Edison Benefits User Security Authorization Form Instructions

For Central State Agencies
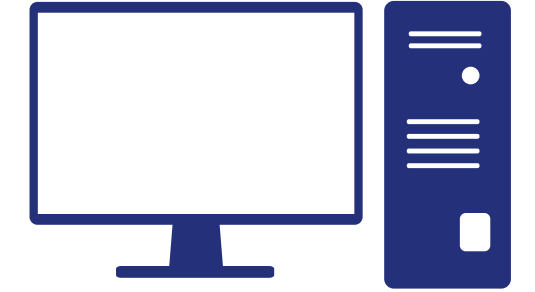
ParTNers FOR HEALTH

Introduction

These forms can be found here:

https://www.tn.gov/partnersforhealth/agency-benefits-coordinators.html

- Click Forms
- Choose "Edison Benefits User Authorization Form- State"

Completed Signed Forms should be emailed to**: benefits.abcsecurityforms@tn.gov**

- Always pull the form from the website to ensure that you are using the most up to date form. If you submit a request on an outdated form, it will be rejected.

- Only submit one request per ticket/email.

- Please do not submit a request for access or removal with a future date.

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Note: *Before filling out a Security Form please run Edison query **TN_BA195_HCM_SEC_BY_EMPLID** to determine if the action you are requesting is necessary or not. If they already have the role you are requesting, then no form is necessary.*

Left Form:

edison | **Benefits User Security Authorization**

User's Name	User's Empl ID	User's Edison ID

FA – 1016 (Revised 4/29/2022) RDA SW25

Indicate User Type: ☐ State Employee ☐ Contractor ☐ External (Higher Ed, Loc Ed, Loc Gov)

Effective Date: ☐

☐ Role Addition Only ☐ Role Removal Only
☐ Data Level Security Modification - Add to current dept id access
☐ Data Level Security Modification - Remove a current dept id
☐ Data Level Security Modification - Remove current dept id access and add the new access identified on page 2

*All Requesting Agency Information and User Information is Required Unless Otherwise Noted

Requesting Agency Information

Agency Name	Agency Bus Unit
Requester Name	Requester Edison Access ID (BA Only)
Requester Phone Number	Requester Email

User Information

First Name	MI	Last Name	Birth Month	Birth Day	Year (if contractor)
Organization/Vendor (if not state employee)			Last 4 digits of SSN (if not state employee)		
User's Department ID:			Employee ID, if state employee:		
Email Address:			Phone Number:		

Security Authorization Signatures

Agency Authorization: _____
Signature   Print Name/Title   Date

Benefits Administration Authorization: _____
Signature   Print Name/Title   Date

Additional Authorization: _____
Signature   Print Name/Title   Date

Description of change needed:

NOTE: RECEIPT DATE MUST BE WITHIN 30 DAYS OF SIGNATURE DATE

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Right Form:

edison | **Benefits User Security Authorization**

User's Name	User's Empl ID	User's Edison ID

Central State Benefits

Data Access Levels – *Please indicate the required access levels below.*

Agency Level ☐ (Access to an Entire BU)	Department Level ☐ (Access to a single department within a BU)	*Multiple Agencies ☐ (Access to multiple BU's, requires justification below)	Multiple Departments ☐ (Access to multiple departments within a BU)

If security access to **Multiple Agencies and (or) Departments** is required, list the departments or agencies to which the user will need access. *If needed, agencies or departments can be listed on an Excel spreadsheet.*

*Reason for access (Required for Multiple Agency access only):

Agency Coordinators
☐ BA-1001 BA Agency Benefits Coordinator

BENEFITS RESTRICTED – Central State Agencies Only
☐ BA-1016 Central Flex Specialist   ☐ BA-1018 OBF Benefits Billing Specialist   ☐ BA-1022 Central TCRS Specialist
☐ BA-1023 Legislative Benefits Coordinator

BENEFITS RESTRICTED – Central Benefits and Treasury Only
☐ BA-1011 Deferred Comp Admin   ☐ BA-1015 Flex Accounting Query

BENEFITS RESTRICTED – CORE AGENCY BENEFITS ADMIN. ONLY
☐ BA-1002 BA Central Retro Specialist   ☐ BA-1003 Central Base Benefit Administrator   ☐ BA-1004 Central Benefits AETP Specialist
☐ BA-1005 Central Benefits Administrator 1   ☐ BA-1006 Central Benefits Administrator 2   ☐ BA-1007 Central Benefits Analyst
☐ BA-1008 Central Benefits Billing Specialist   ☐ BA-1009 Central Benefits COBRA Specialist   ☐ BA-1010 Central Benefits Call Center Specialist
☐ BA-1019 RET Benefits Administrator 1   ☐ BA-1020 BA Retirement Analyst   ☐ BA-1021 Benefits Admin Service Center Lead

Edison Benefits Roles
☐ BA-1026 Benefits Admin Help Desk

Edison Payroll Lockout
This is the payroll lockout bypass role for B.A. It has access to navigations during the payroll lockout period. They require approval by the Edison Payroll module lead and the Payroll Director.
☐ PY-1014 PY BA Payroll Bypass

BENEFITS RESTRICTED - EDISON ONLY
☐ BA-1012 Edison Benefits Configuration Administrator

BENEFITS RESTRICTED – Business Intelligence (OPEB)
☐ BI-4029 BI Central HCM Benefits Author

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Step 1:

Fill out the section shown below which is on BOTH pages of the form, please fill in on BOTH pages. This should be the information for the person you are requesting action on and not yourself unless the form is for your personal access.

Benefits User Security Authorization

User's Name	User's Empl ID	User's Edison ID

- The **User's Name** will be filled in using the person's information you are requesting action on.

- **User's Empl ID** will always be the Edison assigned eight-digit employee number when you are hired into the Edison system Example: 00XXXXXX.

- **User Edison ID** is not the same as the Empl ID mentioned above.
  - If you do not know the User Edison ID (also known as an Access ID) to include on the form, you can watch this video on how to retrieve it: https://youtu.be/qnP3vRKT77I If the video information does not help you, you can contact Benefits Administration at Benefits.administration@tn.gov for help.

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Step 2: Please select User Type as shown below:

Indicate User Type: ☐ **State Employee**   ☐ **Contractor**   ☐ **External (Higher Ed, Loc Ed, Loc Gov)**

- If you work for a **State Agency** then select **State Employee**, if you work for **Local Government or Local Education agency or Higher Education** then please select **External**.

Step 3: Enter the Effective Date for the action you are requesting. *Remember this can't be for a future date.*

Effective Date: _____ **XX/XX/XXXX**

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Step 4:

Select the box that best fits the action you are requesting as shown below.
Note: On the Data Level Security Modification boxes if you check one of those you **do not** check the Role Addition Only box!

- ☐ Role Addition Only   ☐ Role Removal Only
- ☐ Data Level Security Modification - Add to current dept id access
- ☐ Data Level Security Modification - Remove a current dept id
- ☐ Data Level Security Modification - Remove current dept id access and add the new access identified on page 2

- **Role Addition Only** means this person is a new ABC.

- **Role Removal Only** means this person will no longer serve as an Agency Benefits Coordinator.

- **Data Level Security Modification Add to current dept. ID** means this person will be able to see information pertaining to another or new department id that they don't already have access to see.

- **Data level Security Modification Remove a current dept. ID** means this person will no longer have access to a specific department id that they currently have.

Step 5: Fill out the **Requesting Agency Information** section as shown below.

Requesting Agency Information

Agency Name		Agency Bus Unit
Requester Name		Requester Edison Access ID (BA Only)
Requester Phone Number	Requester Email	

- The information in this box should contain the information for the ABC or person you are requesting action for unless you happen to need to prepare a form for yourself.

Note: DO NOT fill anything in the highlighted yellow box where it indicates **BA ONLY in red**. Leave this box blank, please.

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Step 6:

Please fill in all information for the remaining textboxes such as User's Department ID, Employee ID, Email Address, and Phone Number. Please note the highlighted textboxes above.

User Information

First Name	MI	Last Name		Birth Month	Birth Day	Year (if contractor)
Organization/Vendor (if not state employee)				Last 4 digits of SSN (if not state employee)		
User's Department ID:				Employee ID, if state employee:		
Email Address:				Phone Number:		

- For the **Year textbox** that information is only needed if the person you are requesting action for is a contractor. This box most likely won't be used.
- For the **Organization/Vendor textbox** you will list your agency name if you are Higher Education, Local Government, or Local Education agencies. Please fill in the last four of SSN if the person is not a state employee.

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Step 7: Add the Agency Authorization Signature as show below.

Security Authorization Signatures

Agency
Authorization: _____   _____   _____
                        Signature   Print Name/Title   Date

Note: The second and third signature lines should be left blank.

Step 8: **ALWAYS** add a Description of the change needed in the provided text box as shown below.

Description of change needed:

NOTE: RECEIPT DATE MUST BE WITHIN 30 DAYS OF SIGNATURE DATE

Note: By filling in this description of change textbox it ensures that what you are requesting is clear and that no additional questions will be necessary for clarification.

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Step 9: Move to the second page of the form and be sure that the User's Name, User's Empl ID, and User's Edison ID textboxes at the top of the form are filled in as instructed in the first step in the process.

A Bright Idea for State Government		
User's Name	**User's Empl ID**	**User's Edison ID**

Step 10: For **Central State Benefits** please select Data Access Levels as shown below.

Central State Benefits

Data Access Levels – *Please indicate the required access levels below.*

Agency Level ☐ (Access to an Entire BU)	Department Level ☐ (Access to a single department within a BU)	*Multiple Agencies ☐ (Access to multiple BU's, requires justification below)	Multiple Departments ☐ (Access to multiple departments within a BU)

If security access to **Multiple Agencies and (or) Departments** is required, list the departments or agencies to which the user will need access. *If needed, agencies or departments can be listed on an Excel spreadsheet.*

*Reason for access (Required for Multiple Agency access only):

Step 11:

Select the **BA-1001 BA Agency Benefits Coordinator** box as shown below. Do not worry about the other options as they are BENEFITS RESTRICTED options.

Agency Coordinators

☐ BA-1001 BA Agency Benefits Coordinator

For Questions Contact:
Benefits Administration

800.253.9981 or 615.741.3590
Monday – Friday, 8:00a - 4:30p or create a Zendesk Ticket by emailing
Benefits.Training@tn.gov