit transactions that will be placed in a holding status and released immediately once the lockout is lifted.
- Our document processing time has improved and will continue to improve as we all learn the new process.
- The notification process is now much simpler for ABCs and the status of the enrollments is easier to determine.

Access eForm from Main Menu

The screenshot displays a web application interface with a 'Main Menu' dropdown. The 'Main Menu' is expanded, showing a list of folders and documents. The 'Benefits' folder is highlighted, and its sub-menu is also expanded. The 'Hire eForm' document is circled in red.

Main Menu

- Folder: HCM
- Folder: ELM
- Folder: FSCM
- Folder: HCM Reporting Tools
- Folder: ELM Reporting Tools
- Folder: FSCM Reporting Tools
- Folder: PeopleTools
- Folder: EHD
- Document: My Personalizations
- Document: My System Profile

Benefits

- Folder: Employee Self Service
- Folder: Workforce Administration
- Folder: Benefits
- Folder: Compensation
- Folder: Payroll for North America
- Folder: Workforce Development
- Folder: Organizational Development
- Folder: Set Up HRMS
- Folder: Worklist
- Folder: Reporting Tools
- Folder: PeopleTools
- Folder: Manage GT eForms
- Document: My Personalizations
- Document: My System Profile

Benefits Sub-menu

- Folder: Employee/Dependent Information
- Folder: Review Employee Benefits
- Folder: Enroll In Benefits
- Folder: Manage Automated Enrollment
- Folder: Maintain Primary Jobs
- Folder: Reports
- Folder: Interface with Providers
- Folder: Administer COBRA Benefits
- Folder: Benefits Billing
- Folder: Admin Flex Spending Acct US
- Folder: ACA Annual Processing
- Document: Hire eForm
- Document: Benefit eForm
- Document: Non-Payroll New Hire
- Document: Non-Payroll Job Data
- Document: New Employment Instance
- Document: Benefits Document Upload

Access eForm Thru Modules into Benefits WorkCenter

A screenshot of a self-service menu with the following items:

- Self Service
- General Information
- Payroll
- Human Resources
- Time and Labor
- Benefits** (circled in red)
- ELM
- FSCM
- Training

A screenshot of the 'BENEFITS' section with the following items:

- Benefits WorkCenter** (circled in red)
- Benefits Administration
 - Non-Payroll Job Data
 - Employee Profile Page
 - Benefits Document Upload
 - New Employment Instance
 - Update Dependent/Beneficiary
 - On-Demand Event Maintenance
 - Review BAS Activity
 - Health Benefits
- Workforce Administration
 - Modify a Person
 - Search by National ID
- Benefits Billing
 - Enroll in Billing
 - Review Adjustment Summary
 - Review Employee Balances
 - Request Hold/Alternate Address
 - Review Payment Details
- Hire eForm** (circled in red)
 - Non-Payroll Hire eForm
- Benefits eForm** (circled in red)
 - Non-Payroll Benefit eForm Home

eForm New Hire

Favorites ▾ Main Menu ▾ > HCM ▾ > Benefits ▾ > Hire eForm

TN Tennessee
State Government

Hire eForm



[Add a Hire form](#)

Use this link to start a Hire eForm for an NP employee.



[View a Hire form](#)

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

Click Add a Hire form

Personnel Search Action Form with SSN

NP Person Search

Electronic Personnel Action Form

Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.

Search Fields

Employee ID

Or

Social Security #

Clear

Search

Enter Social Security Number (SSN) and Click Search

Personnel Search Action Form with no Result

NP Person Search

Electronic Personnel Action Form

Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.

Search Fields

Employee ID

Or

Social Security #

Your search returned no results.

Would you like to:

Click Add Person for Hire

Employee Identification Information Blank

NP Person Search

Enter Employee Identification Information

Please complete the fields below and then click the Start Hire button.

Add a Person for Hire

*First Name

*Social Security #:

Middle Name

*Date of Birth 

*Last Name

Cancel

Start Hire

**SSN will automatically populate.
Complete all Fields with an Asterisk.**

Employee Identification Information Complete

NP Person Search

Enter Employee Identification Information

Please complete the fields below and then click the Start Hire button.

Add a Person for Hire

*First Name

*Social Security #:

Middle Name

*Date of Birth

*Last Name

Click Start Hire



Hire eForm Step 1

Create a Hire eForm

Step 1 of 3: Enter Hire Personal 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.

eForm ID 251815

Search

Personal Information

SSN XXXXX2396

Empl ID New

*First Name

Middle Name

*Last Name

*Date of Birth

*Gender

*Marital Status

Message

Are you sure you want to Return to Search? Your changes will not be saved. (24746,17)

Select 'Yes' to leave the form.

Select 'No' to stay on the form in order to submit it or put it on hold.

Close

Home Address and Phone

*Address Line 1

Address Line 2

*City *State *ZIP

*Telephone

*County

*Email

Message

Are you sure you want to close this form? Your changes will not be saved. (24746,1)

Select 'Yes' to leave the form.

Select 'No' to stay on the form in order to complete it or put it on hold.

Complete all Fields with an Asterisk

Hire eForm Step 1 Complete

Create a Hire eForm

Step 1 of 3: Enter Hire Personal 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.

eForm ID 251815

Personal Information

SSN XXXXX2396

Empl ID New

*First Name

Middle Name

*Last Name

*Date of Birth

*Gender

*Marital Status

Home Address and Phone

*Address Line 1

Address Line 2

*City *State *ZIP

*Telephone

*County

*Email

Click Save & Next



Apartment numbers and Box numbers go on Line 1 with the street address

Address Message

Create a Hire eForm

Step 1 of 3: Enter Hire Personal 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.

eForm ID 251815

Message

The address entered could not be validated. (24646,10)

Please check the following website to ensure the accuracy of your address: www.usps.com/zip4 or contact your Human Resources Office.

Do you want to correct the address?

Yes

No

Personal Information

SSN XXXXX2396

*First Name Mark

Middle Name A

*Last Name Benefits

*Date of Birth 04/01/197

*Marital Status Married

Home Address and Phone

*Address Line 1 3722 Trenton Rd

Address Line 2

*City Clarksville

*State TN

*ZIP 37040

*Telephone 615/770-3833

*County Montgomery

*Email anywhere@tn.com

<< Previous

Save & Next >>

<< Search

Close



**You may receive this message.
If so and you know the address is correct select No.
Select Yes if you need to correct part of the address.**

Hire eForm Step 2 “Job Data Information”

Create a Hire eForm

Employee’s ID number “Edison ID”

Step 2 of 3: Enter Hire Job 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.

Name Mark A Benefits

Empl ID 00477936

eForm ID 251815

Job Data

*Effective Date 

Action HIR

*Reason

*Position Number 

Business Unit:

Department:

Location Code:

*Empl Class

*Vision Offered Yes No

Complete all Fields with an Asterisk

Submit

Close

Hire eForm Step 2 “Effective Date and Reason Code”

Create a Hire eForm

Step 2 of 3: Enter Hire Job 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.

Name Mark A Benefits

Empl ID 00477936

eForm ID 251815

Job Data	
*Effective Date	07/20/2016 
Action	HIR
*Reason	<div style="border: 1px solid black; padding: 2px;"><ul style="list-style-type: none">X-Benefits Employee HireX-Benefits Higher Educ EmplX-Benefits Offline Hire</div>
*Position Number	<input type="text"/> 
Business Unit:	
Department:	
Location Code:	
*Empl Class	<input type="text"/>
*Vision Offered	<input type="radio"/> Yes <input type="radio"/> No

Submit

Close

Effective Date – This is the hire date and not the date the benefits began. If you have a probation period, you can hire your employee in when they are hired and enter them in with first day of the month prior to their benefits beginning.

Hire eForm Step 2 “Position Number”

Create a Hire eForm

Step 2 of 3: Enter Hire Job 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.

Name Mark A Benefits

Empl ID 00477936

eForm ID 251815

Job Data

*Effective Date 

Action

*Reason

*Position Number 

Business Unit: LETEA Loc Education Active Teacher

Department: 9051000000 Carroll County Bd Ed

Location Code: NP009 Carroll County

*Empl Class

*Vision Offered Yes No

Business Unit, Department and Location Code will populate based on position number entered

Submit

Close

Notice

Hire eForm Step 2 “Empl Class/Dental”

Create a Hire eForm

Step 2 of 3: Enter Hire Job 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.

Name Mark A Benefits

Empl ID 00477936

eForm ID 251815

Job Data

*Effective Date	<input type="text" value="07/20/2016"/>	<input type="button" value="31"/>
Action	<input type="text" value="HIR"/>	*Reason <input type="text" value="X-Benefits Employee Hire"/>
*Position Number	<input type="text" value="99000199"/>	<input type="button" value="Q"/>
Business Unit:	LETEA	Loc Education Active Teacher
Department:	9051000000	Carroll County Bd Ed
Location Code:	NP009	Carroll County
*Empl Class	<input type="text" value="TEA"/>	
*Vision Offered	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Select Empl Class/Dental

It is very important to chose the correct options, as it populates the benefit options available to employees.

Hire eForm Step 2 “Vision”

Create a Hire eForm

Step 2 of 3: Enter Hire Job 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.

Name Mark A Benefits

Empl ID 00477936

eForm ID 251815

Job Data

*Effective Date 07/20/2016 

Action HIR *Reason X-Benefits Employee Hire 

*Position Number 99000199 

Business Unit: LETEA Loc Education Active Teacher

Department: 9051000000 Carroll County Bd Ed

Location Code: NP009 Carroll County

*Empl Class TEA 

*Vision Offered Yes No

Click Submit

Submit

Close

Enter Empl Class/Dental

It is very important to chose the correct options, as it populates the benefit options available to employees.

Hire eForm Step 3 “Authorized”

Create a Hire eForm

Step 3 of 3: Form Finalized

Congratulations, you've done it!

Empl ID 00477936 Empl Rcd 0 eForm ID 251815

▼ Form Status

You have just AUTHORIZED this form.

No approvals required

Processing is complete. The system has been updated.

Click the button below to enroll the employee in benefits.

[Enroll in Benefits](#)

[Go To Worklist](#)

[View This Form](#)

[Close This Form](#)

Hire eForm Step 3 “Possible Messages”

Processing is complete. The system has been updated.

Click the button below to enroll the employee in benefits.



An Error was encountered! Your form has entered an In Error Status. This is most likely caused by a problem updating the main Peoplesoft tables with data from this form. You should contact a system administrator.



Form processing is currently paused. A system administrator has temporarily paused processing for this type of form. Once un-paused, your form should complete processing normally.

You will need to come back later to check the status of your form.



If you wish to continue to enroll the employees benefits, you must have received the message showing “Processing is Complete” and have the “Enroll in Benefits” button.

Hire eForm Step 3 “Authorized”

Create a Hire eForm

Step 3 of 3: Form Finalized

Congratulations, you've done it!

Empl ID 00477936 Empl Rcd 0 eForm ID 251815

▼ **Form Status**

You have just AUTHORIZED this form.

No approvals required

Processing is complete. The system has been updated.

Click the button below to enroll the employee in benefits.

[Go To Worklist](#)
[View This Form](#)
[Close This Form](#)

You have the option to let the employee enter their own benefits in Edison using the ESS options.

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:
Empl Record:
Event Date:

Search

Clear

Basic Search



Save Search Criteria

Click Search

The Employee ID/Edison number automatically populates

Benefit eForm Step 1

Create a Benefits eForm

Step 1 of 4: Dependent Enrollment

Enroll the employee's dependents.

▼ **Employee**

Name	Mark Benefits	eForm ID	251818
Empl ID	00477936	Empl Record	0

Employee has no entered dependents

[Add Dependent](#)

<< Previous Next >>

<< Search Close

**Click on Add Dependent button if they need to be added,
if not click the next button.**

Benefit eForm Step 1 “Adding Dependents”

Step 1 of 4: Dependent Enrollment

Enroll the employee's dependents.

Employee

Name Mark Benefits eForm ID 251818
Empl ID 00477936 Empl Record 0

New Dependent

Verification Needed New Entry

*First Middle *Last
*Relationship *SSN

Details

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

[Add Dependent](#)

<< Previous Next >>
<< Search Close

Notice

Notice

Notice

TN

Complete all Fields with an Asterisk

Benefit eForm Step 1 “Adding Dependents”

Step 1 of 4: Dependent Enrollment

Enroll the employee's dependents.

Employee

Name Mark Benefits eForm ID 251818
Empl ID 00477936 Empl Record 0

Mary Benefits

Verification Needed New Entry

*First Middle *Last

*Relationship *SSN

Details

*Date of Birth *Gender

Same Address as Employee

Address 1 3722 Trenton Rd

Address 2

City Clarksville State TN Zip 37040

County Montgomery

Same Phone as Employee

Telephone 615/770-3833

[Add Dependent](#)

<< Previous Next >>
<< Search Close

- Legal Guardian
- Natural Child
- Spouse
- Step Child



For additional dependents click the “Add Dependent” button

Notice

Step 1 of 4: Dependent Enrollment

Enroll the employee's dependents.

Employee

Name Mark Benefits

eForm ID 251818

Empl ID 00477936

Empl Record 0

Mary Benefits

Verification Needed

New Entry

*First Middle *Last

*Relationship *SSN

Details

*Date of Birth *Gender

Same Address as Employee

Address 1 3722 Trenton Rd

Address 2

City Clarksville State TN Zip 37040

County Montgomery

Same Phone as Employee

Telephone 615/770-3833

Legal Guardian
Natural Child
Spouse
Step Child

Jamie Benefits

Verification Needed

New Entry

*First Middle *Last

*Relationship *SSN

Details

*Date of Birth *Gender

Same Address as Employee

Address 1 3722 Trenton Rd

Address 2

City Clarksville State TN Zip 37040

County Montgomery

Same Phone as Employee

Telephone 615/770-3833

Click Next

[Add Dependent](#)

<< Previous Next >>
<< Search Close



Create a Benefits eForm

Step 2 of 4: Benefits Enrollment

Choose the employee's benefits enrollment options.

Employee

Name Mark Benefits

eForm ID 251818

Empl ID 00477936

Empl Record 0

Medical

Waive Coverage

Coverage Begin Date 08/01/2016

Enroll All

	Enroll	Name	Relationship
1	<input type="checkbox"/>	Mary Benefits	Spouse
2	<input type="checkbox"/>	Jamie Benefits	Natural Child

*Coverage Requested

Dental

Waive Coverage

Coverage Begin Date 08/01/2016

Enroll All

	Enroll	Name	Relationship
1	<input type="checkbox"/>	Mary Benefits	Spouse
2	<input type="checkbox"/>	Jamie Benefits	Natural Child

*Coverage Requested

Vision

Waive Coverage

Coverage Begin Date 08/01/2016

Enroll All

	Enroll	Name	Relationship
1	<input type="checkbox"/>	Mary Benefits	Spouse
2	<input type="checkbox"/>	Jamie Benefits	Natural Child

*Coverage Requested

The Hold button is to be used when you are unable to complete Step 2 or Step 3

Select who is to be covered and the coverage requested.

<< Previous

Next >>

Hold

Create a Benefits eForm

Step 2 of 4: Benefits Enrollment

Choose the employee's benefits enrollment options.

Employee

Name Mark Benefits

eForm ID 251818

Empl ID 00477936

Empl Record 0

Medical

Waive Coverage

Coverage Begin Date 08/01/2016

Clear All

	Enroll	Name	Relationship
1	<input checked="" type="checkbox"/>	Mary Benefits	Spouse
2	<input checked="" type="checkbox"/>	Jamie Benefits	Natural Child

*Coverage Requested HealthSavings INS BCBS West :: Family

Dental

Waive Coverage

Coverage Begin Date 08/01/2016

Enroll All

	Enroll	Name	Relationship
1	<input checked="" type="checkbox"/>	Mary Benefits	Spouse
2	<input type="checkbox"/>	Jamie Benefits	Natural Child

*Coverage Requested Dental Preferred Provider :: Employee plus Spouse

Vision

Waive Coverage

<< Previous Next >>
Hold

Notice

Notice

- HealthSavings INS BCBS West :: Family
- HealthSavings INS Cigna West :: Family
- PPO Limited BCBS West :: Family
- PPO Limited Cigna West :: Family
- Partnership PPO BCBS West :: Family
- Partnership PPO Cigna West :: Family
- Standard PPO BCBS West :: Family
- Standard PPO Cigna West :: Family

Notice

- Dental Preferred Provider :: Employee plus Spouse
- Pre-Paid :: Employee plus Spouse

Notice

Click Next



Remember this employee hire effect date was 07/20/2016

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 Mark Benefits

eForm ID 251818

Empl ID 00477936

Empl Record 0

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.
<input type="checkbox"/>	 Attachments for Natural/Adopted Child Relationship Type	There is at least one Natural Child dependent who will need verification. Please attach their birth certificate to this form before acknowledging this message and continuing. If there an Adopted Child dependent who will need verification, please attach court documents or adoption papers to this form before acknowledging this message and continuing.

Notice

Comments

Your Comment:

<< Previous

Submit

Hold

 Spell Check Your Comment (Alt+5)

Benefit eForm Step 3 “Attachment Added”

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 Mark Benefits

eForm ID 251821

Empl ID 00477936

Empl Record 0

File Attachments

	Upload	View	Description	Doc ID	
1	<input type="button" value="Upload"/>	<input type="button" value="View"/>	Enrollment ▾	rickk04170012016-08-09-19.46.45	 Delete (Alt+8)

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.
<input type="checkbox"/>		Attachments for Natural/Adopted Child Relationship Type	There is at least one Natural Child dependent who will need verification. Please attach their birth certificate to this form before acknowledging this message and continuing. If there is an Adopted Child dependent who will need verification, please attach court documents or adoption papers to this form before acknowledging this message and continuing.

Comments

Your Comment:

 Spell Check Your Comment (Alt+5)



Benefit eForm Step 3 “Acknowledge 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 Mark Benefits eForm ID 251821
Empl ID 00477936 Empl Record 0

File Attachments

	Upload	View	Description	Doc ID	
1	<input type="button" value="Upload"/>	<input type="button" value="View"/>	Enrollment ▾	rickk04170012016-08-09-19.46.45	Delete (Alt+8)
2	<input type="button" value="Upload"/>	<input type="button" value="View"/>	Marriage Cert ▾	rickk04170012016-08-09-19.49.22	Delete (Alt+8)
3	<input type="button" value="Upload"/>	<input type="button" value="View"/>	Birth Certific ▾	rickk04170012016-08-09-19.50.36	Delete (Alt+8)

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.	Additional Information
<input checked="" type="checkbox"/>	Attachments for Natural/Adopted Child Relationship Type	There is at least one Natural Child dependent who will need verification. Please attach their birth certificate to this form before acknowledging this message and continuing. If there an Adopted Child dependent who will need verification, please attach court documents or adoption papers to this form before acknowledging this message and continuing.	Additional Information

Comments

Your Comment:

Notice

Click Submit

Benefit eForm Step 3 “Submit Message”

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 Mark Benefits **eForm ID** 251821

Empl ID 00477936 **Empl Record** 0

File Attachments

	Upload	View	Description	Doc ID	
1	<input type="button" value="Upload"/>	<input type="button" value="View"/>	Enrollment ▼	rickk04170012016-08-09-19.46.45	Delete (Alt+8)
2	<input type="button" value="Upload"/>	<input type="button" value="View"/>	Marriage Ce ▼	rickk04170012016-08-09-19.49.22	Delete (Alt+8)
3	<input type="button" value="Upload"/>	<input type="button" value="View"/>	Birth Certific ▼	rickk04170012016-08-09-19.50.36	Delete (Alt+8)

Form Messages

	Message Text	Description
<input checked="" type="checkbox"/>	Attachments for Spouse Relationship Type	There is a new Spouse who will need verification. Please attach both a marriage certificate and proof of joint ownership before acknowledging this message and continuing.
<input checked="" type="checkbox"/>	Attachments for Natural/Adopted Child Relationship Type	There is at least one dependent who is a Natural or Adopted Child. Please attach the necessary documents for this form before acknowledging this message and continuing. Please attach the necessary documents for this form before acknowledging this message and continuing.

Message

Submit this form? (24642,112)

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

Comments

Your Comment:

Spell Check Your Comment (Alt+5)

Benefit eForm Step 4 “Finalized”

Create a Benefits eForm

Step 4 of 4: Form Finalized

Congratulations, you've done it!

▼ **Employee**

Name Mark Benefits eForm ID 251821
Empl ID 00477936 Empl Record 0

▼ **Form Status**

You have just SUBMITTED this form.

BASC WF

▼ G_FORM_ID=251821, EOAWTHREAD_ID=299912: Pending

BASC Approvals

Pending

Multiple Approvers
TN Ben Admin Service Center

[Go To Worklist](#)
[View This Form](#)
[Return](#)
[Close This Form](#)



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

eForm Rehire and Transfers

Favorites ▾ Main Menu ▾ > HCM ▾ > Benefits ▾ > Hire eForm

TN Tennessee
State Government

Hire eForm



[Add a Hire form](#)

Use this link to start a Hire eForm for an NP employee.



[View a Hire form](#)

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

Choose Add Hire form

TN

Personnel Search Action Form with Employee ID

NP Person Search

Electronic Personnel Action Form

Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.

▼ Search Fields

Employee ID

Or

Social Security #

Rehire or Transfer
Enter Employee ID/Edison Number or Social Security Number (SSN)
Click Search

Personnel Search Action Form with Results

NP Person Search

Electronic Personnel Action Form

Search for a person. If they do not exist in the system, you will get the opportunity to add them after the search.

Search Fields

Employee ID

Or

Social Security #

Clear

Search

Active Job Inactive Job *blank = No NP Job Record

Add New Person

Results				Find	< 1 of 1
Empl ID	Empl Record	Job	Name		
00477934	0	<input checked="" type="checkbox"/>	Joe Benefits		

Click the ID Number

The Green Check means employee is still active in Edison. "You still enter them in system"

The Yellow Check means employee is inactive in Edison.

Rehire or Transfer eForm Step 1

Create a Hire eForm

Step 1 of 3: Enter Hire Personal 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.

eForm ID 251826

Personal Information

SSN XXXXX9369

Empl ID 00477934

*First Name

Middle Name

*Last Name

*Date of Birth 

*Gender 

*Marital Status 

Home Address and Phone

*Address Line 1

Address Line 2

*City *State  *ZIP

*Telephone

*County 

*Email

Click Save & Next



<< Previous

Save & Next >>

<< Search

Close

Rehire or Transfer eForm Step 2

Create a Hire eForm

Step 2 of 3: Enter Hire Job 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.

Name Joe D Benefits

Empl ID 00477934

eForm ID 251826

Job Data

*Effective Date 10/01/2016

Action REH

*Reason X-Benefits Higher Educ Rehire

X-Benefits Employee Rehire
X-Benefits Higher Educ Rehire

*Position Number 99000015

*Comp Rate 0.000000

Business Unit: HETBR Tennessee Board of Regents

Department: 9000200000 Austin P St Un

Location Code: NP063 Montgomery County

*Empl Class

*Vision Offered Yes No

Submit

Close

Notice

Notice

TN

All TBR, STOLA, and ASD agency are required to enter the employees annual Comp Rate

Rehire or Transfer eForm Step 2 “Complete”

Create a Hire eForm

Step 2 of 3: Enter Hire Job 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.

Name Joe D Benefits

Empl ID 00477934

eForm ID 251826

Job Data	
*Effective Date	10/01/2016 
Action	REH
*Reason	X-Benefits Higher Educ Rehire 
*Position Number	99000015 
*Comp Rate	27,500.00
Business Unit:	HETBR Tennessee Board of Regents
Department:	9000200000 Austin P St Un
Location Code:	NP063 Montgomery County
*Empl Class	TBR 
*Vision Offered	<input checked="" type="radio"/> Yes <input type="radio"/> No

Notice

Click Submit



Rehire or Transfer eForm Step 2 “Message”

Create a Hire eForm

Step 2 of 3: Enter Hire Job 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.

Name Joe D Benefits Empl ID 00477934 eForm ID 251826

Job Data

*Effective Date	10/01/2016	
Action	REH	*Reason X-Ben
*Position Number	99000015	
*Comp Rate		
Business Unit:	HETBR	Tennessee Board
Department:	9000200000	Austin P St Un
Location Code:	NP063	Montgomery County
*Empl Class	TBR	
*Vision Offered	<input checked="" type="radio"/> Yes	<input type="radio"/> No

Message

Submit this form? (24642,112)

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

Rehire or Transfer eForm Step 3 “Finalized”

Create a Hire eForm

Step 3 of 3: Form Finalized

Congratulations, you've done it!

Empl ID 00477934 Empl Rcd 0 eForm ID 251826

▼ Form Status

You have just AUTHORIZED this form.

No approvals required

Processing is complete. The system has been updated.

Click the button below to enroll the employee in benefits.

[Go To Worklist](#)
[View This Form](#)
[Close This Form](#)

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:

Empl Record:

Event Date:

Search

Clear

Basic Search



Save Search Criteria

Click Search

Benefit eForm Step 1

Create a Benefits eForm

Step 1 of 4: Dependent Enrollment

Enroll the employee's dependents.

Employee

Name Joe Benefits eForm ID 251829

Empl ID 00477934 Empl Record 0

Sue Benefits

Update this Dependent

Relationship Spouse SSN 896757524

Details

[Add Dependent](#)

<< Previous Next >>

<< Search Close

Notice there is no "Verification Needed"

Check inside the block "Update this Dependent" to update information. Click on Add Dependent button if you need to add additional dependents.

Benefit eForm Step 1 “Updating”

Create a Benefits eForm

Step 1 of 4: Dependent Enrollment

Enroll the employee's dependents.

Employee

Name Joe Benefits eForm ID 251829
Empl ID 00477934 Empl Record 0

Sue Benefits

Update this Dependent

*First Sue Middle *Last Benefits

*Relationship Spouse *SSN 896757524

Details

*Date of Birth 04/05/1979 *Gender Female

Same Address as Employee

Address 1 123 Main Street

Address 2

City Clarksville State TN Zip 37042

County Montgomery

Same Phone as Employee

Telephone 615/770-3833

[Add Dependent](#)

<< Previous Next >>
<< Search Close

Click next and complete as you would in a new hire situation.

Update any information that needs to be updated.



Additional Hire eForm Comments

Hire eForm



[Add a Hire form](#)

Use this link to start a Hire eForm for an NP employee.



[View a Hire form](#)

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

Any changes for a submitted submit Hire eForm will require a Corrections & Clarification Form and or Enrollment Change Application.

To check the status of a Hire eForm click the “ View a Hire form” button.

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

Additional Benefit eForm Comments

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.

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.

Lessons Learned

Please only submit one Benefit eForm per employee. We are seeing multiple forms being entered for the same people, which causes the forms to error.

If a form is entered, but not yet approved, it can be changed under the update option.

Once the eBenefit form is submitted and approved, any changes will have to be made by an enrollment change application even if they are still within their eligibility period.

If there is a newborn without a SSN yet that needs to be added, you will need to enter it as 999999999.

When you are rehiring an employee with dependents, once you select enroll Benefits at the end of Step 3 or create a Benefit eForm on Step 1 of the Create A Benefit eForm, it will show you their previous dependents. There is no “Verification Needed” showing. Dependent verification will be needed for any dependents added back to coverage more than ninety (90) days after the employee’s termination.

**Questions
on
Hire eForm
or
Benefits eForm**