

Edison Benefits User Security Authorization Form

Instructions

For Non-Payroll Agencies

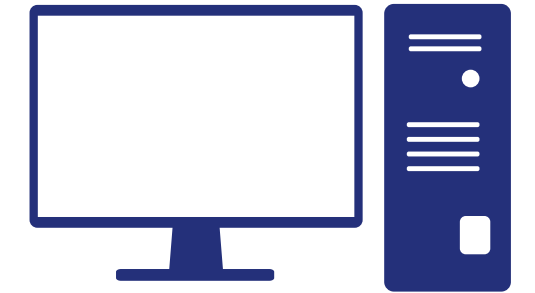
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FOR HEALTH

Introduction

These forms can be found here:

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

- Click Forms
- Choose "Edison Benefits User Authorization Form- Higher Ed, Local Ed & Local Gov"



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

- Always retrieve 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 If you submit a request on an outdated form, it will be rejected.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.



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.

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: <input type="checkbox"/> State Employee <input type="checkbox"/> Contractor <input type="checkbox"/> External (Higher Ed, Loc Ed, Loc Gov)											
Effective Date: _____											
<input type="checkbox"/> Role Addition Only <input type="checkbox"/> Role Removal Only											
<input type="checkbox"/> Data Level Security Modification - Add to current dept id access											
<input type="checkbox"/> Data Level Security Modification - Remove a current dept id											
<input type="checkbox"/> 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											


1 Submit this to benefits.abcsecurityforms@tn.gov

edison			Benefits User Security Authorization		
User's Name		User's Empl ID	User's Edison ID		
External Agency Benefits					
Data Access Levels – Please indicate the required access levels below.					
<input type="checkbox"/> Department Level (Access to a single department within a BU)		<input type="checkbox"/> Multiple Departments (Access to multiple departments within a BU)			
If security access to Multiple Departments is required, list the departments or agencies to which the user will need access. If needed, departments can be listed on an Excel spreadsheet.					
External Agency Coordinators					
<input type="checkbox"/> BA-1013 BA External Agency Benefits Coordinator	<input type="checkbox"/> BA-1017 Benefits Inquiry Only	<input type="checkbox"/> EL-3011 Ext Agency Learner			

2 Submit this to benefits.abcsecurityforms@tn.gov

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 you still need assistance after watching the video, contact Benefits Administration at Benefits.administration@tn.gov for help.

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

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.

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.

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.

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.

<small>A Bright Idea for State Government</small> User's Name	User's Empl ID	User's Edison ID
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Step 10:

For **External Agency Benefits** please select Department or Multiple Departments.

External Agency Benefits

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

<input type="checkbox"/> Department Level (Access to a single department within a BU)	<input type="checkbox"/> Multiple Departments (Access to multiple departments within a BU)
If security access to Multiple Departments is required, list the departments or agencies to which the user will need access. <i>If needed, departments can be listed on an Excel spreadsheet.</i>	
<div style="border: 1px solid black; height: 40px; background-color: #e6f2ff;"></div>	

Step 11: Move to the External Agency Coordinators textboxes and select the appropriate option.

External Agency Coordinators		
<input type="checkbox"/> BA-1013 BA External Agency Benefits Coordinator	<input type="checkbox"/> BA-1017 Benefits Inquiry Only	<input type="checkbox"/> EL-3011 Ext Agency Learner

- BA-1013 External Agency Benefits Coordinator: Select this option if the ABC needs access to data entry in Edison. This option will allow the ABC to add new employees, select benefits, update employee information, and enter terminations.
- BA-1017 Benefits Inquiry Only: Select this option if the ABC needs access to view employee information only and run queries/reports.
- EL-3011 Ext Agency Learner: All ABCs are required to select this option to complete required training in Edison.

**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