National Employees Health Plan Electronic Contribution Website User Manual

This guide is intended to show you the quick and easy way to enter contributions using your new contributions website. This guide will walk you through the following:

- How to process a new contribution form
- How to process payments via ACH
- How to modify a saved contribution form
- How to upload a file to the electronic contributions site using a CSV File
- How to copy/modify a previous contribution form
- How to view and delete contribution forms
- How to pay multiple saved invoices

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Web Address:
www.NEHPEmployers.org

- **To log in to this site, you will need to contact the BeneSys office to register, at which point you will be mailed two separate introduction letters. These letters will contain the contractor number and identification number needed for registration. Once you have received your letters, navigate to the website and click on the "Create an Account" option in the top right corner of the website, where you will create a user name and password for your account.**

- **If you have any difficulty when creating your account, please call (248)641-4970 or (866)614-2856, where someone will assist you.**

Let's Get Started

- **To begin entering employee contribution information, mouse over the Electronic Contribution tab and select Process Contribution as shown above.**
  - **This option will allow you to create and process contributions.**

Processing Contributions

Thursday, July 14, 2022

My Profile Logout

National Employees Health Plan

Welcome Democontractor

Last Signed In: Thursday, July 14, 2022

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Electronic Contribution

Select the contractor from the list to submit your contributions

Select Contractor: MA000 | Test Contractor

Work Start Date: 6/1/2022

Work End Date: 6/30/2022

Process Contribution: Enter New Contribution

- Enter New Contribution
- Modify / Submit Saved Contribution
- Upload Contribution File
- Copy / Modify Previous Report Form

Contribution Type:

CBA:

☐ **Report no Hours**

Submit Cancel

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- **<u>Enter New Contribution</u> – This allows manual entry of your contribution form**
- **<u>Modify / Submit Saved Contribution</u> – Allows you to retrieve a previously entered and saved contribution form**
- **<u>Upload Contribution File</u> – Allows you to upload a data file exported from your payroll system (.CSV or .TXT format) directly to the website**
- **<u>Copy / Modify Previous Report Form</u> – This option will allow you to retrieve a previous month's submitted contribution form and copy the information to the current month's contribution form**

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Entering a New Form

Thursday, July 14, 2022

My Profile Logout

National Employees Health Plan

Welcome Democontractor

Last Signed In: Thursday, July 14, 2022

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Electronic Contribution

Select the contractor from the list to submit your contributions

Select Contractor:	MA000 | Test Contractor		
Work Start Date:	6/1/2022	**Work End Date:**	6/30/2022
Process Contribution:	Enter New Contribution		
Contribution Type:	Regular Contribution		
CBA:	Test 1559 Employee	☐ **Report no Hours**	

Submit Cancel

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1. **Select the Contractor: If you only submit contributions for one contractor, that contractor will show by default and you won't have other contractors to select from. If you have a login that allows you to submit contributions for multiple contractors, click the drop-down arrow and a list of contractors you submit for will show, from which you can select the desired contractor.**
2. **Select a Work Start Date and Work End Date. If you are a monthly contractor, please use the first day and the last day of the month. If you are a weekly contractor, please use the payroll start and end dates.**
3. **Select Enter New Contribution.**
4. **The contribution type should always be Regular Contribution.**

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5. **Select the appropriate CBA based on the work you are reporting. This will pull the fringe rates for that CBA.**
6. **To report no work, please check the "Report no Hours" box.**
7. **Finally, click Submit to begin entry.**

Enter a New Form - Contribution Entry

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Contribution Entry Form

Contribution Batch

Contractor Name:	**Test Contractor**	**Contractor Number:**	**MA000**
Batch Number:	**CW22-00000013**	**Work End Date:**	**06/30/2022**
CBA:	**T1559EE - Test 1559 Employee**		

Rate Inquiry | Add Employee | Delete Employee | Save and Complete Later | Calculate Contribution | Cancel

*Contact the Benefit Office to add new Work Classifications

Row No	SSN	Work Class	First Name	MI	Last Name	Hours Worked	Flat Rate	Delete?
1	741852963	HMO CHILD 75000 TO 9999999	Joe		Jo	0.00	1.00	☐
2	321654987	PPO FAMILY 75000 TO 9999999	Mark		Joe	0.00	1.00	☐
3	369258147	HMO SINGLE 0 TO 34999	Mike	P	Quaint	0.00	2.00	☐
4	789456123	PPO COUPLE 0 TO 34999	Lucas	M	Surger	0.00	1.00	☐
5		HMO CHILD 75000 TO 9999999				0.00	0.00	☐

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- **This screen will typically be prepopulated with employees you have recently remitted for under the CBA you selected. It also allows you to enter new employees as well as delete employees you no longer remit for. To add a new employee, simply enter their SSN and name in the blank line at the end of the form. To delete an employee, check the delete box on that employee's line and click Delete Employee.**
- **Enter the Hours Worked amounts and Flat Rate amounts in the appropriate fields.**
- **Click Save and Complete Later if you need to come back later to finish your contribution entry. This will save what you already input and lets you pick up where you left off.**
- **Once all employees' hours and wages are entered, click on Calculate Contribution, at which point the following screen will show:**

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Enter a New Form – Calculate Contributions

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Process Contribution

Contribution Batch

Contractor Name:	**Test Contractor**	**Contractor Number:**	**MA000**
Batch Number:	**CW22-00000013**	**Work End Date:**	**06/30/2022**
CBA:	**T1559EE - Test 1559 Employee**		

Contractor Contribution Details:

Work Class	Contractor	Hours Worked	Flat Rate	Amount	
HMO Child 75000 to 9999999	Test Contractor	0.00	1.00	$603.41	View Details
HMO Single 0 to 34999	Test Contractor	0.00	2.00	$383.44	View Details
PPO Couple 0 to 34999	Test Contractor	0.00	1.00	$0.00	View Details
PPO Family 75000 to 9999999	Test Contractor	0.00	1.00	$366.17	View Details
TOTAL		**0.00**	**5.00**	**$1,353.02**	

Employee Contribution Details:

SSN	Work Class	First Name	MI	Last Name	Hours Worked	Flat Rate	Amount	
741852963	HMO Child 75000 to 9999999	Joe		Jo	0.00	1.00	$603.41	View Details
321654987	PPO Family 75000 to 9999999	Mark		Joe	0.00	1.00	$366.17	View Details
369258147	HMO Single 0 to 34999	Mike	P	Quaint	0.00	2.00	$383.44	View Details
789456123	PPO Couple 0 to 34999	Lucas	M	Surger	0.00	1.00	$0.00	View Details
TOTAL					**0.00**	**5.00**	**$1,353.02**	

Back | Finalize Contribution | Cancel

- **The <u>View Details</u> link under Contractor Contribution Details will show you a breakdown of all calculated fringes**
  - **See next page in user guide for Contractor Contribution Details**
- **The <u>View Details</u> link under Employee Contribution Details will show you a breakdown of all calculated fringes for that particular employee**
  - **See page after next in user guide for Employee Contribution Details**
- **Use the <u>Back</u> button to return to the prior screen if you'd like to adjust work details for any employee. *<u>At no time</u>* should you use your browser's back button to return to a previous page (back arrow in upper left corner of your browser window). This will cause all previously entered information to be lost.**
- **When all the information you've entered is correct, click the <u>Finalize Contribution</u> button. Note: once you've clicked <u>Finalize Contribution</u>, you cannot go back and make changes.**

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Enter a New Form - Contractor Details

Contractor Contribution Details

Contractor Name: Test Contractor

Fund Name	Units	Basis	Rates	Amount
H&W EE MED	1.00	Flat Rate	571.26000	$571.26
H&W EE DEN	1.00	Flat Rate	32.15000	$32.15
				Total: $603.41

Close

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Enter a New Form - Contractor Details

Employee Contribution Details

First Name: Mark **Last Name:** Joe

Fund	Units	Basis	Rate	Amount
H&W EE MED	1.00	Flat Rate	341.11000	$341.11
H&W EE DEN	1.00	Flat Rate	19.93000	$19.93
H&W EE VIS	1.00	Flat Rate	5.13000	$5.13
				Total: $366.17

Close

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Enter a New Form - Finalize Contributions

Contribution Batch

Contractor Name:	**Test Contractor**	**Contractor Number:**	**MA000**
Batch Number:	**CW22-00000013**	**Work End Date:**	**06/30/2022**
CBA:	**T1559EE - Test 1559 Employee**		

INVOICE # CW22-00000004

Your Calculated Contributions for work ending 06/30/2022: $1,353.02

Remittance Amount Due: $1,353.02

Invoice #: CW22-00000004
* PLEASE WRITE THIS INVOICE NUMBER ON THE CHECK THAT YOU MAIL
AND PLEASE BE SURE TO INCLUDE A COPY OF THIS INVOICE WITH YOUR CHECK(S).

Invoice Date: 07/14/2022

Pay Now | Print Invoice | Done

Amount Due:

Work Class	Fund	Fund Code	Hours Worked	Flat Rate	Calc Hrs	Basis	Rate	Amount
PPO Family 75000 to 9999999	H&W ER	HW-ER	0.00	1.00	1.00	Flat Rate	0.00000	$0.00
PPO Family 75000 to 9999999	H&W EE MED	HW-EE-MED	0.00	1.00	1.00	Flat Rate	341.11000	$341.11
PPO Family 75000 to 9999999	H&W EE DEN	HW-EE-DEN	0.00	1.00	1.00	Flat Rate	19.93000	$19.93
PPO Family 75000 to 9999999	H&W EE VIS	HW-EE-VIS	0.00	1.00	1.00	Flat Rate	5.13000	$5.13
PPO Couple 0 to 34999	H&W ER	HW-ER	0.00	1.00	1.00	Flat Rate	0.00000	$0.00
PPO Couple 0 to 34999	H&W EE MED	HW-EE-MED	0.00	1.00	1.00	Flat Rate	0.00000	$0.00
PPO Couple 0 to 34999	H&W EE DEN	HW-EE-DEN	0.00	1.00	1.00	Flat Rate	0.00000	$0.00
PPO Couple 0 to 34999	H&W EE VIS	HW-EE-VIS	0.00	1.00	1.00	Flat Rate	0.00000	$0.00
HMO Single 0 to 34999	H&W ER	HW-ER	0.00	2.00	2.00	Flat Rate	0.00000	$0.00
HMO Single 0 to 34999	H&W EE MED	HW-EE-MED	0.00	2.00	2.00	Flat Rate	179.33000	$358.66
HMO Single 0 to 34999	H&W EE DEN	HW-EE-DEN	0.00	2.00	2.00	Flat Rate	12.39000	$24.78
HMO Single 0 to 34999	H&W EE VIS	HW-EE-VIS	0.00	2.00	2.00	Flat Rate	0.00000	$0.00
HMO Child 75000 to 9999999	H&W ER	HW-ER	0.00	1.00	1.00	Flat Rate	0.00000	$0.00
HMO Child 75000 to 9999999	H&W EE MED	HW-EE-MED	0.00	1.00	1.00	Flat Rate	571.26000	$571.26
HMO Child 75000 to 9999999	H&W EE DEN	HW-EE-DEN	0.00	1.00	1.00	Flat Rate	32.15000	$32.15
HMO Child 75000 to 9999999	H&W EE VIS	HW-EE-VIS	0.00	1.00	1.00	Flat Rate	0.00000	$0.00
TOTAL								**$1,353.02**

Employee Details:

Name	Work Class	HW	FR	HW-ER	HW-EE-MED	HW-EE-DEN	HW-EE-VIS
Jo, Joe	HMO Child 75000 to 9999999	0.00	1.00	$0.00	$571.26	$32.15	$0.00
Joe, Mark	PPO Family 75000 to 9999999	0.00	1.00	$0.00	$341.11	$19.93	$5.13
Quaint, Mike P	HMO Single 0 to 34999	0.00	2.00	$0.00	$358.66	$24.78	$0.00
Surger, Lucas M	PPO Couple 0 to 34999	0.00	1.00	$0.00	$0.00	$0.00	$0.00
TOTAL		**0.00**	**5.00**	**$0.00**	**$1,271.03**	**$76.86**	**$5.13**

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- **Clicking <u>Finalize Contribution</u> will take you to the above screen, which gives the below options.**
  - **<u>Pay Now</u> – Takes you to the next step so you can remit payment via ACH or Check**
  - **<u>Print Invoice</u> – Use this option to print a copy of the invoice for your records**
  - **<u>Done</u> - Use this option to enter another contribution form before making your payment**

Enter a New Form - Pay Invoice(s)

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Pending Payment

Select Contractor: MA000 | Test Contractor

Invoice Number:

* **Invoice Begin Date:** 6/14/2022

* **Invoice End Date:** 7/14/2022

Search Clear

Employers submit contributions (summary sheets, forms and payments) monthly. In accordance with the Collection Policy, contribution reports and payments are due on the 7th of the month following the work month, unless specified otherwise in your Collective Bargaining Agreement (CBA). They are considered delinquent if not received by the end of the month following the work month. Pursuant to the Collection Procedures adopted by the Trustees of the National Employees Health Plan Funds, all payments received past the due date of the contribution are subject to both (a) liquidated damages equal to 10% of the contributions due and (b) interest at a rate of 1% per month of the contributions due until all contributions are received, or (c) liquidated damages and interest applicable as specified in your CBA.

Pending Invoice:

Select Invoice Cancel

☐	Invoice #	Wrk Date	Section Code	Section	Cont No.	Amount	Submitted By	Trans. Date
☑	CW22-00000004	06/30/2022	T1559EE	Test 1559 Employee	MA000	$1,353.02	DemoContractor	07/14/2022

Select Invoice Cancel

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- **After selecting <u>Pay Now</u>, you will be taken to the Pending Payment page which will show all contribution forms entered on the website that have not yet been paid. Here, you will select the open invoice(s) you would like to remit payment for (via ACH or Check).**
- **Once you check the box(es) to the left of the invoice(s) desired, click the <u>Select Invoice</u> button.**

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Enter a New Form - Pay Invoice(s)

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Pending Payment

Payment Summary
(1) Invoice Selected
Total amount due: $1,353.02

Make Payment | Edit Selection

Select Contractor: MA000 | Test Contractor
Invoice Number:
* **Invoice Begin Date:** 6/14/2022
* **Invoice End Date:** 7/14/2022

Search | Clear

Employers submit contributions (summary sheets, forms and payments) monthly. In accordance with the Collection Policy, contribution reports and payments are due on the 7th of the month following the work month, unless specified otherwise in your Collective Bargaining Agreement (CBA). They are considered delinquent if not received by the end of the month following the work month. Pursuant to the Collection Procedures adopted by the Trustees of the National Employees Health Plan Funds, all payments received past the due date of the contribution are subject to both (a) liquidated damages equal to 10% of the contributions due and (b) interest at a rate of 1% per month of the contributions due until all contributions are received, or (c) liquidated damages and interest applicable as specified in your CBA.

Pending Invoice:

Select Invoice | Cancel

☑	Invoice #	Wrk Date	Section Code	Section	Cont No.	Amount	Submitted By	Trans. Date
☑	CW22-00000004	06/30/2022	T1559EE	Test 1559 Employee	MA000	$1,353.02	DemoContractor	07/14/2022

Select Invoice | Cancel

- **After clicking Select Invoice, the invoice(s) you've selected will show highlighted in orange and a "Payment Summary" will be displayed in the upper-left corner showing the total amount due for the selected invoice(s).**

- **If the amount is correct, click Make Payment.**
  - **Use the Edit Selection option if you selected the wrong invoice(s). This will allow you to change your selections.**

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Enter a New Form - Pay Invoice(s)

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Make Payment

Invoice#	Wrk Date	Section	Cont No.	Amount
CW22-00000004	06/30/2022	Test 1559 Employee	MA000	$1,353.02
TOTAL				$1,353.02

Total Invoice Amount : $1,353.02

Invoice Adjustment Amount: $0.00

Total Amount Due: $1,353.02

Adjustment Reason:

Pay By: ACH(Online) Check

Submit Cancel Back

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- **Clicking <u>Make Payment</u> takes you to the above screen showing the invoice(s) you've selected and the total amount due.**
- **Option to adjust amount being paid**
  - **Use the <u>Invoice Adjustment Amount</u> field to enter an adjustment amount (if any). You may enter a positive or negative amount to increase or decrease the payment amount by the amount you've entered. This will automatically update your <u>Total Amount Due</u>.**
  - **When an adjustment amount is entered, you are required to also enter the reason for the adjustment in the <u>Adjustment Reason</u> box (e.g. Liquidated Damages or Over/Under payment from a prior period).**

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Enter a New Form - Pay Invoice(s)

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Make Payment

Invoice#	Wrk Date	Section	Cont No.	Amount
CW22-00000004	06/30/2022	Test 1559 Employee	MA000	$1,353.02
TOTAL				$1,353.02

Total Invoice Amount : $1,353.02

Invoice Adjustment Amount: $0.00

Total Amount Due: $1,353.02

Adjustment Reason:

Pay By: ◉ ACH(Online) ○ Check

Submit Cancel Back

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- **Now select your Pay By type**
  - **If you select ACH (Online) and click submit you will be taken to the ACH Payment screen (see next page).**
    - **First time ACH payments will be prompted to complete the below form specifying your company name, bank account number, routing number, and account type.**
    - **This information will be saved for future contributions and only needs to be updated if it has changed.**

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Select Contractor: [redacted] INC

* **Routing Number:**

* **Bank Account Number:**

* **Account Type:** ◉ **Checking** ○ **Saving**

Bank Name:

Get New Image

* Please enter the characters as shown in the image.

Submit Cancel

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Enter a New Form - Pay Invoice(s)

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

ACH Payment

Employers submit contributions (summary sheets, forms and payments) monthly. In accordance with the Collection Policy, contribution reports and payments are due on the 7th of the month following the work month, unless specified otherwise in your Collective Bargaining Agreement (CBA). They are considered delinquent if not received by the end of the month following the work month. Pursuant to the Collection Procedures adopted by the Trustees of the National Employees Health Plan Funds, all payments received past the due date of the contribution are subject to both (a) liquidated damages equal to 10% of the contributions due and (b) interest at a rate of 1% per month of the contributions due until all contributions are received, or (c) liquidated damages and interest applicable as specified in your CBA.

Total Amount Due: $1,353.02

Bank Account Number: (Last 4 digits)

Routing Number: (Last 4 digits)

Bank Name:

Account Type: Checking

Settlement Date: 7/18/2022

Edit Account | Submit | Cancel

*Note:Click Edit Account to correct your bank account.

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- **Once on the ACH Payment screen:**
  - **Input a settlement date for when you would like the funds withdrawn from your account. *Note*: because there is a 2 work day lag between when ACH transactions are submitted and when they are deposited into the fringe fund's bank account, you must submit your payment at least 2 work days prior to when you want it to be considered paid.**
  - **If you have an ACH block on your bank account, please make sure that you provide your bank the appropriate details in order for the payment to be processed.**
  - **After selecting Submit, you will be taken to a Payment Confirmation page. This can be printed for your records. This information will also be saved under the Contribution Payments tab of the website.**

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If you select to pay by check, **after you click Submit on the Make a Payment screen, you will be taken to a Payment Confirmation page. You will need to print and mail this Payment Confirmation with your check.**

Modify A Saved Contribution Form

Thursday, July 14, 2022

My Profile Logout

National Employees Health Plan

Welcome Democontractor

Last Signed In: Thursday, July 14, 2022

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Electronic Contribution

Select the contractor from the list to submit your contributions

Select Contractor: MA000 | Test Contractor

Work Start Date: 6/1/2022

Work End Date: 6/30/2022

Process Contribution: Enter New Contribution

- Enter New Contribution
- Modify / Submit Saved Contribution
- Upload Contribution File
- Copy / Modify Previous Report Form

Contribution Type:

CBA:

☐ **Report no Hours**

Submit Cancel

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- **If you select <u>Modify / Submit Saved Contribution</u> from the Electronic Contribution page, you can open a previously saved contribution form and continue from where you left off. Saved but unsubmitted contribution forms are only saved for 30 days. Once you submit a contribution form, however, it is saved permanently.**

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Modify A Saved Contribution Form

1. **Select a saved batch by selecting its batch number from the Batch Number drop down list.**
2. **Click the <u>Submit</u> button.**
3. **The rest of the process is the same as entering a new contribution form (refer to instructions above).**

Upload a Contribution File

- **If you select <u>Upload Contribution File</u> from the Electronic Contribution page, you can upload contribution form data directly into the system from a data file in .CSV or .TXT format. These files can normally be extracted from your company's payroll system. Using this option can be helpful when there are a large number of employees for whom fringe contributions are being reported.**
    1. **Select a <u>Work Start Date</u> and <u>Work End Date</u>. If you are a monthly contractor, please use the first day and the last day of the month. If you are a weekly contractor, please use the payroll start and end dates.**
    2. **Select the appropriate CBA based on the work you are reporting for. This will pull the related fringe rates.**
    3. **Click the <u>Browse</u> button to find the .CSV or .TXT file you want to use.**

Upload a Contribution File

Whether you export from your payroll system or you use Excel to create spreadsheets with employee information, you need to save your file as a .CSV or .TXT file. Simply select "File," "Save As," and choose .CSV or .TXT from the "Save as type" drop down list.

Below is the file format that must be used in order to upload contributions. The columns must be in this exact order or an error will occur and you will be unable to upload. A header line should *not* be used in your file (i.e. employee contribution information should begin in row 1). If a header line is included, it will cause errors when uploading.

SSN	WORK CLASS	LAST NAME	FIRST NAME	MIDDLE INITIAL	HOURS WORKED	FLAT RATE
A	B	C	D	E	F	G
558822691	P00	Jack	Dane	L	0	1
778411256	P01	Pheri	Lui	R	0	1

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Work Class Codes

When uploading a contributions file, please be sure to only select work classes that are associated with the Collective Bargaining Agreement you are submitting contributions under. If a work class is used that is not associated with your CBA, you may receive unexpected results. All of the fund's work classes are shown on the next page below.

All-M	All Other Ret Div Medicare
AORDNM-F00	All Other Ret Div Non Medicare Couple
AORDNM-F99	All Other Ret Div Non Medicare Family
AORDNM-P00	All Other Ret Div Non Medicare Single
AORDNM-P01	All Other Ret Div Non Medicare EE+Child
AORDNM-P99	All Other Ret Div Non Medicare
BW-HMO-F00-359	Bi-Weekly HMO Couple 0 to 35000
BW-HMO-F00-749	Bi-Weekly HMO Couple 35001 to 74999
BW-HMO-F00-999	Bi-Weekly HMO Couple 75000 to 9999999
BW-HMO-F99-359	Bi-Weekly HMO Family 0 to 35000
BW-HMO-F99-749	Bi-Weekly HMO Family 35001 to 74999
BW-HMO-F99-999	Bi-Weekly HMO Family 75000 to 9999999
BW-HMO-P00-359	Bi-Weekly HMO Single 0 to 35000
BW-HMO-P00-749	Bi-Weekly HMO Single 35001 to 74999
BW-HMO-P00-999	Bi-Weekly HMO Single 75000 to 9999999
BW-HMO-P01-359	Bi-Weekly HMO Child 0 to 35000
BW-HMO-P01-749	Bi-Weekly HMO Child 35001 to 74999
BW-HMO-P01-999	Bi-Weekly HMO Child 75000 to 9999999
BW-PPO-F00-359	Bi-Weekly PPO Couple 0 to 35000
BW-PPO-F00-749	Bi-Weekly PPO Couple 35001 to 74999
BW-PPO-F00-999	Bi-Weekly PPO Couple 75000 to 9999999
BW-PPO-F99-359	Bi-Weekly PPO Family 0 to 35000
BW-PPO-F99-749	Bi-Weekly PPO Family 35001 to 74999
BW-PPO-F99-999	Bi-Weekly PPO Family 75000 to 9999999
BW-PPO-P00-359	Bi-Weekly PPO Single 0 to 35000
BW-PPO-P00-749	Bi-Weekly PPO Single 35001 to 74999
BW-PPO-P00-999	Bi-Weekly PPO Single 75000 to 9999999
BW-PPO-P01-359	Bi-Weekly PPO Child 0 to 35000
BW-PPO-P01-749	Bi-Weekly PPO Child 35001 to 74999
BW-PPO-P01-999	Bi-Weekly PPO Child 75000 to 9999999
COLL	Collection
DFLT	Default Work Classification
F00	Couple
F65	COUPLE + 1 MEDICARE SUPPLMENTAL
F66	COUPLE MEDICARE SUPPLEMENTAL
F67	COUPLE + 1 MEDICARE SUPPLMENTAL
F69	3 MEDICARE SUPPLEMENTAL
F91	FAMILY + 1 FAMILY CONTINUATION
F99	Family
FCPX-F00	DET FREE Couple
FCPX-F99	DET FREE Family
FCPX-P00	DET FREE Single
FCPX-P01	DET FREE EE+Child
FCPX-P99	DET FREE

HMO-P00-74	HMO Single 35000 to 74999
HMO-P00-749	HMO Single 35001 to 74999
HMO-P00-99	HMO Single 75000 to 9999999
HMO-P00-999	HMO Single 75000 to 9999999
HMO-P01-34	HMO Child 0 to 34999
HMO-P01-359	HMO Child 0 to 35000
HMO-P01-399	HMO Child 35000 to 9999999
HMO-P01-74	HMO Child 35000 to 74999
HMO-P01-749	HMO Child 35001 to 74999
HMO-P01-99	HMO Child 75000 to 9999999
HMO-P01-999	HMO Child 75000 to 9999999
JRNY	JOURNEYMAN
MHPX-F00	Mail Seg Couple
MHPX-F99	Mail Seg Family
MHPX-P00	Mail Seg Single
MHPX-P01	Mail Seg EE+Child
MHPX-P99	Mail Seg
MHRB-M	MHRB MAIL SEG Medicare
MHRX-M	MHRX MAIL SEG Medicare
NCPX-F00	DET New Couple
NCPX-F99	DET New Family
NCPX-P00	DET New Single
NCPX-P01	DET New EE+Child
NCPX-P99	DET New
NCRB-M	NCRB DET NEW Medicare
NCRS-M	NCRS GRP 100% Medicare
NCRX-M	NCRX DET NEW Medicare
NHRX-M	NHRX MAIL SEG Medicare
P00	Single
P01	Single + Child
P65	SINGLE MEDICARE SUPPLEMENTAL
P67	SINGLE + 1 MEDICARE SUPPLEMENTAL
P68	FAMILY CONTINUATION
PPO-F00-34	PPO Couple 0 to 34999
PPO-F00-359	PPO Couple 0 to 35000
PPO-F00-74	PPO Couple 35000 to 74999
PPO-F00-749	PPO Couple 35001 to 74999
PPO-F00-99	PPO Couple 75000 to 9999999
PPO-F00-999	PPO Couple 75000 to 9999999
PPO-F99-34	PPO Family 0 to 34999
PPO-F99-359	PPO Family 0 to 35000
PPO-F99-74	PPO Family 35000 to 74999
PPO-F99-749	PPO Family 35001 to 74999
PPO-F99-99	PPO Family 75000 to 9999999

FCRB-M	FCRB DET FREE Medicare
FCRX-M	FCRX DET FREE Medicare
FHRX-M	FHRX MAIL SEG Medicare
FORE	Foreman
GFOR	General Foreman
HMO-F00-34	HMO Couple 0 to 34999
HMO-F00-359	HMO Couple 0 to 35000
HMO-F00-399	HMO Couple 35000 to 9999999
HMO-F00-74	HMO Couple 35000 to 74999
HMO-F00-749	HMO Couple 35001 to 74999
HMO-F00-99	HMO Couple 75000 to 9999999
HMO-F00-999	HMO Couple 75000 to 9999999
HMO-F99-34	HMO Family 0 to 34999
HMO-F99-359	HMO Family 0 to 35000
HMO-F99-399	HMO Family 35000 to 9999999
HMO-F99-74	HMO Family 35000 to 74999
HMO-F99-749	HMO Family 35001 to 74999
HMO-F99-99	HMO Family 75000 to 9999999
HMO-F99-999	HMO Family 75000 to 9999999
HMO-P00-34	HMO Single 0 to 34999
HMO-P00-359	HMO Single 0 to 35000
HMO-P00-399	HMO Single 35000 to 9999999
PPO-F99-999	PPO Family 75000 to 9999999
PPO-P00-34	PPO Single 0 to 34999
PPO-P00-359	PPO Single 0 to 35000
PPO-P00-74	PPO Single 35000 to 74999
PPO-P00-749	PPO Single 35001 to 74999
PPO-P00-99	PPO Single 75000 to 9999999
PPO-P00-999	PPO Single 75000 to 9999999
PPO-P01-34	PPO Child 0 to 34999
PPO-P01-359	PPO Child 0 to 35000
PPO-P01-74	PPO Child 35000 to 74999
PPO-P01-749	PPO Child 35001 to 74999
PPO-P01-99	PPO Child 75000 to 9999999
PPO-P01-999	PPO Child 75000 to 9999999

Upload a Contribution File

- **Upon clicking <u>Submit</u>, you should be taken to a screen that looks similar to the above. If, however, your data or file format is incorrect, you will receive an error message and the file will not be uploaded.**
- **Once the file has been successfully uploaded, you can proceed as if you were entering a new contribution form (refer to instructions above).**

Copy/Modify Previous Report Form

- **If you select <u>Copy / Modify Previous Report Form</u> from the Electronic Contribution page, you will be able to reuse electronic contribution data previously input into the system for the current month you are now entering. This option will auto-populate the same Employees (with SSN & names) as were previously used by you for the selected CBA. This can be beneficial when you consistently report on the same employees each pay period.**
    1. **Select a <u>Work Start Date</u> and <u>Work End Date</u>. If you are a monthly contractor, please use the first day and the last day of the month. If you are a weekly contractor, please use the payroll start and end dates.**
    2. **From the <u>Invoice Number</u> drop down list, select the Invoice you would like to copy.**
    3. **Check the box in the bottom left of the screen to zero out any information from the copied data. This will keep the same employees but zero out their form details so you can enter the correct amounts for this pay period.**
    4. **Click the <u>Submit</u> button.**
    5. **The rest of the process is the same as entering a new contribution form (refer to instructions above).**

How to View Past Contribution Forms

Thursday, July 14, 2022

My Profile Logout

National Employees Health Plan

Welcome Democontractor

Last Signed In: Thursday, July 14, 2022

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Process Contribution
View All Contributions
Frequently Asked Questions

Electronic Contribution

Select the contractor from the list to

Select Contractor:	MA000 | Test Contractor		
Work Start Date:	6/1/2022	**Work End Date:**	6/30/2022
Process Contribution:	Enter New Contribution		
Contribution Type:	Regular Contribution		
CBA:	Test 1559 Employee	☐ **Report no Hours**	

Submit Cancel

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- **You can view all your previously submitted contributions by selecting the <u>View All Contributions</u> link as shown above.**

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How to View Past Contribution Forms

- **Once on the View All Contributions screen, you can select a contractor name from the drop down list (some contractors can have multiple contractor numbers to choose from based upon how their account is setup).**
- **Once you click the <u>Search</u> button it will show a screen with all past contribution forms for the contractor you've selected (see below).**

How to View Past Contribution Forms

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

View All Contributions

Select Contractor: MA000 | Test Contractor **Begin Date:** 6/14/2022 **End Date:** 7/14/2022

Search

Special Note: A nightly process is set up to process ACH payments on the same day of entry. If you wish to delete a form that is associated to an ACH payment you must do this the same day of entry before the nightly process takes place. If you have multiple forms associated with one payment please be advised that deletion of one form will automatically place a stop on your ACH payment.

Invoice #	Wrk Date	Section Code	Section	No.Empl	Cont No.	Contractor	Amount	Status	Payment	Deposit Dt	Submitter	Trans. Dt	Del
CW22-00000006	06/30/2022	TEST 225	Test Marek	2	MA000	Test Contractor	$4,822.57	Pending			DemoContractor	07/14/2022	☐
CW22-00000004	06/30/2022	T1559EE	Test 1559 Employee	4	MA000	Test Contractor	$1,353.02	Pending			DemoContractor	07/14/2022	☐
CW22-00000001	05/31/2022	T1559EE	Test 1559 Employee	2	MA000	Test Contractor	$1,098.51	Pending	ACH	06/30/2022	DemoContractor	06/28/2022	

Delete Contribution(s)

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- **If you wish to delete any of the invoices shown, you may do so from this screen, however, *you can only* delete invoices with a "Pending" status. To delete these invoices, check the box in the Del column next to the invoices to be deleted, then click the Delete Contribution button at the bottom of the page.**
- **To delete invoices with an "In Process" status, you will need to contact the fund office.**
- **Invoices with a "Paid" status cannot be deleted, as these have already been processed and entered into the contributions system.**

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How to Make Payments on Multiple Saved Forms

- **If you have entered and saved multiple invoices and have not yet processed a payment for them, you can process one payment for multiple invoices, whether by ACH or Check.**
- **From the Contribution Payment dropdown menu choose <u>Make a Payment</u> (see above).**

How to Make Payments on Multiple Saved Forms

Home | Electronic Contribution | Contribution Payment | Employer Information | News | Contact Us

Pending Payment

Select Contractor: MA000 | Test Contractor

Invoice Number:

* **Invoice Begin Date:** 6/14/2022

* **Invoice End Date:** 7/14/2022

Search Clear

Employers submit contributions (summary sheets, forms and payments) monthly. In accordance with the Collection Policy, contribution reports and payments are due on the 7th of the month following the work month, unless specified otherwise in your Collective Bargaining Agreement (CBA). They are considered delinquent if not received by the end of the month following the work month. Pursuant to the Collection Procedures adopted by the Trustees of the National Employees Health Plan Funds, all payments received past the due date of the contribution are subject to both (a) liquidated damages equal to 10% of the contributions due and (b) interest at a rate of 1% per month of the contributions due until all contributions are received, or (c) liquidated damages and interest applicable as specified in your CBA.

Pending Invoice:

Select Invoice Cancel

	Invoice #	Wrk Date	Section Code	Section	Cont No.	Amount	Submitted By	Trans. Date
☐	CW22-00000006	06/30/2022	TEST 225	Test Marek	MA000	$4,822.57	DemoContractor	07/14/2022
☐	CW22-00000004	06/30/2022	T1559EE	Test 1559 Employee	MA000	$1,353.02	DemoContractor	07/14/2022

Select Invoice Cancel

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- **Once on the Make a Payment screen, all contribution forms that have not been finalized for payment will be listed.**
- **If you would like to filter the unpaid invoices, you can enter an Invoice Begin and Invoice End date to narrow or widen your search results.**
- **To pay invoice(s), check the box to the left of the Invoice Numbers you would like to pay, then click the Select Invoice button. This will combine all forms you selected into one payment amount and you can continue to make your payment through the normal payment process (refer to instructions above).**

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Questions

For questions, enrollment, or training, please call (248)641-4970 or (866)614-2856 and ask to speak with someone from our Contributions Team.

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