

RFP for Third Party Administration of
the NYS Flex Spending Account

**REQUEST FOR PROPOSALS
FOR**

Third Party Administration of the NYS Flex Spending Account

Issued on June 13, 2016 by:
New York State Governor's Office of Employee Relations (GOER)
Employee Benefits Management Unit
2 Empire State Plaza, Suite 1201
Albany, NY 12223-1250
and
Work-Life Services/Family Benefits Program
10 B Airline Drive
Albany, NY 12235-0001

Schedule of Key Events

RFP Release DateJune 13, 2016
Written Questions DueJune 24, 2016
Response to Written Questions Posted..... July 15, 2016
Deadline to Submit Notice of Intent to Bid (Not Mandatory) July 15, 2016
Proposal Due Date August 15, 2016
Selection Review Begins..... August 16, 2016
Contract Start Date.....January 1, 2017

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A. INTRODUCTION

1. Purpose of the Request for Proposals

The intent of this Request for Proposals (RFP) is to secure the services of a Third Party Administrator (TPA) for the best public sector price available that can provide the New York State Governor's Office of Employee Relations (GOER) with full administrative services to successfully operate the NYS Flex Spending Account (FSA), a flexible spending account plan for health care and dependent care expenses and potentially New York State's Pre-Tax Adoption Assistance Program authorized by the Internal Revenue Code Sections 125 and 129 (FSA) and Section 137 (Pre-Tax Adoption).

The purpose of the FSA and Pre-Tax Adoption Assistance Programs is to enable eligible state employees to set aside payroll deductions on a pre-tax basis for eligible health care, dependent care, and adoption expenses. There are approximately 225,000 New York State employees potentially eligible to participate in the programs statewide. In addition to Executive Branch employees, the FSA Program is also offered to employees of the Unified Court System and Legislature, both of which currently participate in the FSA. If a Pre-Tax Adoption Assistance Program is offered at some time during the contract, the selected contractor is expected to implement this portion of the contract within six (6) months of notification by the State.

Bidders are invited to submit proposals for full TPA services for the FSA and Pre-Tax Adoption Assistance Programs, which are fully described in Section B of this RFP.

The term of the contract will be defined in the Contract Agreement, but is anticipated to begin on January 1, 2017.

The contract may be terminated or modified should changes in federal laws result in the loss of favorable tax status of medical and dependent care FSAs.

2. Description of the Governor's Office of Employee Relations (GOER)

GOER is the Governor's representative for negotiating and administering the collective bargaining agreements with fourteen different units represented by nine (9) public employee unions, for approximately 180,000 employees. As the Governor's agent, GOER is charged with responsibilities that originate in the Taylor Law, which was enacted in 1967 and is contained in Article 14 of the Civil Service Law. The Taylor Law permits public employees to organize and engage in collective negotiations with the State, its political subdivisions, and other governmental or public entities.

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GOER's mission is to advance the performance of state government through collaborative labor relations, workforce training, education, and benefits. This mission is carried out by: 1) contract negotiations and administration; 2) legal and administrative matters; 3) administration of joint labor-management initiatives; and 4) statewide employee training, and organizational development. Additional information about the Governor's Office of Employee Relations can be found on our website at <http://goer.ny.gov>.

3. GOER Responsibilities

GOER will oversee the implementation of the contract resulting from this RFP. Staff from the Employee Benefits Management Unit (EBMU) and the Work-Life Services Unit (WLS) will provide ongoing oversight of the executed contract and maintain primary communication with the chosen bidder.

a. Overview of Employee Benefits Management Unit (EBMU)

The Employee Benefits Management Unit (EBMU) is responsible for negotiating and assisting with administering the employee health insurance portion of the collective bargaining agreements. EBMU represents GOER on the joint labor-management committees on health benefits, which exist with each employee union, to cooperatively design, implement, and monitor the New York State Health Insurance Plan, as well as other health care-related benefits. The Joint Committee process has facilitated many effective program changes or modifications outside of regularly scheduled labor negotiations. These modifications and program improvements would not have occurred as readily without this joint labor-management forum. The nine (9) unions that participate in the Joint Committees are:

- Civil Service Employees Association
- Public Employees Federation
- United University Professions
- New York State Correctional Officers & Police Benevolent Association
- Council 82
- District Council 37
- New York State Police Investigators Association
- Police Benevolent Association
- Police Benevolent Association of New York State, Inc.

GOER contributes funding on behalf of New York State's Management/Confidential employees.

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EBMU has assigned a single Program Manager to oversee the Health Care Spending Account (HCSA).

b. Overview of Work-Life Services Unit

There are currently a number of joint labor-management committees, comprised of New York State and the various unions, which oversee specific program initiatives and the use of the negotiated funds. Labor-management committees address issues of mutual concern in a nonpartisan, cooperative fashion and provide an ongoing forum for dealing with difficult problems away from the bargaining table. One such entity is the Work-Life Services Advisory Board, which provides policy guidance to the Family Benefits Program (FBP).

The seven (7) unions that participate on the Work-Life Services Advisory Board are:

- Civil Service Employees Association
- Public Employees Federation
- United University Professions
- New York State Correctional Officers & Police Benevolent Association
- Council 82
- District Council 37
- Graduate Student Employees Union

GOER contributes funding on behalf of New York State's Management/Confidential employees.

Under the umbrella of the Work-Life Services Unit, the FBP works to provide seamless access to state employee benefits that help employees better balance work and life. The FBP was established through collective bargaining in the early 1980s. Initially created to address employees' child care issues, the programs offered by the FBP evolved with changing workforce needs, described in more detail below.

- The Dependent Care Advantage Account (DCAA), a pre-tax flexible spending account for dependent care with an income-sensitive employer contribution for eligible NYS employees;
- *NYS-Ride*, a pre-tax transit benefit, available on a statewide basis to eligible employees who utilize mass transit.
- Thirty-three not-for-profit child care centers, provided with rent-free space at state worksites, that give priority to children of NYS employees; and
- Pre-retirement planning seminars held around the State for employees

eligible to retire within five (5) years.

FBP has assigned a single Program Manager to oversee the DCAA.

Additional information about these programs can be found on the Work-Life Services website at www.worklife.ny.gov.

4. Terms Used in this RFP

For the purposes of this RFP, and unless otherwise specified, the following terms will be used as follows:

- **Compatibility** – all web pages and applications for the FSA Program must be designed for use on Macs, PCs, tablets, and smart phones.
- **Customization** - shall include modification of the selected contractor's products to meet the specific requirements of the FSA Program. Bidders should note that such customization will entail using NYS specified logo and branding on publications, websites, correspondence, and promotional items, but will often include much more extensive modifications such as payroll interface, online enrollment systems, and annual surveys.
- **Days/Daily** – shall refer to calendar days, unless otherwise noted.
- **NYS Employee ID (EMPLID)** – the NYS EMPLID is a unique nine (9)-digit alpha/numeric identifier assigned by the State of New York to each employee. This number is used in the transfer of payroll information between the State and the selected contractor and in all reports. This number is used in place of an employee's Social Security Number.
- **FSA** – shall refer to the NYS Flex Spending Account, and potentially a Pre-Tax Adoption Assistance Program.
- **Full FSA Third Party Administration Services** – shall refer to the provision of the full range of services necessary to administer flexible spending accounts. For example, the full range of services includes, but is not limited to: Plan Document review and update; open enrollment and change in status application processing; payroll deduction management; account management; COBRA administration; reimbursement claims processing; customer service; etc.
- **GOER** – indicates the agency or staff of either the Employee Benefits Management Unit (EBMU) or the Work-Life Services Unit (WLS).
- **Mail (*verb*)** – shall include but is not limited to: electronic transmission of correspondence and PDF documents for participants who have voluntarily provided email addresses and elected to receive such correspondence electronically; and US Postal Service for participants who have *not* provided an email address. Resolution of invalid email addresses will be the responsibility of the selected contractor.

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- **SLOC** – shall refer to an irrevocable standby letter of credit. An irrevocable standby letter of credit is defined as a guarantee of payment issued by a bank on behalf of a client that cannot be revoked without the consent of the beneficiary should the client fail to fulfill a contractual commitment with a third party. Standby letters of credit are created as a sign of good faith in business transactions, and are proof of a buyer's credit quality and repayment abilities. The bank issuing the SLOC will perform brief underwriting duties to ensure the credit quality of the party seeking the letter of credit, then send notification to the bank of the party requesting the letter of credit (typically a seller or creditor). An irrevocable standby letter of credit includes a guarantee by the issuing bank that if all of the terms and conditions set forth in the letter are satisfied by the beneficiary, the letter of credit will be honored. See Section G.2 of this RFP.
- **SoNY** – shall refer to State of New York.
- **Week/Weekly** – shall refer to calendar week, unless otherwise noted.

B. DESCRIPTION OF SERVICES SOUGHT

1. Intent of the Request

The intent of this Request for Proposals (RFP) is to secure the services of a Third Party Administrator who can provide the New York State Governor's Office of Employee Relations (GOER) with full administrative services for the NYS Flex Spending Account (FSA), which includes the Dependent Care Advantage Account (DCAA) and the Health Care Spending Account (HCSA) and, potentially, New York State's Pre-Tax Adoption Assistance Program, authorized by the Internal Revenue Code Sections 125 and 129 (FSA) and Section 137 (Pre-Tax Adoption).

As a result of the 1988-91 negotiated agreements with the New York State public employee unions, GOER was charged with the responsibility for establishing a flexible spending account program for Dependent Care expenses for the State workforce. The DCAA was first implemented in January 1991. The HCSA, a flexible spending account program for unreimbursed health care expenses, was implemented in 2001 as a result of the 1999-2003 negotiated agreements and combined with the DCAA to become the FSA.

The FSA is offered to approximately 225,000 eligible State employees in the Executive Branch State agencies, the Legislature, and the Unified Court System. In addition, employees of four (4) public benefit corporations (aka manual agencies) – Roswell Park Cancer Institute, Environmental Facilities Corporation, Energy Research and Development Authority, and Liquidation Bureau – also participate through piggyback contracts (hereinafter referred to as joinder agreements) with the current contractor. The selected contractor is responsible for billing these manual agencies directly, and the manual agencies are responsible for paying the selected contractor for all costs associated with their participation in the FSA. The selected contractor will be responsible for coordinating with each manual agency all activities required under this RFP. The selected contractor will also be expected to enter into joinder agreements, as described above, with any additional manual agencies in the event they are offered the opportunity to participate. Employees of the manual agencies are eligible for the HCSA, DCAA, and the DCAA Employer Contribution.

If a Pre-Tax Adoption Assistance Program is offered at some time during the contract the selected contractor is expected to implement this portion of the contract within six (6) months of notification.

The selected contractor will be responsible for full administrative services in the following areas:

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- 1) Plan Document Review and Update, including a complete legal review and update of New York State's Section 125 Plan for the DCAA and the HCSA and, potentially, the inclusion of New York State's Section 137 Plan for a Pre-Tax Adoption Assistance Program
- 2) A paperless process to include both a secure Internet-based and telephone process to handle Open Enrollment, Changes in Status, and Pended Applications
- 3) Payroll Interface for the transfer of information to and from the New York State payroll system
- 4) Account Management and Reimbursement in accordance with the Section 125 Plan and, potentially, the Section 137 Plan
- 5) Debit Card Implementation (if implemented)
- 6) Appeals Process
- 7) COBRA Administration
- 8) HIPAA Compliance
- 9) Customer Service
- 10) Communications and Marketing
- 11) Reporting
- 12) Website Hosting and Maintenance
- 13) Compliance
- 14) Information Security and Emergency Procedures
- 15) Turnover Plan
- 16) Performance Guarantees and Penalties
- 17) Pre-Tax Adoption Assistance Program (if negotiated)
- 18) Samples

In developing a response to this RFP, the bidder is expected to have a mission consistent with excellence in service and describe any formal recognition for industry leadership. The bidder's proposal should also demonstrate an ability to accommodate the highly customized plan designs and unique needs of the FSA and, potentially, a Pre-Tax Adoption Assistance Program.

This informational chart below will provide bidders with typical annual Flex Spending Account data.

	FSA TOTAL	DCAA	HCSA
Plan Year	Jan 1 - Dec 31		
2014 Plan Year Enrollments	20,988*	8,996	15,259
Total 2014 Annual Elections	\$44,643,806	\$25,412,128	\$19,231,678
2014 Contribution Limits		\$5,000 max.	\$100 min. \$2,500 max.
DCAA Employer Contribution (if applicable)		variable	none

* Reflects employees enrolled in either the DCAA or HCSA, including 3,267 who are enrolled in both the DCAA and the HCSA.

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	FSA TOTAL	DCAA	HCSA
2014 Claims Payments Authorized	130,302	64,682	65,620
2014 Reimbursement Checks/Wire Transfers	131,167	64,579	66,588
Total Participants Using Direct Deposit	7,131	Not broken down by specific account	
Changes in Status Processed Annually		1,000	300
Typical Annual Customer Service Calls Received	34,000	Not broken down by specific account	
Eligibility Waiting Period for New Hires		None	60 days

In the event of a turnover resulting from this RFP, the responsibilities of the current contractor and the selected contractor during the transition period are outlined below:

When	Current Contractor Responsibilities
Jan-Dec 2017	Generate, send, and process weekly payroll files for Plan Year (PY) 2017
Mar 2016-Jun 2018	Full Open Enrollment (OE) and TPA activities for PY 2017
Mar-Aug 2017	For PY 2018, develop, design, print, and distribute: <ul style="list-style-type: none"> • Re-enrollment letter to all 2017 participants • Posters • Informational flyers (aka payroll stuffers) • Enrollment books (as requested by employees or directed by GOER) • Brochures (printing only)
Mar-Dec 2017	Conduct turnover activities with selected contractor
Through Apr 2018	Continue Customer Service for PY 2017 through run-out period
Through Apr 2018	Pay claims for PY 2017 through run-out period
Through Apr 2018	Handle appeals for PY 2017 through run-out period
Jan 2017-Jun 2018	Process COBRA for HCSA participants through PY 2017
Through Nov 5, 2017	Process 2017 online Change In Status (CIS) applications
Nov 17, 2017	Send final deduction files to OSC
Nov 24, 2017	Receive and process final files from OSC
Dec 31, 2017	Current contract end date
Apr-Jun 2018	Process PY 2017 Forfeitures
Jun 30, 2018	Close-out PY 2017

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When	Selected New Contractor Responsibilities
Jan 1, 2017	Anticipated date by which OSC approves contract with selected contractor
Jan-May 31, 2017	<p>Selected Contractor builds for PY 2018:</p> <ul style="list-style-type: none"> • Open Enrollment (OE) system • Pended Application system • Change In Status (CIS) system • Reimbursement Request Processing system • FSA website (including online DCAA and HCSA calculators, and potentially Pre-Tax Adoption Assistance Program) • Customer Service telephone system • Claims Reimbursement dedicated fax line • Intermittent file exchanges with OSC and system testing with GOER at several intervals to check progress • Customized reports
Mar 1, 2017	Deadline for Conceptual Design of OE, Pended Application, and CIS System
Mar-Dec 2017	Conduct turnover activities with current contractor
Jun 1, 2017	Demonstrate OE, Pended Application, and CIS System to GOER
Jun 1-Aug 31, 2017	GOER staff works cooperatively with the selected contractor to fully test the systems and identify the problems, errors, and weaknesses that require corrections and adjustments. The selected contractor immediately takes action to correct the identified problems and makes final corrections in order for each component of the System to be fully operational, successfully tested, and approved by GOER by September 1, 2017. Selected contractor makes final changes to the FSA website and online calculators. OSC conducts final test file exchanges with selected contractor.
Sept 1, 2017	Completed and Approved OE, Pended Application, and CIS system
Sept 8, 2017- Late-Oct 2017	<p>Activate PY 2018 FSA website:</p> <ul style="list-style-type: none"> • Receive weekly eligibility files from OSC • Activate PY 2018 online Open Enrollment/Pended Application systems • Conduct Open Enrollment for PY 2018

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When	Selected New Contractor Responsibilities
Mid-Nov 2017	Activate PY 2018 Change in Status/Pended Application system
Mid-Nov 2017- Mid-Dec 2017	Send Confirmation Letters: <ul style="list-style-type: none">• Make changes resulting from Confirmation Letter• Run early test file exchange of OE files with OSC
End Dec 2017	Send live files (DCAA, HCSA, and Employer Contribution) to OSC for 1 st deductions of PY 2018
Jan 1, 2018	Begin full TPA activities

2. Scope of Work

The Technical Portion of the bidders' proposals will be evaluated using the Scope of Work criteria found on pp. 16-64. Bidders must describe in detail how they will conform to the Scope of Work requested in this RFP.

In several areas of the RFP, bidders can receive additional points if they can provide desirable enhancements. These areas are clearly noted in the RFP. If the selected contractor subsequently fails to provide those enhanced services for which they received additional points, a financial penalty will be imposed as outlined in Section B.2.r Performance Guarantees and Penalties.

a. Mandatory Requirements

Bidders must attest and demonstrate through current documentation to the satisfaction of GOER that it meets the prerequisites stated below.

Bidders who do not meet these *mandatory requirements* will be considered non-responsive and their proposals will be removed from further consideration.

- i. The bidder must have a minimum of 10 years of experience and expertise in the full third party administration of Section 125 and Section 129 Cafeteria Plan benefit programs.
- ii. The bidder must have a minimum of 10 years of experience providing full third party administration services to large (minimum of 100,000 employees), multi-site employers and be capable of serving a geographically diverse employee population.
- iii. The bidder must have the capability to record, retrieve, and archive all Customer Service telephone calls, including enrollment and change in status applications submitted by telephone, which satisfies the New York State Finance Law requirements of obtaining authorization to take or adjust payroll deductions from employees who enroll, change or terminate their participation in the FSA by telephone, rather than by self-service through the FSA website.
- iv. For the term of the contract, the selected contractor must assign an account manager to oversee all matters arising in the administration and management of the FSA. The bidder must certify that the account manager will be fully authorized in writing to deal with the State; to negotiate with the State on all matters arising in administration of the program; and to make final decisions on all day-to-day matters, programmatic or administrative, arising from the operation of the FSA Program. The account manager will be responsible for coordinating and leading weekly conference calls between the selected contractor's appropriate departments and GOER to discuss and resolve both client

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and employee issues. The decision of the State will be final and controlling as to the meaning of any provision in these specifications. In addition, it will be the account manager's responsibility to ensure that all correspondence, reports, communications, etc. are directed to the respective program managers for the Health Care Spending Account and the Dependent Care Advantage Account.

- v. The bidder must guarantee that daily checkwrites and wire transfers (automated clearing house transfers) will take place every business day.
- vi. The bidder must guarantee to post and display in the selected contractor's system, viewable (read-only by SoNY) each biweekly salary deduction to each participant's account(s) by close of business on the day the file is received from the Office of the State Comptroller (OSC). OSC will send the file to the selected contractor before the start of the business day (usually between 12:00 midnight – 4:00 AM ET).
- vii. The bidder must guarantee same day processing and adjudication of faxed and online reimbursement claims that are received by 12:00 noon ET.
- viii. The bidder must guarantee to meet the payroll interface requirements with OSC as defined by Section B.2.d of this RFP. The bidder must be able to accept, transmit, and report all nine (9) digit Alpha/Numeric Employee ID Numbers (EMPLIDs) to identify NYS employees.
- ix. The bidder must guarantee to provide GOER real-time (read-only) online access to NYS participants' accounts to view their case history and detail including but not limited to: enrollment, actual biweekly payroll deductions for each benefit in which they are enrolled, account information, COBRA correspondence, COBRA elections, COBRA payments, customer service call records, and HIPAA authorizations as outlined in Section B.2.e Account Management.
- x. The bidder must guarantee to provide GOER real-time (read-only) online access to the reimbursement request processing system to view the history and detail for the following fields: type of claim for each benefit in which the participants are enrolled, date of claim submission, date(s) of service, amount of claim, date claim is approved or rejected, amount approved or rejected, reason for claim rejection, and for the HCSA, type of claim by medical expense category (e.g., copayment, dental, vision, orthodontia, hospital, laboratory, etc.).
- xi. The bidder must guarantee that the customer service operations that serve the FSA and its participants or eligible employees will not be

- subcontracted to a company or operation (including business partners) located outside of the United States. Additionally, any data collected must not be transmitted outside the United States.
- xii. The bidder must guarantee that the information technology operations that serve the FSA and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States. Additionally, any data collected must not be transmitted outside the United States.
- xiii. The selected contractor, as a condition of the contract resulting from this RFP, must provide GOER with an irrevocable Standby Letter of Credit (SLOC) that must be maintained in force and effect with GOER as required in Section G.2, of this RFP. Each bidder's proposal must include a statement that it is committed to providing the required SLOC and a statement as to how it will be provided. This statement must confirm the selected contractor as the applicant and be accompanied by a written commitment from a financial institution to provide GOER with the SLOC no later than 30 business days after notification from GOER that the contract has been approved by the OSC or September 1, 2017, whichever date is later. The SLOC must be irrevocably maintained for the duration of the contract. The applicant for the SLOC cannot be a subcontractor.

Bidders please note: All items that are listed as “the selected contractor is expected to” or “the selected contractor should” in this RFP are viewed as *mandatory deliverables* that the selected contractor must satisfy as part of the awarded contract resulting from this RFP.

b. Plan Document Review and Update

The selected contractor will be responsible for conducting a comprehensive legal review of New York State's current Section 125 Plan Document and making recommendations for improvements or changes, as appropriate. Such review shall include legal opinion and counsel for matters concerning both the DCAA and HCSA Plan Documents on an ongoing basis throughout the term of the contract, as changes to the Internal Revenue Code or other law may dictate.

The selected contractor will also be responsible for drafting the Plan Document for a Section 137 Pre-Tax Adoption Assistance Program, if that Program is negotiated. In addition, the selected contractor will be responsible for making recommendations for improvements or changes, as appropriate. Such review shall include legal opinion and counsel for matters on an ongoing basis throughout the term of the contract, as changes to the Internal Revenue Code or other law may dictate.

The selected contractor will be responsible for providing a comprehensive review of the annual open enrollment communications materials for compliance with the Plan Document, Internal Revenue Service (IRS) regulations, and federal tax laws, and will also be responsible for providing GOER with compliance or regulatory guidance on any complex matters that arise in the day-to-day administration of the FSA.

Due to the size and complexity of the New York State plan, the selected contractor will be expected to have access to legal counsel that would be made available to GOER staff on an as needed basis if awarded the contract. Any costs associated with hiring outside legal counsel will be the responsibility of the selected contractor.

Should a Pre-Tax Adoption Assistance Program be negotiated during the term of this contract, the selected contractor will be expected to provide all of the deliverables in the above mentioned paragraphs as well as provide assistance in incorporating the necessary updates to the current Plan Document to include Section 137 for pre-tax adoption.

c. Open Enrollment, Change In Status, and Pended Applications Management System (referred to as “System” throughout this section)

Using the attached Business Rules as a reference, the selected contractor will be responsible for providing a convenient, readily available, customized, user-friendly, completely paperless System comprised of three (3) components: Open Enrollment, Change in Status, and Pended Applications Management (*see Attachments J.5.a, J.5.b, and J.5.c*). The System is expected to include both an online and telephone process, and be able to interact with OSC, the State’s payroll office.

The selected contractor is expected to actively engage GOER as a resource in the conceptual design prior to and throughout the development of each component of the System and to obtain GOER’s approval at the completion of each of the three (3) phases of development according to the deadlines indicated below:

- Conceptual design of the System by March 1, 2017
- Demonstration of the System – the selected contractor is expected to fully test each component of the System to ensure functionality and conduct an interactive demonstration with GOER staff by June 1, 2017.
- Final System – On an ongoing basis between June 1 and August 31, 2017, GOER staff will work cooperatively with the selected contractor to fully test the System and identify the problems, errors, and weaknesses that require corrections and adjustments. The

selected contractor is expected to immediately take action to correct the identified problems. The selected contractor is expected to make final corrections in order for each component of the System to be fully operational, successfully tested, and approved by GOER by September 1, 2017.

OSC will provide a weekly eligibility file containing limited data of all employees who may be eligible to participate in one (1) or both benefits offered under the FSA (see Attachment J.1.a NPAY571). Among the fields included in the file are:

- Nine (9) digit Alpha/Numeric Employee ID Number (EMPLID)
- Department ID
- Bargaining Unit Code
- Pay Basis Code
- Pay Rate

Bidders: OSC will not provide Social Security Numbers or first and last names on the weekly eligibility file.

- i. Paperless Open Enrollment Component
In developing a response to this section of the RFP, bidders should refer to Attachment J.5.a, SoNY Open Enrollment Business Rules, which provides an understanding of the minimum level of customization required to create the open enrollment component for the Flex Spending Account. During open enrollment, the website, including the open enrollment application, will be available 24 hours per day, seven (7) days per week at least 99 percent of the time, calculated on a daily basis. **(Performance guarantee – not rated)**

During open enrollment, the selected contractor is also expected to:

- Confirm an employee's eligibility to participate in the benefit for which he/she has applied, using the weekly eligibility file provided by OSC. The FSA has established different eligibility criteria for the DCAA and HCSA, and the selected contractor is expected to apply the different criteria to each DCAA or HCSA enrollment application. For employees whose eligibility information duplicates that of one (1) or more employees, the selected contractor is expected to establish a process to uniquely identify the employees in order to process their applications (see Attachment J.5.a SoNY Open Enrollment Business Rules).
- Determine the amount of Employer Contribution (if applicable) for the DCAA based upon the employee's salary, employee work percentage, and bargaining unit. GOER will provide the Employer Contribution rates (if applicable) and eligible bargaining units to the selected contractor each plan year.

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- Determine a DCAA participant's total DCAA annual election. The current process for calculating DCAA contributions is the following: Participant's total annual election, less any Employer Contribution (if applicable), divided by the number of payrolls, equals the participant's biweekly DCAA deduction. For example: \$5,000 (total annual) - \$800 (Employer Contribution) = \$4,200 ÷ 24 (number of payrolls) = \$175 (biweekly deduction).
- Provide participants with real-time online access to their new plan year enrollment elections in order to make changes to those elections during the open enrollment period.
- Calculate the correct biweekly deduction for each employee based on the requested annual election, amount of the DCAA Employer Contribution (if applicable), FSA payroll deduction schedule, individual employee requests to reduce the number of annual deductions, and employee pay basis.
- Send an electronic acknowledgement to enrollees who apply online or provide an email address when enrolling by telephone.
- Record, retrieve, and archive telephone calls, including enrollment applications, which satisfies the New York State Finance Law requirements of obtaining employee authorization to take payroll deductions. (**Mandatory Requirement**)
- Mail a rejection letter to ineligible employees within two (2) business days after GOER electronically disapproves their applications. The selected contractor's letter is expected to include the reason for the employee's ineligible status. GOER requires prior approval of the contents of the rejection letter.
- Send email reminders (minimum of three (3) times) during open enrollment to remind current participants to enroll by the deadline.
- Mail a confirmation letter, with a start-up supply of reimbursement forms, to all eligible participants no later than the last week of November before the start of the new plan year or on a schedule to be mutually determined by GOER and the selected contractor. Confirmation letters are expected to specify the annual election amount, pro-rated biweekly deduction amount, Employer Contribution amount (if applicable), and the actual number of pay periods over which the deductions will occur. GOER requires prior approval of the contents of the confirmation letter.
- Process participants' confirmation letter corrections prior to transmitting the first payroll deduction file for the upcoming plan year to OSC on a schedule to be mutually determined by GOER and the selected contractor.
- Exchange test payroll deduction and Employer Contribution files (Administration and Institution) with OSC in December, prior to transmitting the first payroll deduction files of each new plan year. Errors on the file will be reported by OSC to GOER. GOER will

send corrections to the selected contractor, which will be required to correct its records prior to transmitting the first payroll deduction and Employer Contribution files for the new plan year.

- Post and display in the selected contractor's system, viewable (read-only) by SoNY the amount of the Employer Contribution (if applicable) to participants' accounts by the first business day of the new plan year. The State will deposit the amount of the Employer Contribution (if applicable) necessary to fund the accounts in the FSA bank account by December 31 of each year, prior to the start of each new plan year.
- For the four (4) manual agencies, whose employees are not paid from the State payroll system, contact the respective agencies directly to confirm participants' employment status, eligibility, and to initiate payroll deductions through their payroll offices.

ii. Paperless Change In Status Component

In developing a response to this section of the RFP, bidders should refer to Attachment J.5.b, SoNY Change in Status-New Hire Business Rules and Design Requirements, which provides an understanding of the minimum level of customization required to develop the Change in Status Component for the Flex Spending Account. For the Change in Status Component, the selected contractor is expected to:

- Program the Change in Status system to limit employees' choices of change in status (CIS) events to only those permitted under the respective HCSA and DCAA plans.
- Confirm eligibility for new hires and employees newly enrolling with a valid CIS event.
- Obtain required documentation of CIS events (HCSA only) prior to processing payroll deduction changes. For employees whose qualifying event is payroll related, the selected contractor should first contact GOER for confirmation of HCSA eligibility. For employees whose qualifying event is non-payroll related, or whose payroll-related qualifying event can't be verified through information contained in the eligibility files sent by OSC or by GOER, the selected contractor is expected to send a letter to the employee requesting documentation. The letter should provide examples of acceptable documentation for the employee's qualifying event, and include a deadline by which documentation must be received. The deadline is expected to be 30 days from the date the letter is mailed, unless a different deadline is otherwise agreed to between GOER and the selected contractor. A CIS application should be disapproved if the employee does not submit documentation by the deadline, and the selected contractor should send a disapproval letter to the employee. Documentation of qualifying events is expected to be retained for seven (7) years.

Documentation of CIS events is not required for the DCAA. The employee's electronic signature or verbal agreement for a telephone enrollment attesting to the validity of the CIS event satisfies the Plan's requirement.

- Determine the amount of Employer Contribution (if applicable) for the DCAA based upon the employee's salary, employee work percentage, and bargaining unit for new hires and employees newly enrolling with a valid CIS event. GOER will provide the Employer Contribution (if applicable) rates and eligible bargaining units to the selected contractor each plan year. The selected contractor will update the CIS system during the plan year at no additional cost to GOER as Employer Contribution rates or participation changes during the plan year.
- Determine a DCAA participant's total DCAA annual election. The current process for calculating DCAA contributions is the following: participant's total annual election, less any Employer Contribution (if applicable), divided by the number of remaining payrolls, equals the participant's biweekly DCAA deduction. For example: \$5,000 (total annual) - \$800 (Employer Contribution) = \$4,200 ÷ 10 (remaining payrolls) = \$420 (biweekly deduction).
- Provide participants with real-time online access to their CIS applications to make changes to their CIS information, within the rules established by the Internal Revenue Code and GOER.
- Accurately calculate new biweekly deductions for current plan year participants who experience a valid CIS event, based on the requested new annual election amount, contributions received to-date (including the DCAA Employer Contribution, if applicable), pending deductions already in process, and timing of the next available payroll cycle.
- Notify GOER immediately of all rejected payroll transactions and seek GOER assistance in resolving application rejection errors.
- Send an electronic acknowledgement to participants who apply online or provide an email address when enrolling by telephone.
- Record, retrieve, and archive telephone calls, including change in status applications, which satisfies the New York State Finance Law requirements of obtaining employee authorization to take payroll deductions. **(Mandatory Requirement)**
- Mail a rejection letter to ineligible employees within two (2) business days after GOER provides notification to the selected contractor indicating the reason for their ineligible status. GOER requires prior approval of the contents of the rejection letter.
- Mail a confirmation letter, with a start-up supply of reimbursement forms, to all approved CIS applicants prior to initiating their payroll deduction changes. Confirmation letters are expected to specify the annual election amount, pro-rated biweekly deduction amount, Employer Contribution (if applicable) amount, period of coverage,

and the actual number of pay periods over which the deductions will occur. GOER requires prior approval of the contents of the confirmation letter.

- Process the payroll deduction change for the appropriate payroll date for each CIS request.
- Post and display in the selected contractor's system, viewable (read-only) by SoNY the amount of the Employer Contribution (if applicable) to participants' accounts by the payroll date for which the CIS new enrollment takes effect. During the plan year, the Employer Contribution is deposited each pay cycle for eligible participants enrolling through the change in status process. The State will deposit the amount of the Employer Contribution necessary to fund the accounts in the FSA bank account prior to the start of the plan year and as necessary throughout the year.
- Stop processing CIS applications received after the GOER-prescribed cutoff date for each plan year.
- For the four (4) manual agencies, whose employees are not paid from the State payroll system, the selected contractor will be responsible for contacting the respective agencies directly to confirm participants' employment status, eligibility, and to initiate payroll deduction changes through their payroll offices.

iii. Pended Applications Management Component

In developing a response to this section of the RFP, bidders should refer to Attachment J.5.c, SoNY Group Administrator Pended Applications Management Specifications, which provides an understanding of the minimum level of customization required to manage pended open enrollment and change in status/new hire applications for the Flex Spending Account. Some applications are unable to be automatically processed for several reasons: no payroll record match; duplicate payroll records; negotiating unit 08 eligibility issues; and HCSA documentation due. For the Pended Application Management Component, the selected contractor is expected to:

- Create a function within the System to pend for further review and administrative action those applications that can't be automatically processed. Include a Search for Pended Applications page that enables GOER to sort pended applications by type, date, or EEMPLID of the applicant.
- Provide a process that enables GOER to match pended applications to the appropriate eligibility file payroll record and approve or disapprove applications. Unpending applications should then be processed against the same full eligibility rules that apply to non-pending applications.

- Allow GOER to make corrections to application information such as Department ID, bargaining unit code, and EMPLID that were entered incorrectly, thereby causing the application to pend.
 - During the plan year, for employees who have begun employment with the State but have not yet been assigned an EMPLID, the selected contractor will process the employee's change in status application by allowing the employee to submit a change in status application using a dummy EMPLID. Because the application cannot be processed without a valid EMPLID, the employee will receive an error message to call the selected contractor. The selected contractor will submit the application for the employee using a randomly selected dummy EMPLID number established in accordance with procedures agreed to by GOER and the selected contractor. The employee's application will pend in the selected contractor's system until the employee is assigned a valid EMPLID. GOER will unpend the change in status application at that time. The selected contractor will add the employee to the payroll file to begin deductions.
 - For HCSA CIS applications that require substantiation of the qualifying event, send a letter to the employee to request the appropriate documentation. The selected contractor should provide a reasonable timeframe for the documentation to be submitted by the employee. Employees who do not submit required documentation by the deadline should be sent a disapproval letter.
 - For all other unpend approved applications, complete the steps described in the Paperless Open Enrollment Component (see Section B.2.c.i.) and Paperless Change in Status Component (see Section B.2.c.ii.).
- iv. Update the Open Enrollment, Change in Status, and Pended Application Management Business Rules on an annual basis, or during the plan year upon request of GOER.

d. Payroll Interface

It is the State's intent that the selected contractor will be responsible for performing all payroll deduction management functions. The bidder must agree to and demonstrate its ability to perform the following functions:

- i. Interface with the New York State payroll system, in the format defined by OSC as outlined below. OSC operates the State payroll system. Because of the size of the State workforce, the payroll is split into two (2) alternating pay cycles. Employees of administrative agencies are paid every other Wednesday. On the other pay cycle, employees of the institutional agencies are paid every other Thursday, between administrative paydays. The selected contractor is required to submit two (2) payroll files each for the Administrative and Institutional pay

cycles. A total of 24 deductions per plan year will be taken for each payroll cycle. The two (2) files are the payroll deduction file for the 1) DCAA and HCSA, and 2) the Employer Contribution file for the DCAA. The selected contractor must be able to receive and send data electronically every week to the State payroll office and assign participants to the correct payroll group.

For the 2018 plan year, the first Institution payroll deduction will occur on January 4, 2018, and the first Administrative payroll deduction will occur on January 10, 2018.

This portion of bidders' proposals will be weighted to reflect the overall importance of the bidders' ability to interface with New York State's payroll system in the formats defined by OSC.

- TCP/IP: Transmission Control Protocol/Internet Protocol—OSC's secure file transfer protocol (FTP). The selected contractor is required to open a TCP/IP account. Instructions on how to do this will be provided to the selected contractor by OSC.
- Eligibility Validation: OSC will create a weekly eligibility file for the selected contractor to be used during the open enrollment period and throughout the plan year to process change in status applications for new enrollments and changes to current enrollments (see Attachment J.1.a NPAY571). The file format will contain employees who meet the eligibility criteria for participation in one (1) or both benefits offered under the FSA, including the following data:
 - Nine (9) digit Alpha/Numeric EMPLID
 - Department ID
 - Bargaining Unit Code
 - Pay Basis Code
 - Pay Rate
 - Employee Record Number
 - Employee Status
 - Employee Work Percentage
 - Action Code
 - Reason Code
 - Effective Date of Action
 - Pay Cycle
 - Employee Grouping Number

The selected contractor will be responsible for using the data contained in the eligibility file to determine each applicant's eligibility for the HCSA, DCAA, and DCAA Employer Contribution (if applicable), based on the established eligibility criteria for each benefit.

Bidders note: Each weekly eligibility file will bear a date and time stamp. OSC will not provide names or social security numbers on the eligibility file.

GOER will provide the selected contractor with a list of eligible and ineligible Department IDs and Bargaining Unit codes for each benefit.

- Payroll Data Exchange: To initiate, change, or terminate a deduction, the selected contractor will be required to submit a weekly interface to OSC no later than 5:00 p.m. ET, on each Thursday for HCSA and DCAA deductions (see Attachment J.1.d NBEN900), and by 12:00 noon ET, on each Friday for the DCAA Employer Contribution, if applicable (see Attachment J.1.g NBEN906). The interfaces must contain the following information:
 - Department ID
 - Name
 - Nine (9) digit Alpha/Numeric EMPLID
 - Pre-Tax Deduction Code (410 – HCSA; 428 – DCAA; 420 – EC)
 - Effective Date (NBEN900 only)
 - Deduction End Date (NBEN900 only)
 - Deduction Amount (the selected contractor **is required** to calculate the employee's election in biweekly increments)
 - Goal Amount (NBEN900 only).

OSC will provide payroll processing timelines indicating deduction effective dates, check dates, and file submission dates (see Attachments J.2.a-b for sample payroll calendars). GOER will also provide a listing indicating Department IDs and corresponding pay cycles.

In the event a participant's Employer Contribution is rescinded, rejected, modified, or reinstated, GOER will research and provide a written resolution to the selected contractor. The selected contractor is expected to update the affected participant's record in its system and with OSC through the Employer Contribution Payroll file process for the next available payroll.

- Testing between the selected contractor and OSC: To help ensure the success of the file transmission and accurate deduction processing, a three (3) to four (4) week testing period to be completed no later than July 31, 2017 will be required. Testing will include the successful transmission and receipt of an eligibility file, inbound interfaces, outbound reconciliation files, and generating the subsequent weekly payroll reports indicated in Section B.2.m. Reporting. If the selected contractor fails any stage of the payroll testing process, it will be required to repeat those payroll file exchange tests until OSC and GOER deem them successfully completed.

- ii. The selected contractor is expected to reconcile expected and actual payroll deductions and refunds on a weekly basis. OSC will provide the selected contractor with two (2) outbound reconciliation files. The first file, the Outbound Deduction Detail File (see Attachment J.1.b NPAY518) will contain employee deduction detail information, employee name, deduction amount, etc. The second file, the Change File (see Attachment J.1.c NBEN530) will identify employees who are participants and have had a change in employee status, termination, sick leave, etc. These files are created at the end of each payroll cycle. OSC will create a weekly Error Report for GOER (see Attachments J.1.e NBEN900A and J.1.f NBEN900 Error Messages) that identifies payroll transactions that are unable to be processed for a particular payroll cycle. GOER will resolve the rejections and report the changes to the selected contractor. The selected contractor will be responsible for taking appropriate and timely payroll action based on GOER's resolution.
- The selected contractor will report unresolved discrepancies (missed or unexpected deductions, missed refunds, unexpected negative deductions) to DCAA and HCSA staff on the defined weekly schedule for resolution in a timely manner.
 - GOER will send to the selected contractor's secure FTP site a written resolution, which, upon receipt, the selected contractor must use to immediately update the affected participants' accounts, payroll deduction information, and eligibility information.
 - As needed for DCAA Employer Contribution discrepancies, GOER will send to the selected contractor's secure FTP site a written resolution, which, upon receipt, the selected contractor must use to immediately update the affected participants' Employer Contribution and then resubmit on the next available Employer Contribution file.
- iii. Bidders should note that each of the four (4) manual agencies listed in this section will create and send separate weekly eligibility files to the selected contractor to be used during the open enrollment period and throughout the plan year to process change in status enrollments and deduction changes. The selected contractor will be responsible for establishing procedures to process separate automated or manual payroll files from each of the four (4) manual agencies. The current process is as follows:
- For Roswell Park Cancer Institute, an automated payroll file and copy of the payroll deduction deposit to the FSA bank account is sent to the current contractor's FTP site. An announcement email is also sent to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2016 plan year, 365 employees participate in the FSA.

- For the Energy Research and Development Authority (ERDA), an automated payroll file and copy of the payroll deduction deposit to the FSA bank account is sent to the current contractor's FTP site. An announcement email is also sent to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2016 plan year, 110 employees participate in the FSA.
 - For the Environmental Facilities Corporation (EFC), a manual payroll deduction process has been established whereby the agency sends a payroll listing and copy of the payroll deduction deposit to the FSA bank account to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2016 plan year, 32 employees on EFC's manual payroll participate in the FSA.
 - For the Liquidation Bureau, due to the small number of participants, a manual payroll deduction process has been established whereby the agency sends a payroll listing and copy of the payroll deduction deposit to the FSA bank account to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2016 plan year, 25 employees participate in the FSA.
 - The selected contractor will reconcile expected and actual deductions on a weekly basis by sending discrepancy reports to the manual agencies with a copy to the HCSA and DCAA program managers, respectively.
 - The selected contractor will reconcile payroll deduction deposits to the FSA bank account with the automated or manual payroll files received from each manual agency.
- iv. Refunds will be added to the employee's salary on a post-tax basis. The State will work with the selected contractor, on an ongoing basis, to identify the employees who are owed pre-tax refunds due to administrative errors. The selected contractor is expected to process refund requests from GOER within one (1) pay cycle and submit the refund request information to OSC via the NPAY515e Refund Detail File Layout (see Attachment J.1.i). The refunds will appear as a negative deduction on the selected payroll file from OSC. Upon receipt of the payroll file that confirms the refund was processed, the selected contractor will be responsible for updating the participant's account and eligibility information within two (2) business days. The selected contractor will also be responsible for notifying GOER on the weekly discrepancy report if the refund does not appear on the payroll file as scheduled.

- v. If applicable, the selected contractor is expected to perform DCAA Employer Contribution quarterly comparisons (see Attachment J.1.h NPAY570) to compare the selected contractor's election files with OSC's to ensure error-free W-2s, with the final quarterly comparison to be performed by mid-December. The file transfer process will be defined with the selected contractor. W-2s will be prepared by the State.
- vi. The selected contractor shall possess expertise in database system management, programming, and a variety of electronic media.
- vii. The selected contractor will maintain records of all participant account activity for the balance of the calendar year in which they were made and for six (6) additional years thereafter, in accordance with federal and state regulations.
- viii. The selected contractor will possess the ability and proven experience, flexibility, and creativity in dealing with large, complex systems.

e. Account Management

For the term of the contract, it is mandatory for the selected contractor to assign an account manager to oversee all matters arising in the administration and management of the FSA Program. The account manager should be fully authorized in writing to deal with the State; to negotiate with the State on all matters arising in administration of the program; and to make final decisions on all day-to-day matters, programmatic or administrative, arising from the operation of the FSA Program. The account manager will be responsible for coordinating and leading weekly conference calls between the selected contractor's appropriate departments and GOER to discuss and resolve both client and FSA participant issues. The decision of the State will be final and controlling as to the meaning of any provision in these specifications. In addition, it will be the account manager's responsibility to ensure that all correspondence, reports, communications, etc. are directed to the respective program managers for the Health Care Spending Account and the Dependent Care Advantage Account. **(Mandatory Requirement)**

- i. The selected contractor will assign a technical expert to whom GOER has direct access when needed.
- ii. The selected contractor will enter, track, and manage account information in an electronic database to monitor compliance within the FSA annual maximums or changes in the maximum as designated by the Internal Revenue Code or Federal law. In addition, the selected contractor is expected to monitor FSA annual plan minimums and maximums.

- iii. The selected contractor will provide GOER real-time (read-only) online access to NYS participants' accounts to view their case history and detail including but not limited to: enrollment, actual biweekly payroll deductions for each benefit in which they are enrolled, account information, COBRA correspondence, COBRA elections and COBRA payments, customer service call records, and HIPAA authorizations as outlined in Section B.2.e Account Management. **(Mandatory Requirement)**
- iv. The selected contractor will assign a staff person who reports to the account manager and is responsible for receiving and resolving escalated customer service calls from FSA participants, processing confirmation notice election changes after the annual open enrollment period, acting as a liaison to the appeals committee for FSA appeals, and processing documentation requests for HCSA CIS applications.

f. Debit Card Implementation (HCSA Only)

Currently, the FSA does not offer a debit card option for participants. However, the State reserves the right to issue debit cards to eligible HCSA participants during the term of this contract on a schedule to be determined later. The selected contractor is expected to assist GOER in the design and implementation of a debit card system. The bidder's Technical Proposal should fully describe its debit card program, including pre-funding requirements, as well as how it will address the specific requirements listed in this section of the RFP. Therefore, in addition, the **cost** portion of the bidder's proposal should include a separate debit card cost estimate (including **all** start-up costs, ongoing monthly or annual costs or fees) that will be included in the **overall** Cost Proposal for this contract. However, the monthly administrative fee for the total engagement that is negotiated with the selected contractor (see Budget Form) will exclude debit card costs, since GOER intends to negotiate a separate monthly administrative debit card fee with the selected contractor based on a later implementation date for the card.

Bidders should address each item below:

- i. Design and implement a debit card system on a schedule to be determined by GOER. If requested by GOER, provide educational materials to HCSA participants to explain how the debit card works. Bidders should note that GOER will **not** provide claims files from the New York State Health Insurance Program insurance carriers with which to retroactively adjudicate debit card transactions.
- ii. Describe any pre-funding requirements related to issuing debit cards to HCSA participants, including: (a) assumptions; (b) payment timeframes; (c) projected amount(s) based on the participation

information provided in Section B.1 Intent of the Request; (d) administrative processes; and (e) any other issues. It is GOER's intention that payment for pre-funding will be sent electronically to the selected contractor, and will be paid in accordance with the voucher and audit procedures established by OSC. GOER will work with the selected contractor to meet the requirements of OSC's voucher procedures.

- iii. Demonstrate the ability to limit the use of debit cards to HCSA participants of eligible bargaining units as determined by GOER. Debit cards may only be issued to, and activated by, HCSA participants in eligible bargaining units. The design of the program requires that debit cards only be provided to eligible participants who elect the card either during the annual open enrollment period or when enrolling with a Change in Status. The selected contractor is expected to be able to use the information provided by GOER to identify HCSA participants by bargaining unit.
- iv. Ensure that the debit card can only be used at merchant locations that comply with IRS rules including but not limited to: provider locations that use Medical Merchant Category Codes; pharmacies; and non-medical merchants that are in compliance with the IRS's Inventory Information Approval System (IIAS) requirements.
- v. Ensure that the debit card can be used for automatic claim substantiation of copayments or multiples of copayments as permitted by IRS rules. A copayment is defined as a patient's share of the cost of covered services that is a fixed dollar amount paid when a medical service is received, regardless of the total charge for the medical service. GOER will furnish the selected contractor with a list of acceptable copayment amounts, which is subject to change during the term of the contract. The selected contractor is expected to auto adjudicate copayment claims using the information provided by GOER.
- vi. Establish procedures, subject to GOER approval, to recoup improper payments made using a debit card. The procedures should include an agreed-upon timeframe and process for disabling a participant's debit card if repayment is unsuccessful. If requested by GOER, the procedures should also include a post-tax paycheck payback process to recoup ineligible or undocumented expenses.
- vii. Establish a procedure and timeframes, subject to GOER approval, for disabling the debit cards of participants who have ceased payroll contributions due to retirement, leave without pay, employment terminations, or other situations identified by GOER. GOER will notify the selected contractor when such employment changes take place.

- viii. Establish a procedure, subject to GOER approval, for disabling the debit cards of participants who are identified as having abused the debit card benefit. Abuse of the card includes, but is not limited to, failure to submit required substantiation of expenses, use of the card for ineligible dependents or expenses, and other situations determined by GOER. Such actions will be taken on a case-by-case basis with the approval of GOER.
- ix. Establish a procedure, subject to GOER approval, for handling lost or stolen debit cards. The procedure shall not require the direct involvement of GOER staff.
- x. Issue quarterly statements to debit card participants that list their debit card transactions for that time period. Statements should be mailed to the participant's address of record. Bidders should include a sample debit card quarterly statement in their proposals.
- xi. Specify the widely accepted credit card network that the bidder proposes to use for the debit card system.
- xii. Describe its ability to identify each participant who receives and activates a debit card, as well as the one-time, monthly, and/or annual issuance, activation and/or per transaction fees associated with each participant's debit card use. The bidder should also propose a process for charging such fees to participants, which would be subject to GOER approval.

g. Reimbursement

It is the State's intention that participants will submit reimbursement requests for appropriate expenses directly to the selected contractor, attaching any expense documentation required by the IRS and the Plan Document. Participants may submit claims in any amount as often as they wish during the plan year and subsequent runout period, which concludes on March 31 following the end of the plan year. Currently the State does not offer the extended grace period for either the DCAA or the HCSA, or the carryover provision for the HCSA. Beginning with the 2018 plan year, the State reserves the right to offer the extended grace period for either the DCAA, or the HCSA, or the carryover provision for the HCSA as permitted under IRS code. The selected contractor is expected to be able to implement these additions to the benefits should the State choose to offer them. The selected contractor is expected to agree to and be capable of meeting the following requirements:

- i. Provide printed DCAA and HCSA reimbursement request forms, HCSA letter of medical need forms, other HCSA-related special forms, and direct deposit forms to employees upon their request. The selected contractor should also make available fillable PDF reimbursement

request forms that can be downloaded by employees from the FSA website.

Maintain an adequate supply of check stock and direct deposit receipt stock. GOER requires prior approval on the content of all forms distributed to FSA participants. To view forms currently in use, visit www.flexspend.ny.gov.

Bidders who can offer an online claim submission process, including acceptance of an electronic signature, and have the capacity to receive a reimbursement request form plus multiple pages of receipts, of no less than five (5) pages, will receive additional point(s). The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

Bidders who can offer a smart phone claim submission app with acceptance of an electronic signature and have the capacity to receive a reimbursement request form plus multiple pages of receipts, of no less than five (5) pages, will receive additional point(s). The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

- ii. Be solely responsible for receiving and verifying reimbursement requests and issuing reimbursements to plan participants as allowed by IRS regulations and the Plan.
- iii. Establish a reimbursement request processing system that is fully tested by the selected contractor and conduct a demonstration for GOER staff by June 1, 2017. GOER will conduct comprehensive testing during July 2017. The selected contractor is expected to make final corrections in order for the reimbursement request processing system to be fully operational, successfully tested, and approved by GOER by September 1, 2017.

The selected contractor will provide GOER real-time (read-only) online access to the reimbursement request processing system to view the actual claim form, history and detail for the following fields: type of claim (DCAA or HCSA), date of claim submission, date(s) of service, amount of claim, date claim is approved or rejected, amount approved or rejected, reason for claim rejection, and for the HCSA, type of claim by medical expense category (e.g., copayment, dental, vision, orthodontia, hospital, laboratory, etc.). **(Mandatory Requirement)**

Ensure that 95 percent of all claims are processed within three (3) business days after submission, and that 100 percent of all claims are processed within five (5) business days.

The selected contractor must guarantee same day processing of faxed and online reimbursement claims that are received by 12:00 noon ET. **(Mandatory Requirement)**

- iv. Allow DCAA participants to submit reimbursement requests up to 30 days prior to the last date of service indicated on the claim. The selected contractor will hold such reimbursement requests until the dates of service have elapsed before processing payment or rejecting the claim.
- v. The selected contractor must guarantee that daily checkwrites and wire transfers (automated clearing house transfers) will take place every business day. **(Mandatory Requirement)**
- vi. Establish and maintain procedures with the banking institution designated by the State for daily checkwrites and direct deposit wire transfers of participants' reimbursements. New York State owns and maintains the FSA bank account at KeyBank that is used to fund FSA reimbursements and all claims checks that are drawn against the account. OSC is responsible for transferring deduction monies from a short-term investment pool fund to the KeyBank account as often as needed.
- vii. Mail a written notification to a participant within two (2) business days if a claim is rejected, including a clear explanation for the rejection, or if a claim is authorized for an amount different than that requested by the participant.
- viii. Mail reimbursement check stubs or wire transfer receipts that show an ongoing summary of each participant's account, including year-to-date total deposits, year-to-date total reimbursements, year-to-date totals of authorized claims, and balance of outstanding claims. The reimbursement check stub will reflect dates of service for the reimbursement check or wire transfer. The format and appearance of this information should be easy to read and understand. In the event that a participant is enrolled in both accounts, the selected contractor shall issue a single check stub that includes the aforementioned information for both accounts.
- ix. Mail quarterly statements to each participant that reflect participant and employer deposits, reimbursements and dates of service for such reimbursements, account balance and outstanding authorized claims.

If a participant is enrolled in both benefits, one (1) quarterly statement will be mailed that reflects the individual information for each account. Each quarterly statement will also contain an appropriate and timely general message to participants, as required by GOER. The third quarterly statement will remind participants of the “use-it-or-lose-it” clause. The fourth quarterly statement issued to each participant at the end of the plan year should include the account balance and a reminder of the “use-it-or-lose-it” clause and 90-day runout period for the submission of claims for expenses incurred during the preceding plan year. Statements should be mailed to participants within three (3) weeks after the posting of the final payroll deduction for the calendar quarter.

Bidders who can also send electronic quarterly statements to participants who elect this method and provide valid email addresses will receive additional point(s). The contract with the selected contractor will incorporate the enhanced services that are included in the bidder’s proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

- x. By February 15 following the end of the previous plan year, mail letters to all participants who have balances of at least \$50 to remind them to submit claims by the end of the runout period. Each reminder letter should be customized with the participant’s name and account balance. Throughout the runout period, the selected contractor will provide reports of outstanding account balances for all participants upon the request of GOER. For the 2014 plan year approximately 1,900 DCAA forfeiture letters were generated and for the HCSA approximately 3,900 forfeiture letters were generated.
- xi. Establish a toll-free fax number to be used solely by FSA participants for faxing reimbursement requests. Provide a sufficient number of high-capacity fax machines, or a high-capacity e-fax system, served by an adequate number of dedicated fax lines to handle the call volume, particularly the heavy volume experienced during the runout period following the end of each plan year. The fax machines are to be used solely by FSA participants for faxing reimbursement requests. Upon receipt of the monthly billing for the toll-free fax telephone lines, GOER will remit payment to the selected contractor.
- xii. Accept faxed and online reimbursement requests as originals.
- xiii. Ensure compliance with all HIPAA regulations by receiving and maintaining all reimbursement requests in a secure office setting or storage facility with limited staff access. The destruction of old reimbursement request documents should be conducted using a

- secure process in compliance with privacy regulations and security policies.
- xiv. Establish procedures for direct deposit of reimbursements into the checking or savings accounts of participants, including back-up procedures in the event an electronic transfer of funds fails, no later than November 1, 2017.
 - xv. Establish computer system checks and procedures to ensure that no participant exceeds his or her annual election amount, as well as the limits set by the Plan Document, Federal law, and the Internal Revenue Code. For the DCAA, if a reimbursement request is submitted for an amount greater than a participant's account balance, pay the amount in the account immediately and then pay the remainder of the claim as additional funds are deposited to the account. For HCSA participants who have two (2) or more periods of coverage during a plan year, ensure that total reimbursements for that plan year do not exceed the highest annual election amount of any of those periods of coverage.
 - xvi. Establish a process to adjudicate HCSA claims after the fact to substantiate the eligibility of expenses reimbursed through a debit card (see B.2.f Debit Card Implementation).
 - xvii. Establish procedures for issuing refunds in appropriate situations as requested and approved by GOER.
 - xviii. Establish stop-pay, void, and stale-date check procedures as approved by GOER.
 - xix. Establish a procedure, subject to GOER approval, to accept claims documentation submitted after the end of the runout period, if the late submission was not the fault of the participant.
 - xx. Provide the GOER program managers with a monthly reconciliation of the FSA's bank account with the selected contractor's accounting records, due within 30 days of receipt of the bank statement.
 - xxi. Provide GOER with ad hoc reports upon request that summarize the total amount of HCSA claims paid for a specified time period by category of medical expense. The report is not expected to include participant-specific detail.
 - xxii. Provide a yearly third-party audit of the selected contractor's operations, and submit the results to the State within 120 days of the plan year audited or within 120 days of the State's request for an audit.

The State reserves the right to approve the auditor selected. The State may waive this requirement during any such time period for which the State conducts its own audit.

- xxiii. Comply with and implement instructions given by GOER for the disposition of any balances in participants' accounts following the close of each plan year's runout period. It is the intent of GOER that forfeitures will be used to offset the administrative costs of the program for the subsequent plan year.

h. Appeals Process

The State established the FSA to provide a valuable benefit for its employees. It is expected that the program will be administered in compliance with IRS regulations and the FSA Plan Document, and in a manner that will provide quality, timely, and equitable service to every plan participant. Pursuant to this expectation, all participants shall have access to an approved appeals process. An appeal is a written request for administrative review of a plan decision or administrative action (for example, rejected claims, enrollment applications, etc.). Any request that is denied in full or in part has the right to the appeal process. GOER requires final review and approval of any recommendations before action is taken on individual participant's requests. The bidder's Technical Proposal should fully describe how it will:

- i. Establish, subject to GOER approval, a process with mutually agreed upon time frames to address the following appeals from participants: claims that are rejected or denied in whole or in part; claims that are not processed in a timely fashion; accounts that are misstated; reimbursement checks or direct deposit transfer of funds that are delayed or incorrect; enrollment errors; missed deadlines; disagreement in interpretation of basic IRS regulations; any written complaint; and any other grievances against the selected contractor or Plan.
- ii. Notify the HCSA and DCAA program managers, respectively, within three (3) business days of receipt of each appeal and prior to issuing a decision on each appeal. GOER expects to review and approve each appeal decision letter before the selected contractor sends it to the participant.
- iii. Notify the HCSA and DCAA program managers, respectively, within three (3) business days in the event that any participant appeal or request cannot be handled within the day-to-day scope of the selected contractor's appeals unit.
- iv. Report quarterly to the HCSA and DCAA program managers, respectively, on the status of all appeals submitted for the plan year.

The report should include sufficient detail about the nature of each appeal and the rationale for each appeal decision.

i. COBRA Administration

The bidder's Technical Proposal should fully describe how it will administer and ensure compliance with all aspects of the Consolidated Omnibus Budget Reconciliation Act (COBRA) requirements that pertain to the HCSA portion of the FSA. The selected contractor is expected to solely administer all aspects of COBRA for the HCSA. The selected contractor's responsibilities include, but are not limited to:

- i. Mailing COBRA notices to COBRA-eligible participants. As part of the payroll discrepancy reconciliation process, GOER will send a transaction summary list to the selected contractor each week that includes a record of all HCSA participants who experienced a COBRA-qualifying event during the current payroll cycle. The selected contractor is expected to review the account histories of each of the participants on the list to determine if they are eligible to continue their HCSA coverage through COBRA.

Bidders who propose to create customized COBRA notices for FSA participants will receive additional point(s). The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

- ii. Process COBRA payments received from participants on a biweekly basis at a minimum so that the participant's account balance is updated within 10 business days of receipt of each payment.
- iii. Weekly COBRA reports to GOER that include, at a minimum, the name and nine (9) digit Alpha/Numeric EMPLID of each HCSA participant who experienced a COBRA qualifying event, the date COBRA notices are sent to participants, COBRA elections, and monthly premium amounts. The report should also include confirmation that the participant's eligibility and account information has been updated after each COBRA payment is received.
- iv. Ensure that HCSA period of coverage information for participants who elect COBRA and make timely COBRA payments is updated in the selected contractor's account system within 10 business days of receipt of the payment. If the participants elect COBRA-coverage by the stated deadline and remit COBRA premiums by the monthly deadline, their account eligibility is extended on a month-by-month basis as each monthly COBRA premium is received. It is GOER's expectation that participants who extend their HCSA coverage by

making COBRA payments should experience prompt and accurate processing of claims for eligible expenses incurred during their extended period of coverage.

- v. Notify GOER within 10 business days of receipt of each COBRA payment.
- vi. Promptly transmit processed COBRA payments to GOER for deposit to the FSA bank account. Payments should be sent to GOER within 30 calendar days of receipt by the selected contractor, and should be accompanied by a detailed listing of each participant who made COBRA payments for that month, including the amount of each individual COBRA payment.
- vii. Establish a quarterly quality assurance review or audit process to compare COBRA payments received from participants against the participants' HCSA account information to ensure that each payment has been accurately recorded and their period of coverage has been properly extended.

j. HIPAA Compliance

By submitting a proposal, the selected contractor certifies agreement to comply with these requirements and the responsibilities outlined in this section of the RFP. These requirements are not considered part of the rating criteria and therefore, will not be evaluated by the Selection Committee.

It is GOER's intent that the selected contractor will be responsible for ensuring that the FSA is in compliance with Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. The selected contractor's responsibilities will include, but are not limited to:

- Train selected contractor staff on HIPAA requirements.
- Establish procedures for ensuring the confidentiality of participants' personal, enrollment, and claims information.
- Ensure compliance with HIPAA privacy and security rules, including breach notification requirements.
- Provide HIPAA certification of selected contractor-administered HCSA coverage if required by law or regulation.
- Monitor staff adherence to HIPAA policies and procedures.
- Prepare and enter into a Business Associate Agreement with GOER prior to contract execution.
- Advise GOER on the requirements of and changes to the HIPAA regulations.
- Provide GOER with all HIPAA-covered participant information upon request and without limitation.

- Mail annual HIPAA notice of privacy practices to plan participants in accordance with federal law or regulation.
- Provide participants with HIPAA authorization forms upon request, and update the participants' account information with any HIPAA authorizations submitted by the participants.

k. Customer Service

Bidders should demonstrate their ability to:

- i. Provide accurate, efficient, courteous, and high quality customer service to all participants and prospective participants. Customer service should be easily accessible to participants, with customer service representatives having the ability to gain immediate access to a participant's account to verify enrollment information including annual and per payroll deduction amounts and plan effective dates. In addition, representatives are expected to have immediate access to deposit information, the date a claim is received by the selected contractor, dates of service for the claim, claim authorizations, amounts and dates of reimbursements processed, and account balances. Proposals should also include the capability for participants to have online access to their account information through the selected contractor's secure website.
- ii. GOER has established a toll-free telephone number for the FSA. Calls to the hotline will be routed by the State to the selected contractor's phone system. The selected contractor will be responsible for customizing the greeting that New York State callers will hear, subject to GOER approval.

Bidders whose telephone system can inform callers of the estimated wait time will receive additional point(s). The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

- iii. By September 1, 2017, ensure the toll-free customer service hotline and Telecommunications Devices for the Deaf (TDD) line are adequately staffed such that callers reach a customer service representative rather than a voicemail system at least twelve hours per day covering the core hours of 8 AM through 5 PM ET, Monday through Friday, excluding legal holidays observed by the State. The hotline should be completely tested, fully operational, and approved by GOER by the September 1, 2017 deadline.

Bidders who propose to provide extended hours of accessibility, to answer New York State calls will receive additional point(s).

The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

Bidders who propose to provide a dedicated team to answer New York State calls will receive additional point(s). The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

- iv. Provide multiple modes of participant access to customer service (telephone, U.S.P.S. mail, email, Internet, mobile app, etc.), including the ability to communicate effectively with Spanish-speaking employees.
- v. Provide a guarantee that at least 99 percent of incoming calls to the selected contractor's voice response unit (VRU) will be answered within seven (7) seconds. (**Performance Guarantee – not rated**)
- vi. Provide a guarantee that at least 90 percent of the incoming calls to the toll-free hotline will be answered by a customer service representative within an average of 90 seconds, calculated on an annual basis. The percentage of incoming calls in which the caller disconnects before the call is answered during regular business hours will not exceed five (5) percent. The measurement will not include calls abandoned in less than 20 seconds. The telephone abandonment rate shall be measured and reported to GOER monthly. The percentage of incoming calls in which the caller receives a busy signal will not exceed zero (0) percent. (**Performance Guarantee – not rated**)
- vii. The selected contractor is expected to ensure that customer service representatives are knowledgeable and properly trained in program rules and regulations specific to the FSA. The selected contractor will re-train the representatives prior to the annual open enrollment period and during the plan year as necessary to provide a refresher on the plan rules and enrollment processes and procedures.
- viii. The selected contractor is expected to assign an adequate number of customer service representatives to handle the volume of FSA participant calls. The current contractor receives an average of 3,500 calls per month from NYS participants.

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- ix. The selected contractor is expected to develop an email system whereby employees may ask questions and be responded to in free form and pre-developed responses approved by GOER. This email system also is expected to allow for responses back to the selected contractor.
- x. The selected contractor is expected to document in their main database each incoming telephone call or request received from participants at the time it is received in the individual participant's account record. Outgoing calls made by staff to respond to participant inquiries or to resolve escalated issues, and telephone calls received from state employees who are non-participants shall also be documented in a similar fashion. Archived records must be available for retrieval for a period of not less than seven (7) years in accordance with federal and state regulations.

It is required for the selected contractor to have the capability to record, retrieve, and archive telephone calls, including enrollment and change in status applications submitted by telephone, which satisfies the New York State Finance Law requirements of obtaining authorization to take or adjust payroll deductions from employees who enroll, change or terminate their participation in the FSA by telephone, rather than by self-service through the FSA website (***Mandatory Requirement***).

- xi. The selected contractor is expected to ensure the accuracy of the information being provided, by reviewing a random sample on a weekly basis, via each of the customer service representatives' recorded calls, and email responses. Customer service representatives who fail the training standard must receive appropriate coaching.
- xii. The selected contractor is expected to respond promptly to GOER's occasional requests to retrieve and listen to specific calls as GOER monitors customer service or requires verification to resolve escalated participant issues.
- xiii. The selected contractor is expected to establish and maintain a system to provide responses to telephone and email inquiries (including forms requests) within one (1) business day and resolve problems within two (2) business days.
- xiv. The selected contractor is expected to develop, distribute, and report the results of an annual Participant Satisfaction Survey from a random sampling of 10 percent of participants that covers every department ID and negotiating unit. The survey requires GOER approval prior to distribution. The survey must include a proportionate sampling of

participants with email addresses and without email addresses and be distributed electronically and via U.S. mail accordingly. The annual survey should be distributed in February with results reported to GOER by May 31 annually during the term of the contract.

- xv. The results of the Participant Satisfaction Survey are expected to meet a 90% participant satisfaction rate for each year surveyed.
(Performance Guarantee – not rated)

I. Communications and Marketing

Outreach is a critical component in ensuring that state employees are made aware of the existence of this program, and properly educated about the program rules and benefits. The selected contractor is expected to develop a marketing campaign, approved by GOER, incorporating a flexible approach to respond to the changing policies, needs, and population of the State of New York and its employees. The selected contractor is expected to promote the FSA with creativity on an ongoing basis to increase participation among state employees. In addition, effective communication is essential in ensuring that participants are provided with the information and tools necessary to fully utilize the benefit in which they are enrolled. The selected contractor is expected to:

- i. Assist GOER with an annual marketing campaign targeted to increase participation among state employees.
- ii. Develop, design, print, and distribute all marketing materials customized for the FSA. All educational or promotional materials sent to state employees or state agencies are required to identify both the State and the participating unions as the funding source and include the State's branding and copyright, if applicable. GOER requires prior approval on the design and contents of all promotional material.

For purposes of completing the Supplemental Worksheet 2 – Communications and Marketing, the selected contractor will be expected to produce annually the following marketing materials assuming the quantities and specifications listed below:

- 1,600 11 x 17, color, folded 32-page detailed enrollment booklets,
- 95,000 8½ x 11, color, folded informational flyers to be distributed to each state employee via 240 agency payroll offices,
- 4,250 11 x 17, color open enrollment posters to distribute to 260 agency worksites,
- 4,250 11 x 17, color CIS/NH posters to distribute to 260 agency worksites,
- 9,000 10½ x 16, color gatefold brochures,
- 500 8½ x 11 one (1) page cover letters, and

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- Over the course of the five (5)-year contract period, design up to three (3) ad hoc (two (2)-page maximum) promotional pieces in PDF format, suitable for electronic distribution to the state employee population. The ad hoc pieces will not be printed.

Postage/mailing costs associated with distributing marketing materials to employees and state agencies are part of the contract costs, and will not be billed separately. GOER anticipates the need for hard copy printed materials will diminish over the life of the contract. As email becomes an increasingly viable means to reach most employees, the selected contractor will design and develop materials and then provide them in PDF and text-only versions which GOER can email to state agencies. While bidders are requested to include printing and mailing costs in their Cost Proposal for specified quantities of materials, the actual quantities will have to be authorized annually by GOER. GOER reserves the right to negotiate a reduced cost paid per participant based on the savings from reduced printing and mailing costs as identified in the selected contractor's Cost Proposal (Supplemental Worksheet (2)).

- iii. Provide 2,500 low-cost (not to exceed \$3.50 per unit) promotional items, suitable for the workplace, delivered annually for GOER's use at agency benefit fairs, union conventions, and employee meetings. Provide a new promotional item for each year of the contract period. Promotional items are expected to include the NYS and FSA's customized program branding on each item, and must be approved by GOER prior to ordering and production. All promotional items are expected to be made in the U.S.A.
- iv. Print and mail an annual four (4)-page, 8½ x 11 double-sided letter to participants reminding them of the need to re-enroll during the annual open enrollment period. GOER will be responsible for drafting the contents of the letter.
- v. Provide a supply of separate reimbursement request forms for the DCAA and HCSA, direct deposit forms, letter of medical need forms, and other HCSA-related forms in sufficient quantity to provide to participants prior to the start of the new plan year, as well as to fulfill requests from participants during the plan year. The forms will be customized to GOER's specifications, and require GOER's approval prior to distribution.
- vi. GOER must review and approve all forms, marketing materials, and communications produced by the selected contractor prior to distribution to FSA participants, eligible employees, or state agencies. All costs of marketing materials and distribution to FSA participants,

eligible employees, or state agencies will be the responsibility of the selected contractor.

m. Reporting

Monthly, quarterly, annual, and other periodic reporting will be a condition of payment for services rendered. GOER staff will meet with the selected contractor to finalize reporting details including the format, number of reports needed, and other specifics. Reports containing confidential or sensitive information shall be provided in electronic format in compliance with the GOER Data Security Policy, as described in Section H.5 of this RFP, which includes password protection, transmission to GOER through the selected contractor's secure FTP site, or other mutually agreed upon security measures. The selected contractor is expected to provide sample reporting documents and indicate their ability to provide all of the information required below:

- i. Timely provision of any information or forms required by the IRS to each participant.
- ii. Prior to submitting the weekly payroll file to OSC, the selected contractor will generate an electronic payroll file report (aka Tape Dump) to GOER for review and approval. This report will contain HCSA and DCAA participants who are enrolling, changing, or terminating their account(s) and will include the participants' name, nine (9) digit Alpha/Numeric EMPLID, agency code, and bargaining unit.
- iii. Prior to submitting the weekly DCAA Employer Contribution file to OSC, the selected contractor will generate an electronic payroll file report (aka 420 Tape Dump) to GOER for review and approval. This report will contain the name, nine (9) digit Alpha/Numeric EMPLID, agency code, and Employer Contribution amount of participants who are enrolling in the DCAA during Open Enrollment or with an eligible Change in Status event.
- iv. The selected contractor is expected to provide the following payroll interface reports on a weekly basis: (see B.2.d Payroll Interface).
 - Unresolved Payroll Rejection Report
 - Each Friday OSC makes available to GOER the Payroll Rejection Report for research and resolution. GOER will send to the selected contractor a resolution, which, upon receipt, the selected contractor must use to immediately update the affected participants' records, accounts, payroll deduction information, and eligibility information so that the updates take effect appropriately for the participants' next paycheck.

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- NBEN 530 – Change File
 - By 12:00 Noon ET each Friday the selected contractor will receive the NBEN 530 change file from OSC. For the DCAA, the selected contractor must review this report and incorporate the reported changes to immediately update the affected participants' records, accounts, and payroll deduction information. This information will then be reported to GOER in an Excel spreadsheet for verification so that the updates take effect appropriately for the participants' next paycheck. For the HCSA, the selected contractor must review the NBEN530 change file report and only update name changes, Department ID changes, and bargaining unit changes in the affected participants' records and accounts. At the discretion of GOER, the selected contractor may, during the course of the contract, be requested to provide weekly reports of changes to HCSA staff.
- Unresolved Payroll Discrepancy Report
 - By 12:00 Noon ET each Friday the selected contractor must send a Payroll Discrepancy Report in an Excel spreadsheet to GOER for research and resolution. Separate reports for the HCSA and DCAA are required to be sent to the respective GOER staff who oversee the two (2) benefits. GOER will send to the selected contractor a written resolution for each discrepancy usually within one (1) business day, upon receipt of which the selected contractor must immediately update the affected participants' records, accounts, payroll deduction information, and eligibility information so that the updates take effect appropriately for the participants' next paycheck.
- v. Weekly reports (aka Change in Status Application Reports) for GOER review and approval reflecting change in status requests processed for HCSA and DCAA participants. Separate reports for the HCSA and DCAA are required to be sent to the respective GOER staff who oversee the two (2) benefits. The contents of and information required to be included in the reports will be determined by GOER and communicated to the selected contractor.
- vi. Upon implementation of the debit card, monthly debit card utilization reports to GOER that include, at a minimum, the number of activated debit cards, total dollar amount of claims submitted using the debit card, number of lost or stolen debit cards, and number of cards de-activated due to participant misuse.
- vii. Monthly claims reports to GOER showing the number of claims received and processed, claims disposition, the number of claims rejected, any claim adjustments made after initial disposition, number

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and percent of claims paid from the date of receipt with a year-to-date total, and average number of days elapsed in processing claims. The report should reflect separate data for the HCSA and DCAA.

- viii. Monthly customer service reports to GOER that include the number of FSA calls received, average waiting time for calls to be answered, the number of abandoned calls, and the nature of the participant inquiry (e.g., account balance, claim reimbursement, complaint of service, request for information, response time, action taken, etc.).
- ix. Monthly reconciliation with the FSA bank's monthly statements. The monthly reconciliation reports will be due to GOER within thirty days of the selected contractor's receipt of statements from the bank.
- x. Annual stale-dated check report to GOER. After one (1) plan year's runout period has ended (for example, Plan Year 2015), all checks outstanding for the previous plan year's (for example, Plan Year 2014) reimbursements will be cancelled and the total amount of the stale-dated checks will be reflected as a credit against the selected contractor's next monthly administrative invoice. The report should separately identify the stale-dated checks associated with the HCSA and DCAA.

Please Note: The selected contractor is reimbursed for the amount of the credit from the FSA bank account and is, therefore, held harmless.

- xi. Quarterly transaction summaries to GOER showing, by participant, total amount of deposits, total amount of reimbursements, and account balance. The report should reflect separate transaction summary data for the HCSA and DCAA and should be downloadable to an Excel 2013 or earlier version spreadsheet.
- xii. Quarterly report to GOER containing the results of quarterly comparison tests performed on the DCAA Employer Contribution comparing the selected contractor's election files with OSC to ensure error-free W-2s (see Section B.2.d.v). For the manual agencies, the selected contractor is expected to perform quarterly comparison tests on the DCAA Employer Contribution and work with the respective manual agencies to resolve and correct any discrepancies to ensure error free W-2s.
- xiii. At GOER's request, produce separate forfeiture reports for the HCSA and DCAA with periodic updates throughout the FSA runout period. The reports shall include run date, participant names, nine (9) digit Alpha/Numeric EMPLID, Department ID, Bargaining Unit code, election amount, Employer Contribution amount, whether or not the participants

were enrolled only for the Employer Contribution, plan year contributions, claims paid amount, and account balance. The reports should be downloadable to an Excel 2013 or earlier version spreadsheet.

- xiv. Provide real-time (read-only) online aggregate and detailed utilization reports (breakdown based on Bargaining Unit; Department ID; participation in DCAA, HCSA, or the DCAA Employer Contribution) from the selected contractor's database accessible to GOER upon demand. Provide other utilization reports upon GOER's request.
- xv. Quarterly or periodic review of legislative and IRS updates and other information pertaining to cafeteria plans.
- xvi. Make available upon request and within a mutually agreed upon timeframe all books, records, data, accounts information, or other items or systems pertaining to the FSA for state audit.
- xvii. Annually report on the FSA in a format approved by GOER, summarizing plan participation and activity levels, forfeiture amounts, and incorporating trend analysis and the data generated by the foregoing reports and annual participant survey.
- xviii. Prepare and file any tax forms in accordance with law or regulation in a timely fashion. Non-discrimination testing will be performed annually by the State, and the results will be forwarded to the selected contractor.
- xix. Design and develop a report, in an Excel 2013 or earlier version spreadsheet, by bargaining unit, that details the number of DCAA participants, the total dollar amount of Employer Contribution expended to date, and the number of DCAA participants enrolled only for the Employer Contribution to date. Additionally, this report will include the data for both the current plan year and the prior plan year.
- xx. At GOER's request and in a format approved by GOER, prepare ad hoc FSA reports for the HCSA, DCAA, or both programs. Reports will be due within two (2) business days of the request.

n. Website Hosting and Maintenance

The selected contractor is responsible for hosting and maintaining the contents of the FSA website. The website will be available 24 hours per day, seven (7) days per week, at least 99 percent of the time calculated on an annual basis. **(Performance Guarantee – not rated)** GOER will retain ownership of the domain name and website content. The selected contractor may not change the format of their software without the concurrence or mutual agreement with GOER. For information purposes, the current website

may be viewed at www.flexspend.ny.gov. The selected contractor is expected to comply with all applicable New York State policies pertaining to state-sponsored website design and development at the time the website is established. *Bidders should note that New York State's accessibility requirements are more stringent than federal accessibility standards.* GOER will work with the selected contractor to provide an understanding of the State's requirements. The selected contractor is expected to keep pace with technology changes. If during the term of this contract reliable new technology emerges suitable for use by the FSA participants, it will be considered within the scope of this RFP for the selected contractor to accommodate the new technology. The selected contractor is also expected to:

- i. Provide sufficient space on a server(s) to host the website. In developing a customized website, the selected contractor is expected to adhere to the NYS policy for website accessibility according to the policy in effect at the time the website is designed, and as modified thereafter. At present, the applicable policy is [NYS ITS Technology Policy P08-005](#).
- ii. Designate a web master who will be the primary point of contact directly with GOER for all website matters, and who is authorized to post the updates requested by GOER. The web master is expected to have the necessary technical skills and expertise to perform all required web services.
- iii. The selected contractor is expected to update the contents of the FSA website annually prior to the annual FSA open enrollment period, and on an ongoing basis throughout the plan year upon the request of GOER. All text changes will be supplied by GOER, and GOER expects to review and approve all changes on a test website before the changes are posted to the live website. Annual updates include the HCSA and DCAA online calculators. PDF versions of the annual enrollment booklet, brochure, and informational flyer are also expected to be posted on the FSA website. Annual and periodic text updates are expected to be posted to the website according to a timeframe determined by GOER. Generally, text updates will be required to be posted within five (5) business days of being requested by GOER.
- iv. Update the design of the FSA website annually or otherwise at the request of GOER, including changes to color, graphics and layout. Final website design is subject to GOER approval.
- v. At GOER's request, the selected contractor is expected to update the FSA website, including homepage, within the timeframe provided by GOER or within one (1) business day of the request, whichever one is

later. These updates include but are not limited to: Governor's name, Director's name, agency name, State logo, etc.

- vi. Provide GOER with the technical capability and access to post its own announcements on the FSA homepage.
- vii. Create a contact form for the FSA website, whereby employees may pose questions and receive responses through this function.
- viii. Maintain all forms, including reimbursement request, direct deposit, and medical need, in HTML and PDF format on the website for download by participants. The selected contractor is expected to provide fillable online reimbursement request forms in standards-compliant HTML/XHTML format. Update the contents of the forms immediately at GOER's request at any time during the plan year. GOER is responsible for approving the final contents of all forms.
- ix. Establish a link or interface between the FSA website and the selected contractor's database to provide participants with real-time online access to their account information.
- x. Guarantee the information technology operations that serve the FSA and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States. Additionally, any data collected may not be transmitted outside the United States. ***(Mandatory Requirement)***

o. Compliance

By submitting a proposal, the bidder certifies agreement to comply with the following terms and conditions. These terms are not considered part of the rating criteria and therefore, will not be evaluated by the Selection Committee.

- i. The selected contractor is expected to provide advice and recommendations regarding the program. Such responsibility shall include, but not be limited to, assisting GOER with recommendations and evaluation of proposed benefit design changes and implement any changes necessary to accommodate program modifications resulting from collective bargaining, legislation, or within the statutory discretion of GOER. Recommendations should include a preliminary analysis of all associated costs and the anticipated impact of proposed program modifications and contemplated benefit design changes on participants.
- ii. State or federal laws, or IRS rules and regulations that are proposed or adopted, during the term of any resulting Agreement and deemed by

GOER as necessitating a change in benefits will be incorporated within the scope of this RFP.

The selected contractor will be required to assist the State with the evaluation of proposed benefit design changes and agree to implement benefit design changes as negotiated. In the event of a design change, the selected contractor agrees that its compensation will change only if the selected contractor is able to provide detailed documentation of increased costs to the selected contractor as a result of the design change.

If a change in technology, benefits, or the law occurs during the term of the contract that impacts the selected contractor's level of effort or cost, the State reserves the right to renegotiate the monthly administrative fee with the selected contractor.

- iii. The selected contractor will pay for and cooperate in any audit requested by the State, including:
- Annual financial or performance audit
 - Any special audit ordered by the State
 - Audits of the effectiveness of the selected contractor's voucher payment procedures performed by the State or independent external auditors.

p. Information Security and Emergency Procedures

GOER considers the security and protection of confidential employee information to be a critical aspect of this engagement. For the purposes of this RFP, a security breach is defined as the unauthorized acquisition of computerized and other data that compromises the security, confidentiality, and integrity of personal information. **By submitting a proposal, the bidder certifies agreement to comply with the terms and conditions listed in the ten bullet points directly below, which are not considered part of the rating criteria and, therefore, will not be evaluated by the Selection Committee:**

- The bidder must comply with all the information security, and if applicable, cloud computing requirements set forth in this RFP.
- *If* cloud based services are a component of the selected contractor's proposed solution, the selected contractor must demonstrate that its systems and processes meet or exceed FedRAMP, federal and NY state standards, including FedRAMP Cloud Computing Security Requirements baseline and FedRAMP Continuous Monitoring Requirements for moderate impact systems.

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- Comply with all federal and state security policies, in relation to providing services (see Section G.29, p. 100 and Section H, pp. 142-144).
- Ensure the confidentiality, integrity, and availability of NYS data.
- As applicable, implement the controls contained within the FedRAMP Cloud Computing Security baseline and FedRAMP Continuous Monitoring Requirements for moderate impact systems, and generally substantially, and in good faith follow FedRAMP guidelines and security guidance, and where there are no procedural guides, the selected contractor shall use generally accepted industry best practices for IT security.
- Run a NYS Enterprise Information Security Office (EISO) approved security scan in a test environment prior to the launch of any major changes to the FSA website or as required by GOER or the EISO. The security scan is expected to block any attempt to launch malicious code onto the website.
- Undergo a data classification in conjunction with GOER to identify the criticality of the data being collected and stored.
- Share third party audit reports with the State.
- Allow the State to verify implementation of recommendations resulting from the third party audits.
- In the event of a security breach, the selected contractor shall notify GOER's FSA program managers, in writing, immediately following discovery of such breach. The selected contractor will provide identity theft and credit monitoring services to the affected participants for one (1) year. The selected contractor is also responsible for paying all costs associated with any security breach, including the costs for identity theft and credit monitoring services (e.g., services provided by such companies as IdentityGuard, Experion, TrueCredit, and Equifax).

The disclosure of any information about GOER/LMC information technology, state employees or the State workforce that the selected contractor may have access to in the course of this engagement to any individual not employed by GOER/LMC is prohibited unless explicitly specified in the RFP. The selected contractor's personnel will be required to sign GOER's standard Non-Disclosure Agreement.

Bidders are required to submit a protection and risk assessment plan for the management of confidential information. The protection and risk assessment plan is expected to include technology- and non-technology-based approaches to managing the security of such confidential information. Bidders should provide both their standard methodology for securing and handling confidential information and an indication as to how this standard methodology may be customized to address any unique requirements of GOER and this engagement. At a minimum, the protection and risk

management plan must address the areas listed below.

The protection and risk management plan is considered part of the rating criteria and will be evaluated by the Selection Committee based on the extent to which it addresses the following areas:

- i. Ensuring and certifying that employees, subcontractors, and business partners are aware of and comply with bidder's information security and confidentiality requirements.

Bidders who conduct criminal background checks on their employees who have access to personal, private, or sensitive information (PPSI) and provide their policy/description of how they analyze background check results will receive additional point(s). The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

- ii. System monitoring and intrusion detection.
- iii. Security reviews and audits, including third-party reviews, audits, and facility audits.
- iv. Use of security tools and standards (e.g., ability to provide secure transmission of email/data when dealing with PPSI, security software, encryption standards, etc.).

Bidders who have obtained current ISO 27000 certification will receive additional point(s). The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

- v. Maintaining and enhancing their information security environment and business practices.

Bidders who utilize positive pay procedures will receive additional point(s). (The Positive Pay feature is a fraud risk management tool to protect an entity from unauthorized checks unexpectedly settling against its account. Positive Pay compares checks presented for payment against an electronic check issuance file to identify unauthorized payments. This feature funds only those checks that match the electronic issuance file for payment. Additionally, when there is a difference in the check presented and the amount reflected on the electronic check issuance file, the bank calls

the client for an approval on unmatched items.) The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.

The selected contractor is expected to provide an emergency recovery plan for all data, records, forms, and data processing operations associated with the FSA. **The emergency recovery plan is considered part of the rating criteria and will be evaluated by the Selection Committee based on the extent to which it addresses the following areas:**

- vi. Establish procedures to ensure its data processing systems will be back in at least minimal operation within ten business days of a force majeure occurrence. For purposes of this RFP, the term minimal operation is defined as: customer service operations, toll free hotline, participant account information system, payroll interface with OSC, enrollment and change in status systems, website, and claims adjudication. At a minimum, the procedures must include an agreement with a disaster recovery service. Bidders should specify in their proposal the subcontractors or business partners used for this purpose.
- vii. Ensure complete, accurate, up-to-date documentation of all systems and procedures used to operate the FSA. This documentation shall include a back-up copy stored securely off premises.
- viii. Redundant architectures; Class A data center; regular file back-ups; and continuous 24-hour monitoring.
- ix. Ensure programs and operational procedures are duplicated with a copy stored off premises.
- x. Store check stock in a separate, secure location so that checks are available until a new supply can be printed.
- xi. Provide emergency recovery procedure training for all new personnel and refresher training at appropriate intervals for all other personnel.
- xii. Provide procedures for designating back-up personnel to operate the system in the event of a disaster or unanticipated key personnel changes.
- xiii. Provide a description of systems and processes that the selected contractor will use to ensure the confidentiality, integrity and availability of state data if that data will be stored in a multi-tenant environment.

q. Turnover Plan at the Conclusion or Termination of the Contract Resulting from this RFP

NYS shall retain unrestricted rights to state data. As part of the planning for a complete FSA Program, it is necessary to develop and have on file a turnover plan that provides for the complete transfer of all FSA Program operations to the State and/or to a successor contractor. Such a plan might be used at the end of the contract period or if termination occurs prior to that time. Its purpose is to minimize any disruption of processing and service to plan participants, and its goal is continuity of plan operations and seamless transition to a successor contractor. The selected contractor is expected to ensure that any transition to another contractor be done in a way that provides participants with uninterrupted access to their FSA benefits and associated customer services through the final termination of the contract resulting from this RFP. This includes, but is not limited to: the processing of all claims incurred for the last plan year of the contract; verification of enrollment; account management; providing sufficient staffing to ensure participants continue to receive good customer service even after the termination date of the contract resulting from this RFP. It is also imperative that GOER continue to have access to key personnel of the selected contractor, maintain access to online systems and receive data/reports and other information regarding the program(s) after the conclusion or termination of the contract.

In the event that there is a turnover of the FSA Program to a successor contractor, the contractor selected under this RFP is expected to continue such activities and other critical operations on a month-to-month basis after the end of the contract to ensure a smooth transition during the turnover period, which includes the claims runout period. It is anticipated that in the event of a turnover, this time period would be no more than six (6) months. As part of their Cost Proposal for this RFP, the bidder is required to submit a turnover budget, for turnover costs over and above the cost per participant that includes six (6) months of costs and which will be pro-rated and paid on a monthly basis during the turnover period. A turnover plan shall be submitted to GOER as identified below.

By submitting a proposal to this RFP, the bidder certifies agreement to the terms and conditions stated in the requirements listed directly below, which are not considered part of the rating criteria and, therefore, will not be evaluated by the selection committee.

Duties and Responsibilities:

- i. The selected contractor is expected to develop and submit upon request a turnover plan acceptable to GOER to provide for complete and seamless turnover of the FSA Program operations to the State

and/or a successor contractor. This should include a reasonable timeline of the activities needed for a smooth transition. Such activities include, but are not limited to, the provision of updated enrollment information at intervals to be determined by GOER. For the purposes of this RFP, all FSA personal, enrollment, claims, payroll deductions, business rules, documentation of policies and procedures, website content, enrollment material files, and other data collected by the current contractor is the property of GOER and shall be turned over to the successor contractor.

- ii. The selected contractor is expected to review and update, if necessary, such a plan at appropriate intervals during the term of the contract and resubmit it to GOER for approval upon request.
- iii. The selected contractor is expected to help tailor the turnover plan to the requirements of a successor contractor should one be selected.
- iv. The selected contractor is expected to provide GOER and a successor contractor with any required technical assistance and advice during the turnover period.
- v. The selected contractor is expected to cooperate fully with GOER and any successor selected contractor during a turnover period to ensure the timely, smooth transfer of information necessary to administer the program.
- vi. The selected contractor is expected to provide a detailed, updated turnover plan to GOER within thirty (30) days of the receipt of any notice from the State. The State will withhold payment of outstanding invoices until such plan is submitted to and accepted by GOER. The written plan for transition should outline, at a minimum, the tasks, milestones, and deliverables associated with:
 - Transition of program data, history, report formats, and unique information required for a smooth transition to a successor selected contractor including, but not limited to, historical participant claim data, historical enrollment information, and appeals data as well as other data the successor contractor may request and GOER approves during implementation of the program;
 - Completion of all such contractor-provided services associated with processing claims incurred on or before the scheduled termination date of the contract and submitted during the runout period;
 - Keeping dedicated phone and fax lines open with adequate available staffing, and transferring calls as appropriate to the successor contractor's phone lines;

- Development of a training plan on payroll processes and technical issues for successor selected contractor staff;
 - Maintaining participant eligibility by processing COBRA payments associated with the final year of the contract;
 - Continued GOER access to any online claims processing data and history, enrollment history, and online reporting systems;
 - Account management of retroactive payroll deduction adjustments for the last year of the contract; and
 - Completion of all required reports in the reporting section of this RFP.
- vii. Within fifteen (15) business days from receipt of the turnover plan, GOER shall either approve the turnover plan or notify the selected contractor, in writing, of the changes required to the turnover plan so as to make it acceptable to GOER.
- viii. Within fifteen (15) business days from the selected contractor's receipt of the required changes, the selected contractor shall incorporate said changes into the turnover plan and submit such revised turnover plan to GOER, at no additional cost.
- ix. Provide routine inventory management during turnover to avoid any shortages of plan supplies.
- x. Attend weekly telephone meetings, as required by GOER, with the successor contractor, state representatives and designees, in the event of a turnover. In addition, assume a maximum of one (1) in person meeting.
- xi. The selected contractor will be responsible for transitioning the program in accordance with the approved turnover plan.
- xii. The selected contractor will delete all state data upon the direction of GOER at the end of the FSA contract term/transition.
- r. **Performance Guarantees and Penalties**
By submitting a proposal, the bidder certifies agreement to adhere to the following performance guarantees and penalties. The decision of GOER will be final and controlling as to the dollar amount of penalties assessed in accordance with the performance guarantees and penalties listed below and will not be negotiated. The performance penalties will be deducted from the selected contractor's monthly invoice total. The performance guarantees and penalties are not considered part of the rating criteria and, therefore, will not be evaluated by the Selection Committee.

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Deliverable	Performance Guarantees	Performance Penalty
2017 Plan Year Implementation	<p>The selected contractor is expected to actively engage GOER as a resource in the conceptual design prior to and throughout the development of each component of the System as described in Section B.2.c and to seek GOER’s approval at the completion of each of the 3 phases of development according to the deadlines indicated below:</p> <ul style="list-style-type: none"> • Conceptual design of the System by March 1, 2017 • Demonstration of the System – the selected contractor is expected to fully test each component of the System to ensure functionality and conduct an interactive demonstration with GOER staff by June 1, 2017. • Final System – the selected contractor is expected to make final corrections in order for each component of the System to be fully operational, successfully tested, and approved by GOER by September 1, 2017. 	<p>\$1,000 for failure to complete the design phase of the System by March 1, 2017.</p> <p>Up to \$5,000 for failure to meet the June 1, 2017 deadline for each of the following deliverables, assessed on a weekly basis:</p> <ul style="list-style-type: none"> • Open Enrollment system • Change in Status system • Pended Applications component • Reimbursement Request Processing system • FSA website design • Customer Service lines • Claims reimbursement dedicated fax line <p>Up to \$1,000 for failure to meet the September 1, 2017 deadline for each of the following deliverables, assessed on a daily basis:</p>

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Deliverable	Performance Guarantees	Performance Penalty
		<ul style="list-style-type: none"> • Open Enrollment system • Change in Status system • Pended Applications component • Reimbursement Request Processing system • FSA website (including online DCAA and HCSA calculators) • Customer Service lines • Claims reimbursement dedicated fax line <p>Bidders should note that GOER will not process payment for any Start-Up and Implementation Costs until each component of the System has been approved by GOER.</p>
Mandatory Requirements	<ul style="list-style-type: none"> • The selected contractor will comply with each mandatory requirement listed in section B.2.a 100% of the time. 	Up to \$5,000 for failure to provide each mandatory requirement, assessed on an annual basis. If the selected contractor fails to provide each mandatory requirement, GOER reserves the right to terminate the contract, where deemed appropriate.
Call center standards for toll-free hotline except during	<ul style="list-style-type: none"> • The telephone and TDD line will be operational and available to employees 12 hours per day, Monday – Friday, at least 99.5% of the time, calculated on an 	Up to \$1,000 annually per 2% variance in each of the 5 areas.

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Deliverable	Performance Guarantees	Performance Penalty
annual open enrollment period	<p>annual basis. The telephone system availability shall be measured and reported to GOER monthly.</p> <ul style="list-style-type: none"> • At least 99% of incoming calls will be answered by the selected contractor's VRU within 7 seconds. • At least 90% of incoming calls will be answered by a Customer Service Representative within an average of 90 seconds, calculated on an annual basis. The telephone response time shall be measured and reported to GOER monthly. • The percentage of incoming calls in which the caller disconnects prior to the call being answered during regular business hours will not exceed 5%, calculated on an annual basis. The measurement will not include calls abandoned in less than 20 seconds. The telephone abandonment rate shall be measured and reported to GOER monthly. • The percentage of incoming calls in which a caller receives a busy signal will not exceed 0%. The telephone blockage rate shall be measured and reported to GOER monthly. 	
Call center standards for toll-free hotline during annual open enrollment period	<ul style="list-style-type: none"> • The telephone line will be operational and available to employees 12 hours per day, Monday – Friday, at least 99.5% of the time, calculated on a daily basis. The telephone system availability shall be measured and reported to GOER daily. • At least 99% of incoming calls will be answered by the selected contractor's VRU within 7 seconds. • At least 90% of incoming calls will be answered by a Customer Service Representative within an average of 90 seconds, calculated on a daily basis. The telephone response time shall be measured and reported to GOER daily. 	\$500 daily in each of the 5 areas in which the selected contractor fails to meet the standard.

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Deliverable	Performance Guarantees	Performance Penalty
	<ul style="list-style-type: none"> • The percentage of incoming calls in which the caller disconnects prior to the call being answered during regular business hours will not exceed 5%, calculated on a daily basis. The measurement will not include calls abandoned in less than 20 seconds. The telephone abandonment rate shall be measured and reported to GOER daily. • The percentage of incoming calls in which a caller receives a busy signal will not exceed 0%. The telephone blockage rate shall be measured and reported to GOER daily. 	
<p>Unscheduled Internet downtime except during annual open enrollment period</p>	<p>The website will be available 24 hours per day, 7 days per week at least 99% of the time, calculated on an annual basis. Website access will be restored within 24 hours of the commencement of service disruption.</p>	<p>Up to \$1,000 for each 24 hours after the first 24 hours. The penalty will be waived if the service disruption is a result of a Force Majeure.</p>
<p>Unscheduled Internet downtime during the annual open enrollment period</p>	<p>The website, including the open enrollment application, will be available 24 hours per day, 7 days per week at least 99% of the time, calculated on a daily basis. Website access will be restored within 24 hours of the commencement of service disruption.</p>	<p>\$5,000 for each 24 hours after the first 24 hours. The penalty will be waived if the service disruption is a result of a Force Majeure.</p>
<p>Website text updates including HTML and PDFs</p>	<p>Updates will be posted within the deadline set by GOER (generally 5 business days), unless otherwise specified.</p>	<p>Up to \$500 for each business day after the selected contractor fails to meet the required deadline.</p>
<p>Maintaining payroll timetables and deadlines</p>	<p>The selected contractor will comply with OSC's timetables and deadlines 100% of the time. (see Attachment J.3 FSA Change in Status Processing Timeline)</p>	<p>Up to \$5,000 for each payroll cycle where the selected contractor fails to meet OSC's timetables and deadlines, unless the failure is solely the fault of the State.</p>
<p>Customer</p>	<ul style="list-style-type: none"> • 90% Participant Satisfaction based on 	<p>Up to \$1,000 per 2%</p>

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Deliverable	Performance Guarantees	Performance Penalty
Service	Annual Participation Satisfaction Survey. <ul style="list-style-type: none"> • Return 100% of calls and answer 100% of emails within one business day. • Resolve 99% of routine problems (reimbursement; enrollment; CIS; deduction; COBRA) within 5 business days. 	variance in each of the 3 areas, measured on an annual basis.
Security Breach	The selected contractor will comply with the information security requirements of Section B.2.p. of this RFP 100% of the time.	Up to \$2,000 for each security breach incident.
Service Enhancements	The contract with the selected contractor will incorporate the enhanced services that are included in the bidder's proposal, and the selected contractor will be expected to provide such services throughout the term of the contract.	Up to \$1,500 for failure to provide each service enhancement promised in selected contractor's proposal, assessed on an annual basis. If the selected contractor fails to provide each promised service enhancement, GOER reserves the right to terminate the contract, where deemed appropriate.

s. Pre-Tax Adoption Assistance Program

GOER does not currently offer a Pre-Tax Adoption Assistance Program. However, at some time during this contract it may be added as a deliverable, if negotiated between the State and the public employee unions. Should this occur, the selected contractor is expected to design, implement, and incorporate a Pre-Tax Adoption Assistance Program on a schedule to be determined by GOER. Therefore, the **cost** portion of the bidder's proposal should include a separate Pre-Tax Adoption Assistance Program cost estimate (including **all** start-up costs, ongoing monthly or annual costs or fees) that will be included in the **overall** Cost Proposal for this contract. However, the monthly administrative fee for the total engagement that is negotiated with the selected contractor (see Budget Form) will exclude the Pre-Tax Adoption Assistance Program costs, since GOER intends to negotiate a separate monthly administrative fee with the selected contractor based on a later implementation date for the program.

The selected contractor is expected to at a minimum:

- Describe in full its currently available Pre-Tax Adoption Assistance benefit, which is expected to be customized to the requirements of GOER;
- Take pre-tax payroll deductions from participants under a new deduction code to be provided by OSC;
- Apply an Employer Contribution to eligible participants' accounts, if offered;
- Provide quarterly comparison reports for the Employer Contribution, similar to, but separate from, the DCAA Employer Contribution quarterly comparison reports;
- Incorporate the Pre-Tax Adoption Assistance Program as part of the FSA contract; and
- Apply all the applicable mandatory requirements and deliverables outlined in this RFP.

t. Required Samples

Samples pertaining to the FSA and Pre-Tax Adoption Assistance Programs are considered to be part of the Technical Proposal and should be included with each copy of the bid. The sample materials are expected to be accurate, comprehensible, and professional in appearance. The selected contractor is expected to customize any and all documents for the FSA and the Pre-Tax Adoption Assistance Programs. Bidders are expected to provide samples of the following from their current book of business:

- Marketing materials
- Confirmation letter to participants
- Claim rejection letter
- Reimbursement check stub
- COBRA notice and other COBRA-related correspondence
- Quarterly statements to participants
- Debit card quarterly statements to participants
- Enrollment systems screen shots
- Website URL(s)

C. BUSINESS PARTICIPATION OPPORTUNITIES for New York State Certified Minority-and Women-Owned Business Enterprises Equal Employment Opportunities for Minority Group Members and Women, Diversity Practices and Use of Service-Disabled Veteran-Owned Business Enterprises in Contract Performance

NEW YORK STATE LAW

Pursuant to New York State Executive Law Article 15-A and 5 NYCRR 140-145, GOER recognizes its obligation under the law to promote opportunities for maximum feasible participation of certified minority and women-owned business enterprises and the employment of minority group members and women in the performance of GOER contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that GOER establishes goals for maximum feasible participation of New York State Certified Minority and Women-Owned Business Enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, GOER hereby establishes an overall goal of 8% for MWBE participation, 4% for Minority-Owned Business Enterprises ("MBE") participation and 4% for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that GOER may withhold payment pending receipt of the required MWBE documentation. The directory of New York State Certified MWBEs can be viewed at <https://ny.newnycontracts.com>.

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For guidance on how GOER will determine a Contractor's "good faith efforts," refer to 5 NYCRR §142.8.

In accordance with 5 NYCRR §142.13, Contractor acknowledges that if it is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding constitutes a breach of Contract and GOER may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

By submitting a bid or proposal, a bidder on the Contract ("Bidder") agrees to submit the following documents and information as evidence of compliance with the foregoing:

1. Bidders are required to submit a Contractor's MWBE Utilization Plan on GOER Form # ADM-145 with their bid or proposal. The Contractor's MWBE Utilization Plan, GOER Form # ADM-145, is available at <http://goer.ny.gov/vendor-info/index.cfm>. Any modifications or changes to the MWBE Utilization Plan after the Contract award and during the term of the Contract must be reported on a revised MWBE Utilization Plan and submitted to GOER.
2. GOER will review the submitted Contractor's MWBE Utilization Plan and advise the Bidder of GOER's acceptance or issue a notice of deficiency within 30 days of receipt.
3. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt by submitting to GOER, Division for Administration, 2 Empire State Plaza, Albany, NY - phone 518-473-3755 and fax 518-473-6725, a written remedy in response to the notice of deficiency. If the written remedy that is submitted is not timely or is found by GOER to be inadequate, GOER shall notify the Bidder and direct the Bidder to submit, within five (5) business days, a request for a partial or total waiver of MWBE participation goals on GOER Form # ADM-149. The MWBE Waiver Request GOER Form # ADM-149 is available at <http://goer.ny.gov/vendor-info/index.cfm>.
4. Failure to file the waiver form in a timely manner may be grounds for disqualification of the bid or proposal.
5. GOER may disqualify a Bidder as being non-responsive under the following circumstances:
 - a) If a Bidder fails to submit a MWBE Utilization Plan;
 - b) If a Bidder fails to submit a written remedy to a notice of deficiency;

- c) If a Bidder fails to submit a request for waiver; or
- d) If GOER determines that the Bidder has failed to document good faith efforts.

Contractors will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract award may be made at any time during the term of the Contract to GOER, but must be made no later than prior to the submission of a request for final payment on the Contract.

Contractors are required to submit a Contractor's MWBE Quarterly Payment Report, GOER Form # ADM-146, to Lisa Todd, Governor's Office of Employee Relations, Employee Benefits Management Unit, 2 Empire State Plaza, 12th Floor, Albany, New York 12223, phone: (518) 486-2572, fax: (518) 408-1008, or email: Lisa.Todd@goer.ny.gov by the 10th calendar day of April, July, October and January over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract. GOER Form # ADM-146 is available at <http://goer.ny.gov/Forms/index.cfm>.

Equal Employment Opportunity Requirements

By submission of a bid or proposal in response to this solicitation, the Bidder/Contractor agrees with all of the terms and conditions of Appendix A – Standard Clauses for All New York State Contracts including Clause 12 - Equal Employment Opportunities for Minorities and Women. The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

Bidder further agrees, where applicable, to submit with the bid or proposal an Equal Employment Opportunity Staffing Plan on GOER Form # ADM-311, identifying the anticipated work force to be utilized on the Contract and if awarded a Contract, will, upon request, submit an Equal Employment Opportunity Workforce Utilization Report on GOER Form # ADM-326, identifying the workforce actually utilized on the Contract if known.

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Further, pursuant to Article 15 of the Executive Law (the “Human Rights Law”), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

- A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the Division of Minority and Women's Business Development of the Department of Economic Development (the “Division”). If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.
- B. Contractor shall comply with the following provisions of Article 15-A:
1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
 2. The Contractor shall submit an EEO policy statement to GOER within seventy two (72) hours after the date of the notice by GOER to award the Contract to the Contractor.
 3. If Contractor or Subcontractor does not have an existing EEO policy statement, GOER may provide the Contractor or Subcontractor a model statement on Minority and Women-Owned Business Enterprises Equal Employment Opportunity Policy Statement on GOER Form # ADM-315, available at <http://goer.ny.gov/vendor-info/index.cfm>.
 4. The Contractor’s EEO policy statement shall include the following language:
 - a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.
 - b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

- c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such employment agency, union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
 - d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section C, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.
- C. Equal Employment Opportunity Staffing Plan - GOER Form # ADM-311, available at <http://goer.ny.gov/vendor-info/index.cfm>.

To ensure compliance with this Section, the bidder shall submit an Equal Employment Opportunity Staffing Plan on GOER Form # ADM-311, to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Bidders shall complete the Staffing Plan form and submit it as part of their bid or proposal.

- D. Workforce Utilization Report - GOER Form # ADM-326, available at <http://goer.ny.gov/Forms/index.cfm>.
- 1. Once a contract has been awarded and during the term of Contract, Contractor is responsible for updating and providing notice to GOER of any changes to the previously submitted Staffing Plan. This information is to be submitted on a quarterly basis during the term of the Contract to report the actual workforce utilized in the performance of the Contract by the specified categories listed including ethnic background, gender, and Federal occupational categories. The Workforce Utilization Report GOER Form # ADM-326 must be submitted by the 10th day of April, July, October and January to Lisa Todd at Lisa.Todd@goer.ny.gov to report this information.
 - 2. Separate forms shall be completed by Contractor and any subcontractor performing work on the Contract.
 - 3. In limited instances, Contractor may not be able to separate out the workforce utilized in the performance of the Contract from Contractor's and/or subcontractor's total workforce. When a separation can be made, Contractor shall submit the Workforce Utilization Report and indicate that the information provided related to the actual workforce utilized on the Contract. When the workforce to be utilized on the contract cannot be separated out from Contractor's and/or subcontractor's total workforce, Contractor shall submit the

Workforce Utilization Report and indicate that the information provided is Contractor's total workforce during the subject time frame, not limited to work specifically under the Contract.

- E. Contractor shall comply with the provisions of the Human Rights Law and all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

Diversity Practices

Diversity practices are the efforts of contractors to include New York State-certified Minority and Women-owned Business Enterprises (MWBES) in their overall business practices. Diversity practices may include past, present, or future actions and policies, and include activities of contractors on contracts with private and public entities. Assessing the diversity practices of contractors enables contractors to engage in meaningful, capacity-building collaborations with MWBES.

The Governor's Office of Employee Relations has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of bidders to this procurement is practical, feasible, and appropriate. Accordingly, bidders to this procurement are required to include as part of their response to this procurement, a Diversity Practices Questionnaire, GOER Form # ADM-327. Bidders to the RFP will be evaluated for Diversity Practices using the Diversity Practices Questionnaire Scoring Matrix, found in Section H Attachment 7. The weight assigned to diversity practices on this procurement is equal to 5% of the total possible Technical Score. The total maximum number of points that may be awarded based on the score of the bidder's Diversity Practices Questionnaire is 67.

Diversity Practices Questionnaire, GOER Form # ADM-327 is available at <http://goer.ny.gov/vendor-info/index.cfm>.

Service-Disabled Veteran-Owned Business Enterprises

Article 17-B of the Executive Law enacted in 2014 acknowledges that Service-Disabled Veteran-Owned Businesses (SDVOBs) strongly contribute to the economies of the State and the nation. As defenders of our nation and in recognition of their economic activity in doing business in New York State, bidders for this contract are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. SDVOBs can be readily identified on the directory of certified businesses at http://ogs.ny.gov/Core/docs/CertifiedNYS_SDVOB.pdf.

Bidders are strongly encouraged to the maximum extent practical and consistent with legal requirements of the State Finance Law and the Executive Law to use responsible and responsive SDVOBs in purchasing and utilizing commodities, services and technology that are of equal quality and functionality to those that may be obtained from non-SDVOBs. Furthermore, bidders are reminded that they must continue to utilize small, minority and women-owned businesses consistent with current State law.

Utilizing SDVOBs in State contracts will help create more private sector jobs, rebuild New York State's infrastructure, and maximize economic activity to the mutual benefit of the contractor and its SDVOB partners. SDVOBs will promote the contractor's optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated public procurements.

Public procurements can drive and improve the State's economic engine through promotion of the use of SDVOBs by its contractors. The State, therefore, expects bidders to provide maximum assistance to SDVOBs in their contract performance. The potential participation by all kinds of SDVOBs will deliver great value to the State and its taxpayers.

Bidders can demonstrate their commitment to the use of SDVOBs by responding to the questions on SDVOB Utilization Plan, GOER Form # ADM-328, found in Section H of this RFP and should include the responses with their bid/proposal.

SDVOB Utilization Plan, GOER Form # ADM-328 is available at <http://goer.ny.gov/Forms/index.cfm>.

D. PROCESS FOR PROPOSAL SUBMISSION

1. Policy and Prohibitions Regarding Permissible Contact - Restrictions on Contact

Pursuant to State Finance Law Sections 139-j and 139-k, this RFP includes and imposes certain restrictions on communications between a Governmental Entity and a prospective bidder/selected contractor during the procurement process.

From the date the RFP was released, through final award/approval as referenced above, all contacts concerning this RFP/Procurement Contract must be directed to the designated staff, as of the date hereof, identified on page one (1) of this RFP unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law Section 139-j (3)(a). This is referred to as the “restricted period.”

GOER is also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the prospective bidder/selected contractor pursuant to these two (2) provisions of statute. Certain findings of non-responsibility can result in rejection of a contract award and in the event of two (2) findings within a four (4)-year period, the prospective bidder/selected contractor is debarred from obtaining governmental Procurement Contracts. Prospective bidders/contractors are directed to (Section H, Attachment 1, pp. 106-112), to read the full policy and guidelines.

2. Bidders' Questions Concerning this RFP

Bidders may submit typed questions via electronic mail to Mary.Caldwell@goer.ny.gov and Brandy.Snyder@goer.ny.gov or by mail to the address provided below. Questions regarding the RFP will be accepted until 5:00 PM ET June 24, 2016. No telephone inquiries will be accepted. Answers to all questions received by this date will be posted on the GOER website at <http://goer.ny.gov/vendor-info/index.cfm> no later than July 15, 2016. Prospective bidders may obtain a hard copy of the questions and answers upon request.

Ms. Mary Caldwell
NYS Work-Life Services – Family Benefits Unit
10B Airline Drive
Albany, NY 12235

If a bidder discovers what they believe to be an error in this RFP, immediately notify Mary.Caldwell@goer.ny.gov and Brandy.Snyder@goer.ny.gov via e-mail of such error and request clarification or modification to the document. Any such notice shall be given prior to the proposal submission deadline. GOER shall make RFP modifications by addenda, provided that such modifications would not materially benefit or disadvantage any particular bidder.

If a bidder fails, prior to the proposal submission deadline, to notify GOER of a known error or an error that reasonably should have been known, the bidder shall assume the risk. If awarded the contract, the bidder shall not be entitled to additional compensation or time by reason of the error or its late correction.

3. Notice of Intent to Bid - GOER Form # ADM-103

Organizations intending to submit a response to this RFP should transmit a written reply indicating such intent no later than 5:00 PM ET July 15, 2016. Instructions for transmitting this reply are included in the Notice of Intent to Bid, GOER Form # ADM-103, which is located at <http://goer.ny.gov/vendor-info/index.cfm>.

4. Proposal Due Date

Proposals are due no later than 4:00 PM ET, August 15, 2016. Any proposals or unsolicited amendments to proposals received after the due date and time will not be considered in the review process. Bidders are responsible for submitting their proposals on time. GOER takes no responsibility for any third party error in the delivery of proposals (e.g. U.S. Post Office, Federal Express, UPS, courier, etc.).

5. Proposal Mailing Instructions

The delivery/ mailing address is:

Ms. Mary Caldwell
NYS Work-Life Services – Family Benefits Unit
10B Airline Drive
Albany, NY 12235

- Bidders should submit seven (7) hard copies of the completed Technical Proposal and one (1) copy on CD ROM in Microsoft Word format. Do not include any Cost Proposal information in the Technical Proposal (see next paragraph).
- All cost information and required Budget Form and Supplemental Worksheets must be submitted in a separate sealed envelope and marked clearly as the bidder's Cost Proposal. Bidders should submit three (3) hard copies of the Cost Proposal and one (1) copy on CD ROM.
- Mark the outside mailing label referencing the RFP title and Cost Proposal or Technical Proposal.

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Technical Proposal
Mailing Label

Box ___ of ___

- Faxed proposals will not be accepted.
- Hand-written proposals will not be accepted.

6. Submission of Proposals

All evidence and documentation requested under this RFP must be provided at the time the proposal is submitted. All proposals and accompanying documentation will become the property of the State of New York and will not be returned. The content of each bidder's proposal will be held in strict confidence (subject to GOER's responsibilities to disclose such proposal under any applicable law) during the bid evaluation process. The selected contractor's proposal and the RFP will be made part of the Contract.

7. Projected RFP Timetable

RFP Release Date	June 13, 2016
Written Questions Due	June 24, 2016
Response to Written Questions Posted	July 15, 2016
Deadline to Submit Notice of Intent to Bid (Not Mandatory)	July 15, 2016
Proposal Due Date	August 15, 2016
Selection Review Begins	August 16, 2016
Contract Start Date	January 1, 2017

8. Expenses Prior to Contract Execution

GOER is not liable for any costs incurred by a bidder in the preparation and production of a bid proposal or for any work performed prior to contract execution. By submitting a proposal, the bidder agrees not to make any claims for, or have any right to, damages resulting from any misunderstanding or misrepresentation of the specifications, or because of any misinformation or lack thereof.

E. PROPOSAL REQUIREMENTS

1. Format and Content

a. Technical Proposal and Cost Proposal

For the purposes of evaluation, each proposal must be submitted in two (2) parts. Part I consists of the “Technical Proposal”. Part II consists of the “Cost Proposal”. Each part must be complete so the evaluation of both parts can be accomplished independently and concurrently and so that the Technical Proposal can be evaluated strictly on the basis of its merits. Cost information is **not** to be included in Part I. Both parts must be **clearly labeled and sealed separately** (see examples in Section D.5, p.73 and Section E.3, p. 81).

The rules established for proposal content and format will be enforced as well as all rules set forth in this and other sections of the RFP.

b. General Requirements and Appearance

All proposals should be machine produced (no handwritten proposals) and on CD-ROM. Proposals should have one (1) inch margins, be three (3) hole punched, and in a three (3) ring binder, single spaced, organized in the sequence described below using the same section heading, subheadings, and number system as in the RFP, and have page numbers. Each section should be separated by tabs or otherwise clearly marked.

2. Technical Proposal

To assure that all proposals are evaluated on the same basis, all of the following are to be included. Failure to include the required documents and information described below may result in the proposal not being considered. *No mention of the Cost Proposal may be made in the response to the Technical Proposal requirements of this RFP.* Bidders should submit seven (7) copies of each Technical Proposal and one (1) copy on CD-ROM, in Microsoft Word format.

a. Summary of Services Being Bid

The project summary should outline significant features of the proposal, summarize the bidder’s overall experience, and include a brief description of any related activities currently being provided by the bidder to New York State.

b. References

Provide six (6) references, other than GOER, for whom the bidder has provided full TPA services. The six (6) references must be clients for whom the bidder has worked within the past eight (8) years and who can attest to the bidder's qualifications, by listing the organization name, address, contact person, telephone number, and email address. These six (6) references should reflect the desired bidder expertise as indicated in this RFP. The submission of references will be used in the initial pre-screening of bids. We will contact four (4) of the six (6) references on the bidder's list of references in the order of the bidder's list, by phone Monday through Friday from 9:00 AM to 4:30 PM ET from August 16, 2016 through September 6, 2016. The first four (4) that are reached will be rated. References will be rated as Pass/Fail. Bids will not be reviewed if the bidder fails to pass three (3) out of four (4) reference checks. Bids will be rejected as non-responsive if references are not provided.

c. Service Description

Provide a thorough and detailed description of the services to be provided for each deliverable outlined in Section B, organized using the same section heading, subheadings and numbering system.

Clearly state and specifically identify in your proposal any subcontractors, subcontracts, or business partners that are to be used to deliver any of the services contained in this RFP. Describe the subcontractor's experience, how the relationship will work, and how seamless service will be provided.

d. Bidder Expertise and Philosophy

Demonstrate relevant experience and expertise, along with a philosophy and processes congruent with excellence in service and formal recognition for industry leadership. Describe factors that make your organization especially qualified to provide the services requested.

Provide a brief description of creative, responsive solutions that address the special needs of your clients' employees.

e. Staff Expertise

In the chart below, include the number of Full Time Equivalent (FTE) professional and support personnel to be assigned to each major deliverable. In addition, describe the qualifications and expertise of key personnel, including subcontractor(s) personnel or business partner(s), who will be assigned to this project.

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Deliverable	FTEs to be assigned
Plan Document Review and Update	
Open Enrollment, Change in Status, and Pended Applications Management System	
Payroll Interface	
Account Management	
Debit Card Implementation (HCSA only)	
Reimbursement	
Appeal Process	
COBRA Administration	
HIPAA Compliance	
Customer Service	
Communications and Marketing	
Reporting	
Website Hosting and Maintenance	
Compliance	
Information Security and Security Procedures	
Turnover Plan	
Pre-Tax Adoption Assistance Program	

f. Experience with Similar Employers

Provide a list of clients, other than GOER, for whom the bidder has provided similar services or performed similar activities for a minimum of 10 years. Describe your organization's experience performing similar services for other large (minimum of 100,000 employees) and diverse public employers.

g. Performance Guarantees

Submit your performance guarantees and affirm your ability to meet the specified performance guarantees as stated in Section B.2.r of this RFP.

h. Timetable (work plan)

In addition to a detailed implementation plan, bidders are expected to provide a comprehensive yearlong work plan that includes a time schedule, in monthly increments, of all services, deliverables, goods, and objectives.

i. Subcontracting

Clearly state and specifically identify in your proposal any subcontractors,

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subcontracts, or business partners that are to be used to deliver any of the services contained in this RFP. Describe the subcontractors experience, how the relationship will work, and how seamless service will be provided. Provide proof of certification for NYS-certified MWBEs included in the selected contractor's MWBE utilization plan.

j. Samples

Include a set of all requested samples with each bid marked with your firm's name.

k. Required Forms and Other Agreements

i) Application for Competitively Bid Contract - GOER Form # ADM-28

Bidders are required to complete GOER Form # ADM-28, Application for Competitively Bid Contract, which includes certification by the bidder that all information provided with respect to State Finance Law Sections 139-j and 139-k is complete, true and accurate.

This form also includes a statement indicating the bidder's willingness to enter into a contractual agreement, which will include those terms and conditions as set forth in "Appendix A, Standard Clauses for New York State Contracts" (Attachment 2). Therefore, an official authorized to commit the company to a contract must sign this form.

GOER Form # ADM-28 is located at <http://goer.ny.gov/vendor-info/index.cfm>.

ii) Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. GOER recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System instructions available at http://www.osc.state.ny.us/vendrep/vendor_index.htm or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

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Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep System website www.osc.state.ny.us/vendrep or may contact GOER or the Office of the State Comptroller's Help Desk for a copy of the paper form. The questionnaire is also available at <http://goer.ny.gov/vendor-info/index.cfm>.

Bidders should acknowledge either online or paper filing of the Vendor Responsibility Questionnaire as part of their Application for Competitively Bid Contract, GOER Form # ADM-28 – question #11.

- iii) Certification of Registration to Collect Sales and Compensating Use Tax by Certain State Contractors, Affiliates and Subcontractors – Contractor Certification Form, ST-220-TD and Contractor Certification to a Covered Agency Form, ST-220-CA.

Bidders are required to complete and submit directly to the New York State Department of Taxation and Finance (DTF), Contractor Certification Form ST-220-TD. Unless the information upon which the ST-220-TD is based changes, this form only needs to be filed once with DTF. If the information changes for the contractor, its affiliate(s), or its subcontractor(s), a new form ST-220-TD must be filed with DTF.

Bidders are required to complete and submit to GOER the Contractor Certification to a Covered Agency Form, ST-220-CA, certifying that the contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render a bidder non-responsive and non-responsible. Bidders shall take the necessary steps to provide properly certified forms within a timely manner to ensure compliance with the law.

General information on this requirement, including links to [Publication 223](#), Questions and Answers Concerning Tax Law Section 5-a, and Forms [ST-220-TD](#) and [ST-220-CA](#), can be obtained on the DTF Website at www.tax.ny.gov and are also available at <http://goer.ny.gov/vendor-info/index.cfm>.

- iv) Non-Collusive Bidding Certificate Required by Section 139-d of the State Finance Law - GOER Form # ADM-320

Bidders are required to complete the Non-Collusive Bidding Certification, GOER Form # ADM-320, located at <http://goer.ny.gov/vendor-info/index.cfm>.

Refer to Appendix A – Standard Clauses for NYS Contracts which is

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attached to the RFP as (Attachment 2), for additional information concerning this requirement.

- v) Nondiscrimination in Employment in Northern Ireland: Macbride Fair Employment Principles Certification - GOER Form # ADM-321

Bidders are required to complete the Nondiscrimination in Employment in Northern Ireland: Macbride Fair Employment Principles Certification, GOER Form # ADM-321, located at <http://goer.ny.gov/vendor-info/index.cfm>. Refer to Appendix A – Standard Clauses for NYS Contracts, which is attached to the RFP as (Attachment 2), for additional information concerning this requirement.

- vi) Confidentiality and Nondisclosure Agreement - GOER Form # ADM-319

Bidders are required to complete the Confidentiality and Nondisclosure Agreement, GOER Form # ADM-319, located at <http://goer.ny.gov/vendor-info/index.cfm>.

- vii) Contractor's MWBE Utilization Plan - GOER Form # ADM-145

Bidders are required to complete the Contractor's MWBE Utilization Plan, GOER Form # ADM-145 located at <http://goer.ny.gov/vendor-info/index.cfm>. Refer to Section C – Business Participation Opportunities for additional information concerning this requirement.

- viii) Equal Employment Opportunity Staffing Plan - GOER Form # ADM-311

Bidders are required to complete the Equal Employment Opportunity Staffing Plan, GOER Form # ADM-311, for the anticipated work force to be utilized on the contract. The form is located at <http://goer.ny.gov/vendor-info/index.cfm>.

- ix) MWBE and EEO Policy Statement - GOER Form # ADM-315

Bidders are required to provide a MWBE and EEO Policy Statement. If Bidder does not have an existing EEO policy statement, they may provide GOER's MWBE and EEO Policy Statement, GOER Form # ADM-315, available at <http://goer.ny.gov/vendor-info/index.cfm>.

- x) Diversity Practices Questionnaire – GOER Form # ADM-327

Bidders are required to provide a Diversity Practices Questionnaire

GOER Form # ADM-327 with their bid/proposal. The Diversity Practices Questionnaire will be scored using the Diversity Practices Questionnaire Scoring Matrix, found in Section H, Attachment 7. Diversity Practices Questionnaire, GOER Form # ADM-327, is available at <http://goer.ny.gov/vendor-info/index.cfm>.

xi) SDVOB Utilization Plan – GOER Form # ADM-328

Bidders can demonstrate their commitment to the use of SDVOBs by responding to the questions on the SDVOB Utilization Plan GOER Form # ADM-328, and should include the responses with their bid/proposal. The SDVOB Utilization Report, GOER Form # ADM-328 is described in Section C - Business Participation Opportunities of this RFP and is available at <http://goer.ny.gov/vendor-info/index.cfm>.

3. Cost Proposal

The Cost Proposal must be submitted separate from the Technical Proposal. The Contractor Cost Information/Budget Worksheet is Cost Proposal – Budget Form - Summary Page, Supplemental Worksheet (1), and Supplemental Worksheet (2), located at <http://goer.ny.gov/vendor-info/index.cfm>.

Bidders must submit a detailed description of proposed costs for the project using the Budget Worksheets located at <http://goer.ny.gov/vendor-info/index.cfm>. Budgeted costs must be broken out by personnel, other than personnel, travel, subcontractors, materials, etc. Totals from the Budget Worksheet(s) must be transferred to the Budget Summary form located at <http://goer.ny.gov/vendor-info/index.cfm>. Reasonable travel expenses will be reimbursed for costs actually incurred at rates established for New York State employees as described in GOER's Travel and Lodging Reimbursement Policy for Consultants (Attachment H.4).

These rates should be used in budget development.

Bidders must submit three (3) copies of their detailed Cost Proposal and one (1) copy on CD-ROM in Microsoft Excel format. The required Cost Proposal Budget Form and Supplemental Worksheets must be used and are located at www.goer.ny.gov/vendor-info/index.cfm and are included in Section I of this RFP, and must be submitted separately from the Technical Proposal. Submit a separate, clearly labeled Cost Proposal, for example:

Third Party Administration of the NYS Flex Spending Account Program Cost Proposal Mailing Label

Box ____ of ____

F. REVIEW OF SELECTION PROCESS

Members of the Selection Committee will independently review each proposal received by the submission deadline. The Selection Committee will be comprised of representatives of GOER who will individually review and evaluate the Technical Proposal against established selection criteria. The Cost Proposal will be reviewed separately. Bidders may be required to clarify their response to this RFP, either in person or in writing.

1. Initial Screening Process

Each proposal received in response to this RFP will be screened to determine whether it is sufficiently responsive. The purpose of this initial review is to ensure that the requirements of this RFP are properly and adequately addressed, including compliance with all requested documents. Failure to address the required deliverables or furnish the forms and documents specified in this RFP may eliminate a proposal from further review.

Screening criteria includes the following:

- Seven (7) hard copies of the completed Technical Proposal and one (1) copy on CD ROM in Microsoft Word format submitted by the August 15, 2016 deadline;
- Three (3) hard copies of the completed Cost Proposal and one (1) copy on CD ROM in Microsoft Word format in a separate sealed envelope and submitted by the August 15, 2016 deadline;
- Application for Contract with original signature, GOER Form # ADM-28;
- Vendor Responsibility Questionnaire (hard copy or electronic filing);
- Contractor Certification to Covered Agency Form, ST-220-CA;
- Non-Collusive Bidding Certificate Required by Section 139-d of the State Finance Law, GOER Form # ADM-320;
- Nondiscrimination in Employment in Northern Ireland: Macbride Fair Employment Principles Certification, GOER Form # ADM-321;
- Confidentiality and Non-Disclosure Agreement, GOER Form # ADM-319;
- Contractor's MWBE Utilization Plan, GOER Form # ADM-145;
- Equal Employment Opportunity Staffing Plan, GOER Form # ADM-311;
- MWBE and EEO Policy Statement, GOER Form # ADM-315;
- Diversity Practices Questionnaire, GOER Form # ADM-327;
- SDVOB Utilization Plan, GOER Form # ADM-328;
- Required number of references submitted;
- Cost information submitted in a separate sealed envelope; and
- Response to each deliverable, Section B.

As part of the initial screening process, four (4) of six (6) references will be contacted for each bidder in the order of the bidder's list. The first four (4) that are reached will be rated. Each reference will be asked to respond to a series of pre-determined questions regarding the quality of the services provided, the bidder's responsiveness and the bidder's flexibility. Reference checks will be scored on a pass or fail basis. Bidders must pass three (3) out of four (4) reference checks.

2. Evaluation of Proposals

The evaluation process will determine the relative strengths and weaknesses of each proposal against the applicable stated criteria.

The Selection Committee will rank the individual Technical Proposals using a numerical ranking device against the established selection criteria. Cost Proposal evaluation will be done separately.

The individual rankings will be compiled by the Selection Committee to determine the highest ranked bid. The scores from the technical evaluation and the cost evaluation will be combined. The proposal that receives the highest combined score of technical and cost, while meeting the minimum specifications, will be awarded the contract.

3. Method of Selection

The method of selection will be based on a point system with the required technical portion of the rating criteria weighted at 80% of the total, and cost being 20% of the total. Bidders must achieve a minimum threshold of 54% of the highest possible technical score in order to be considered a qualified bidder. The highest possible technical score is 1,349 points.

4. Selection Criteria

- a. Adequacy of Proposal: Proposals will be rated on the adequacy and extent to which they fully address the State's needs as described in Section B of the RFP.
- b. Bidder Expertise and Philosophy: The bidder should demonstrate relevant experience and expertise, along with a philosophy and processes congruent with excellence in service and any formal recognition for industry leadership.
- c. Staff Expertise: Proposals will be rated on the professional expertise of key staff assigned to the project, particularly as such expertise relates to the program requirements as outlined in the RFP.
- d. Experience with Similar Employers: The bidder's previous or current experience with other public employers, and large, multi-site employers will

be taken into consideration for rating purposes.

- e. Performance Guarantees: By submitting a proposal, the bidder certifies agreement to adhere to the performance guarantees and penalties.
- f. Samples: Samples will be carefully reviewed and rated as a demonstration of the bidder's potential responsiveness to State employees' needs.
- g. Oral Presentation: The State, at its discretion, may elect to have bidders provide oral presentations of their proposals. All bidders deemed by the State as eligible to receive an award will be given the opportunity to provide such oral presentations. As a result of bidder clarifications, raters are permitted to adjust their scores based on the original selection criteria.

5. Cost Criteria

The bidder must demonstrate an ability to provide the required services at a reasonable cost to the State. Cost Proposal information and the required budget forms will be reviewed and rated separately from the Technical Proposal. Therefore, submission in a separate, sealed envelope is required (see Section D Process for Proposal Submission). Once proposals pass the initial screening, the Cost Proposal information and budgets will be rated using pre-defined criteria.

6. Letter of Intent

GOER's Contract Unit will advise the successful bidder of our intent to award a contract by mailing a "Letter of Intent." Once the successful bidder has fulfilled requirements stated in the "Letter of Intent," a contract, subject to contract negotiations, will be transmitted to the Contractor for review and signature.

Each bidder whose proposal is not selected will also be notified in writing.

7. Debriefing

A debriefing may be requested by the unsuccessful bidder within fifteen calendar days of release by GOER in writing or electronically that the bidder's proposal is unsuccessful.

GOER, upon a request made within fifteen days of release of the written or electronic notice from the unsuccessful bidder for a debriefing, shall schedule the debriefing to occur within a reasonable time of such request. Debriefings shall be conducted by GOER with the unsuccessful bidder in-person, provided, however, the parties may mutually agree to utilize other means such as, but not limited to, by telephone, video-conferencing or other types of electronic communications.

Such debriefing shall include, but need not be limited to: (a) the reasons that the

proposal submitted by the unsuccessful bidder was not selected for award; (b) the qualitative and quantitative analysis employed by GOER in assessing the relative merits of the proposals; (c) the application of the selection criteria to the unsuccessful bidder's proposal; and (d) when the debriefing is held after the final award, the reasons for the selection of the winning proposal. The debriefing shall also provide, to the extent practicable, general advice and guidance to the unsuccessful bidder concerning potential ways that their future proposals could be more responsive.

G. CONTRACT INFORMATION FOR SELECTED CONTRACTORS

1. Contract Award

A Contract defining all deliverables and the responsibilities of the Contractor and GOER will be developed for signature by both parties and for approval and processing in accordance with State policy and practice.

NOTE: The Contract does not become legally binding upon the State of New York until it is executed by the Office of the New York State Comptroller.

2. Irrevocable Standby Letter of Credit (SLOC)

The selected contractor must deliver a fully-executed SLOC, in the full aggregate amount set forth below, to GOER by September 1, 2017 or 30 business days after notification from GOER that the contract has been approved by OSC, whichever date is later. If the incumbent is awarded this contract, the SLOC must be delivered within 30 calendar days after notification from GOER that the contract has been approved by OSC. If the selected contractor fails to deliver the SLOC by the date above, the failure will constitute a breach of contract and the contract will be terminated for cause unless GOER grants an extension of time to deliver the SLOC. The right to grant an extension shall be within the sole discretion of GOER. However, GOER also retains the right to deny a request for an extension and immediately terminate the contract.

The selected contractor must maintain the SLOC in the full aggregate amount set forth below until completion of the contract term. Any failure to maintain the SLOC shall constitute a breach of contract. GOER will not excuse the failure to maintain the SLOC under any circumstances and the contract shall be terminated.

The issuing financial institution is required to provide the State with a written notice of any failure of the selected contractor to replenish the SLOC to the full aggregate amount or any failure of the financial institution to renew the SLOC.

The State must be entitled to present a written draft to the issuing financial institution. All drafts made under and in compliance with the terms and conditions of the SLOC must be duly honored by the issuing financial institution upon presentment. The State's failure to make such demand for a particular action shall not be deemed a waiver of its rights under the SLOC.

The issuing financial institution must stipulate and agree that, for value received, the obligations of the financial institution and its irrevocable SLOC must be in no way impaired or affected by any extensions of the times within which the State may receive, review, accept or pay for deliverables under the contract, or within which the selected contractor may furnish a SLOC, or by any waiver by the State of any of the

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requirements of the contract. The issuing financial institution must waive notice of any such extensions or waivers.

The executed SLOC must be maintained by the selected contractor at all times during the SLOC Term in an aggregate amount equal to \$250,000.

In the event the State makes a partial or complete drawing against the SLOC, the amount of such drawing must be replenished by the selected contractor to the full aggregate amount within five (5) business days of any individual draws against the SLOC. Failure of the selected contractor to replenish the SLOC within the required timeframe will be considered a material breach of contract.

The issuing financial institution may designate a separate address for receipt of the State's draft. However, presentment will be deemed to occur within the State of New York regardless of the physical location designated for receipt of the State's draft. Any actions or proceedings under the SLOC will be governed by the laws and heard in courts of the State of New York.

The selected contractor must be responsible for payment of all fees associated with obtaining and maintaining the SLOC for the duration of the contract term, including any extension periods.

3. Appendix A (Standard Clauses for NYS Contracts) – Attachment 2

The terms of Appendix A, Standard Clauses for New York State Contracts, attached hereto, are hereby incorporated into this RFP and any resulting Contract. The Contractor is required to adhere to the clauses of Appendix A.

4. State Consultant Services Reporting

Chapter 10 of the Laws of 2006 amended certain sections of State Finance Law and Civil Service Law to require disclosure of information regarding contracts for consulting services in New York State.

The winning bidders for procurements involving consultant services must complete a, State Consultant Services Contractor's Planned Employment, Form A, from Contract start date through end of Contract term in order to be eligible for a Contract.

Winning bidders must also agree to complete a, State Consultant Services Contractor's Annual Employment Report, Form B, for each state fiscal year included in the resulting Contract. This report must be submitted annually to the Department of GOER, the Office of the State Comptroller, and Department of Civil Service.

Form A and Form B are located at <http://goer.ny.gov/vendor-info/index.cfm>.

5. Proof of Compliance

WORKERS' COMPENSATION REQUIREMENTS UNDER WCL §57

A vendor seeking to enter into a contract with GOER must provide evidence of compliance with the Workers' Compensation Law (WCL). To comply with coverage provisions of the WCL, a vendor must:

- be legally exempt from obtaining workers' compensation insurance coverage; or
- obtain such coverage from insurance carriers; or
- be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

Therefore, to assist the State in enforcing Section 57 of the WCL, a vendor **must** provide one (1) of the following forms to GOER before a contract can be approved:

- a. Acceptable evidence of exemption from the law:
 - CE-200 - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, that NYS Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

This form may be completed electronically on the Board's website, at <http://www.wcb.ny.gov> under the heading "Forms." Vendors filing electronically will be able to print a finished Form CE-200 immediately upon completion of the electronic application. Vendors may also obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Vendors using the manual process may wait up to four (4) weeks before receiving a CE-200.

PLEASE NOTE: The vendor must sign and date this form whether filed electronically or in hard copy.

OR

- b. Acceptable evidence of coverage under the law:
 - C-105.2 - Certificate of Workers' Compensation Insurance (a vendor's insurance carrier will send this form to GOER on request). PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR
 - SI-12 - Certificate of Workers' Compensation Self-Insurance (the vendor can obtain this certificate by calling the Board's Self-Insurance Office at 518-402-0247); OR

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- GSI-105.2 - Certificate of Participation in Worker's Compensation Group Self-Insurance (the vendor's Group Self-Insurance Administrator will send this form to GOER upon request).

PLEASE NOTE: ACORD forms are not acceptable proof of workers' compensation coverage.

DISABILITY BENEFITS REQUIREMENTS UNDER WCL §220 SUBDIVISION 8

To comply with coverage provisions of the Disability Benefits Law, a vendor may:

- be legally exempt from obtaining disability benefits insurance coverage; or
- obtain such coverage from insurance carriers; or
- be a Board-approved self-insured employer.

Therefore, to assist the State in enforcing Section 220, subdivision 8, of the Disability Benefits Law, a vendor **must** provide **one (1)** of the following forms to GOER before a contract can be approved.

a. Acceptable evidence of exemption from the law:

- CE-200 - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required

This form may be completed electronically on the Board's website, at <http://www.wcb.ny.gov> under the heading "Forms." Vendors filing electronically will be able to print a finished Form CE-200 immediately upon completion of the electronic application. Vendors may also obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Vendors using the manual process may wait up to four (4) weeks before receiving a CE-200.

PLEASE NOTE: The vendor must sign and date this form whether filed electronically or in hard copy.

OR

b. Acceptable evidence of coverage under the law:

- DB- 120.1 - Certificate of Disability Benefits Insurance (the vendor's insurance carrier will send this form to GOER upon request); OR
- DB-155 - Certificate of Disability Benefits Self-Insurance (the vendor can obtain this Certificate by calling the Board's Self-Insurance Office at 518-402-0247).

If you have any questions or require additional information, please contact the Workers' Compensation Board, Bureau of Compliance, at (518) 462-8882 or (866) 298-7830. The

above forms are available at: <http://www.wcb.ny.gov> under the heading "Forms".

6. Indemnification

The Contractor agrees to obtain and maintain in effect a general policy of liability insurance in an amount determined by GOER. The Contractor shall provide GOER with a certificate of insurance naming the State of New York as an additional insured. The Contractor agrees that it will require any and all subcontractors with whom it subcontracts pursuant to this Contract to obtain and maintain a general policy of liability insurance in the same amount.

7. Publicity

News releases or any other public announcements regarding this project may not be released without prior approval from GOER. Publicity includes, but is not limited to, news conferences, news releases, advertising, brochures, reports, discussions and/or presentations at conferences or meetings. The inclusion of our materials, our agency name, or other such reference to New York State and/or The Governor's Office of Employee Relations in any document or forum is considered publicity. This provision shall survive the termination, suspension, cancellation or expiration of the Contract.

8. Contract Period and Renewal

The anticipated term of the Contract will be defined in the Face Page of the Contract Agreement, but is expected to begin January 1, 2017 and end December 31, 2021.

GOER reserves the right to schedule work assignments as it deems appropriate and does not guarantee work as a result of the award of a contract.

9. Service Delivery Location

During the term of the original Contract, GOER will request the selected contractor to deliver services as needed. Services resulting from this RFP may be delivered in any location throughout the State and selected contractor will need to identify geographic limitations to service delivery.

10. Contractor Substitutions

Recognizing that the Selected Contractor may need, during the term of the Contract, to add, change staff or hire subcontractors who can be deployed to work under this Contract, GOER reserves the right to review staff credentials and accept or reject staff for GOER projects. GOER Program Managers will be responsible for obtaining the appropriate resumes, credential documentation, etc. for determination of deploying such staff.

It is the Selected Contractor's responsibility when utilizing subcontractors to comply with New York State's requirements regarding vendor responsibility. Refer to Vendor Responsibility Questionnaire located at <http://goer.ny.gov/vendor-info/index.cfm>. Once the subcontractor meets the requirements and is determined to be a responsible subcontractor, the subcontractor may provide services for the Selected Contractor.

11. Cancellation

Cancellation for Convenience: GOER retains the right to cancel the Contract without reason provided that the Contractor is given at least twenty days written notice of its intent to cancel. This provision should not be understood as waiving GOER's right to terminate the Contract for cause or stop work immediately for unsatisfactory work, but is supplementary to that provision.

12. Suspension of Work

GOER reserves the right to suspend any or all activities under the Contract, at any time, in the best interests of the State or Issuing Entity. In the event of such suspension, the Contractor will be given a formal written notice outlining the particulars of such suspension. Examples of the reason for such suspension include, but are not limited to, a budget freeze on State spending, awaiting settlement of collective bargaining, or other such circumstances. Upon issuance of such notice, the Contractor is not to accept any work deployment request, and shall comply with the suspension order. Activity may resume at such time the Director of GOER, or authorized designee, issues a formal written notice authorizing a resumption of work.

13. Mandatory Contract Termination Provisions

- h. GOER reserves the right to terminate this Contract in the event it is found that the certification filed by the prospective bidder/Contractor in accordance with New York State Finance Law Sections 139-j and 139-k was intentionally false or intentionally incomplete. Upon such finding, GOER may exercise its termination right by providing written notification to the Contractor.
- i. If a Contractor fails to make the certifications required by section 5-a of New York State Tax Law, the Contract cannot take effect. If during the term of the Contract, the Department of Taxation and Finance or the covered agency discovers that a certification is false, then such false certification may subject the Contractor to civil or criminal sanctions, and a finding of non-responsibility for future procurements. Under certain circumstances, the statute provides that the Contract shall be subject to termination if the covered agency determines that termination of the Contract is in the best interests of New York State.

- j. Any Contractor who willfully and intentionally fails to comply with the MWBE participation requirements as set forth in this Contract shall be liable to GOER for liquidated or other damages, as otherwise specified in the Contract, and shall provide for other appropriate remedies on account of such breach. Damages shall include, but not be limited to, actual costs incurred by GOER related to GOER expenses for personnel, supplies and overhead related to establishing, monitoring, and reviewing certified MWBE programmatic goals and Affirmative Action and Equal Opportunity compliance, actual costs to reprocur, and any additional funds GOER expends on the subsequently reprocured contract.

- k. Contractor Responsibility -The Contractor shall at all times during the Contract term remain responsible. The Contractor agrees, if requested by the Director of GOER or his or her designee, to present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.
 - i.) Suspension of Work (for Non-Responsibility) - The Director of GOER or his or her designee, in his or her sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when he or she discovers information that calls into question the responsibility of the Contractor. In the event of such suspension, the Contractor will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor must comply with the terms of the suspension order. Contract activity may resume at such time as the Director of the GOER or his or her designee issues a written notice authorizing a resumption of performance under the Contract.

 - ii) Termination (for Non-Responsibility) - Upon written notice to the Contractor, and a reasonable opportunity to be heard with appropriate GOER officials or staff, the Contract may be terminated by the Director of GOER or his or her designee at the Contractor's expense where the Contractor is determined by the Director of GOER or his or her designee to be non-responsible. In such event, the Director of GOER or his or her designee may complete the contractual requirements in any manner he or she may deem advisable and pursue available legal or equitable remedies for breach.

14. Minority and Women-Owned Business Enterprise (MWBE)

This section relates to the utilization of New York State certified Minority and Women-Owned Business (MWBE) enterprises and the successful bidder.

Contractors shall attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to GOER, but must be made no later than prior to the submission of a request for final payment on the Contract.

Contractors are required to submit a Contractor's MWBE Quarterly Payment Report, GOER Form # ADM-146, to Lisa Todd at lisa.todd@goer.ny.gov, by the 10th day of April, July, October and January over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

- a. Compliance reports shall be submitted by the Contractor for which a utilization plan was required and approved by GOER.
- b. Contractor compliance reports shall be filed quarterly.
- c. A Contractor compliance report shall include, but not be limited to the following information:
 - the name, address and telephone number of each certified minority or woman-owned business enterprise the Contractor is using or intends to use to comply with the utilization plan;
 - a brief description of the Contract scope of work to be performed for the Contractor by each certified minority or woman-owned business enterprise and the scheduled dates for performance;
 - a statement of whether the Contractor has a written agreement with each certified minority or woman-owned business enterprise, and if requested, copies of such agreements, the Contractor is using or intends to use;
 - the actual total cost of the Contract scope of work to be performed by each certified minority or woman-owned business enterprise for the Contract; and
 - the actual amounts of any payments made by the Contractor to each certified minority or woman-owned business enterprise as of the date the compliance report was submitted.

15. Service-Disabled Veteran-Owned Business Enterprises (SDVOB)

This section relates to the utilization of NYS certified Service-Disabled Veteran-Owned Business Enterprises (SDVOB) and the successful bidder. Contractors are strongly encouraged to use responsive and responsible SDVOBs in the performance of the contract. If an SDVOB is approved for subcontracting by GOER, the prime contractor is requested to document actual quarterly payments made to the SDVOB by

submitting the Contractor's SDVOB Quarterly Payment Report, GOER Form # ADM-329, by the 10th day of April, July, October and January over the term of the contract to Lisa.Todd@goer.ny.gov.

Contractor's SDVOB Quarterly Payment Report, GOER Form # ADM-329 is available at <http://goer.ny.gov/Forms/index.cfm>.

16. Non-Resident New York State Taxes

Individuals living in other states or firms incorporated out of the State of New York may be liable for New York State non-resident taxes on income earned through this Contract. Please contact the New York State Department of Taxation and Finance, Taxpayer Services Unit at 1-800-225-5829 if you have any questions concerning this requirement.

17. GOER Rights Reserved

In order to serve the best interests of the State, GOER reserves the right to:

- Postpone or cancel this RFP upon notification to all bidders.
- Amend the specifications after their release with appropriate notice to all bidders.
- Request bidders to present supplemental information clarifying their proposal, either in writing or in a formal presentation.
- Waive or modify minor irregularities in proposals received after prior notification to the bidder.
- Reject any and all proposals received in response to this RFP.
- Contact bidders' references as a check on qualifications.
- Award the contract to other than the lowest bidder.
- Award contracts to more than one (1) bidder.
- Negotiate with the next highest rated bidder if negotiating a contract with the selected bidder cannot be accomplished within an acceptable time frame (no bidder will have any rights against GOER arising from such negotiations).
- Cancel the project contract on 20 days' written notice and/or make any payment contingent upon the submission of specific deliverables.

18. Assurances

The bidder warrants that it has carefully reviewed the needs of the State as described in the RFP, its attachments and other communications related to the RFP and that it has familiarized itself with the specifications and requirements of the RFP and warrants that it can provide such services as represented in bidder's proposal. The bidder agrees that it will perform all of its obligations in the resultant Contract in accordance with all applicable federal, State, and local laws, regulations and policies

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now or hereafter in effect. The bidder affirms that the terms of the RFP and the attachments do not violate any contracts or agreements to which it is a party, and that its other contractual obligations will not adversely influence its capabilities to perform under the Contract.

19. Electronic Files or Data

If electronic files are to be exchanged as a part of this proposal or as a product of the Contract, they must conform to agency information management guidelines.

20. Notices

- a. All notices permitted or required under the Contract shall be in writing and shall be transmitted either:
 - via certified or registered United States mail, return receipt requested;
 - by facsimile transmission;
 - by personal delivery;
 - by expedited delivery service; or
 - by email.
- b. Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.
- c. The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this Contract by giving fifteen (15) days' written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representatives for the purpose of receiving notices under this Contract. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and problems and/or for dispute resolution.

21. Contract Payments

The Contractor shall provide complete and accurate billing invoices to the NYS Office of General Services (OGS) Business Services Center (BSC) Accounts Payable in order to receive payment. Billing invoices submitted to the BSC must contain all information and supporting documentation required by the resulting Contract, GOER and the State Comptroller. Contractor invoices should be sent directly to the BSC at:

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Governor's Office of Employee Relations
Unit ID: 1120000
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900

Invoices can alternatively be sent electronically to AccountsPayable@ogs.ny.gov. For more information please visit the BSC Accounts Payable webpage at <https://bsc.ogs.ny.gov/content/accounts-payable>.

Copies of contractor invoices and supporting documentation should also be sent electronically to Lisa Todd at Lisa.Todd@goer.ny.gov and Mary Caldwell at Mary.Caldwell@goer.ny.gov.

Payment for invoices submitted by the Contractor shall only be rendered electronically unless payment by paper check is expressly authorized by the Director, in the Director's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The Contractor shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us, or by telephone at (855) 233-8363. The Contractor acknowledges that it will not receive payment on any invoices submitted under the resulting Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Director has expressly authorized payment by paper check as set forth above.

22. Non-Discrimination/Americans with Disabilities Act (ADA)/NYS Human Rights Law (HRL)

GOER does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or sexual orientation in the admission to, access to, or employment in its programs or activities. A reasonable accommodation will be provided on request, where required by law.

Any product(s) developed as a result of this RFP must be in a format that can be converted for use by individuals with disabilities to meet the reasonable accommodation standards established by the ADA and/or the HRL.

23. Conflict of Interest

Bidders may be requested to provide evidence that the award of the Contract from this RFP will not result in a conflict of interest with regard either to other work performed by the Contractor, or to potential conflict of interest among specific Contractor staff or subcontractors.

24. Ownership of Materials

All materials developed with funding provided by the State and all proposals, work plans and budgets become the property of New York State. All materials produced, either in whole or in part, through funding provided by New York State shall belong exclusively to GOER and to the State of New York. GOER may use any of the materials developed with project funds for any GOER or other State purpose. GOER, upon specific request and where it deems appropriate, may grant a successful bidder permission to use any materials produced, either in whole or in part, as a result of a Contract between a successful bidder and GOER.

Ownership of Materials for Website Development includes: All materials, including but not limited to, information, software, photographs, video, graphics, music, HTML, sounds, logos, compilation and design, developed with funding provided by the State and all proposals, work plans and budget becomes the property of New York State. All materials produced, either in whole or in part, through funding provided by New York State shall belong exclusively to GOER and to the State of New York. GOER may use any of the materials developed with project funds for any GOER or other State purpose.

25. Copyright

All documents created or prepared under this Contract must be in compliance with GOER/LMC Copyright Policy (Attachment 3). As indicated by this Copyright Policy, GOER adheres to and requires the successful bidder to adhere to the requirements of the Copyright Law, which is Federal law and contained in Title 17 of the United States Code, Sections 101 et seq. Such requirements include the following:

- When GOER contracts for the creation of training or instructional work and/or materials or curriculum, it is deemed under the Copyright Law as a work-made-for hire and GOER is the owner of the copyright thereto.
- The Contractor must contact GOER to incorporate or include previously copyrighted materials in the work being created or prepared under the Contract. The Contractor shall submit a copy of the previously copyrighted material and a draft of how the Contractor proposes to include or incorporate the previously copyrighted material in the work-made-for hire. GOER shall obtain written permission, where such written permission is necessary and required, from the copyright owner(s) or their legal representative(s) for such inclusion or incorporation of such previously copyrighted material.
- After GOER obtains written permission, GOER will transmit a copy of the written permission to the Contractor, and the Contractor shall include, on the appropriate page(s) of the work-made-for hire, a citation to the copyright owner(s) using the style as set forth in the written permission.

- Where a copyright owner requests a fee for permission, GOER shall pay the copyright owner(s) or legal representative(s) the agreed upon fee, if any, for the inclusion or incorporation of previously copyrighted material in the work-made-for hire. GOER, in its sole discretion, may determine that it will not pay such fee for the right to include or incorporate such previously copyrighted material. In such event, the vendor will be required to create new materials or use alternate, previously copyrighted materials (which shall also be subject to GOER's Copyright Policy).
- Bibliographic and footnote references and citations must be included where appropriate and must use the proper format as set forth in the Copyright Policy.
- The Contract will contain a warranty by which the Contractor shall warrant to GOER that he/she is the sole author of the material or work created or produced, except for the incorporated material for which copyright permission was obtained.
- The Contract will contain an indemnification in which the Contractor agrees to indemnify GOER against any legal action with respect to the warranty.
- When the consultant is using materials previously developed by that consultant and adopting or revising such materials for delivery to New York State employees, the consultant materials must comply with the requirements of GOER/LMC Copyright Policy.

26. Freedom of Information Law and Bidder's Proposals

The purpose of New York State's Freedom of Information Law (FOIL), which is contained in Public Officers Law (POL) Sections 84-90, is to promote the public's right to know the process of governmental decision making and to grant maximum public access to governmental records. Consequently, a member of the public may submit a FOIL request for contracts awarded by the State or for the proposals submitted to the State in response to Requests for Proposals. After formal contract award, the proposal of the successful bidder and the proposals of non-successful bidders are subject to disclosure under FOIL. However, pursuant to Section 87(2)(d) of the POL, a State agency may deny access to those portions of proposals or portions of a successful bidder's contract which "are trade secrets or are submitted to an agency by a commercial enterprise or derived from information obtained from a commercial enterprise and which if disclosed would cause substantial injury to the competitive position of the subject enterprise."

If a bidder believes that any information in its proposal meets the requirements of POL Section 87(2)(d) and wishes such information not to be disclosed if requested by a member of the public pursuant to FOIL, the bidder shall submit with its proposal, a letter, specifically identifying by page number, line or other appropriate designation, such information that is alleged to meet the requirements of POL Section 87(2)(d) and explaining in detail how such information allegedly meets such requirements.

A bidder's failure to submit with its proposal such a letter shall constitute a waiver by the bidder of any rights it may have otherwise under Section 89(5).

In no event will GOER consider information to be covered under POL Section 89(5) if that information is not the proprietary information or ideas of the bidder and so designated in the proposal, or if that information:

- was known to GOER before submission of such proposal;
- properly became known to GOER thereafter through other sources; and/or
- is in the public domain.

Additionally, any such claim is subject to review by GOER and a court of competent jurisdiction pursuant to Section 89(5) of the POL.

27. Provision for Short Term Contract Extension

At the end of any Contract term otherwise provided for herein, if a replacement Contract has not yet been approved in accordance with state law, any Contract awarded hereunder may be extended unilaterally by the State, upon notice to the Contractor, at the same terms and conditions, including all Contract prices, for a period of up to three (3) months with the concurrence of the Contractor. However, any extension will terminate immediately upon approval of the replacement Contract except where a period of transition of Contractors has been previously provided for.

28. Force Majeure

A force majeure occurrence is an event or effect that cannot be reasonably anticipated or controlled. Force majeure includes, but is not limited to, acts of God, acts of war, acts of public enemies, strikes, fires, explosions, actions of the elements, floods, or other similar causes beyond the control of the Contractor or the Director in the performance of the Contract for which non-performance, by exercise of reasonable diligence, cannot be prevented. The Contractor shall provide the Director with written notice of any force majeure occurrence as soon as the delay is known.

Neither the Contractor nor the Director shall be liable to the other for any delay in or failure of performance under the Contract due to a force majeure occurrence. Any such delay in or failure of performance shall not constitute default or give rise to any liability for damages. The existence of such causes of such delay or failure shall extend the period for performance to such extent as determined by the Contractor and the Director to be necessary to enable complete performance by the Contractor if reasonable diligence is exercised after the cause of delay or failure has been removed.

29. Accessibility of State Agency Web-based Intranet and Internet Information and Applications

Any web-based intranet and internet information and applications development, or programming delivered pursuant to the Contract or procurement will comply with New York State Enterprise IT Policy NYS-P08-005, Accessibility of Web-Based Information and Applications, and New York State Enterprise IT Standard NYS-S08-005, Accessibility of Web-Based Information Applications, as such policy or standard may be amended, modified or superseded, which requires that State agency web-based intranet and internet information and applications are accessible to persons with disabilities. Web content must conform to New York State Enterprise IT Standard NYS-S08-005, as determined by quality assurance testing and comply with GOER's Data Security Policy, pp. 142-144.

GOER will work with the successful bidder to provide an understanding of accessibility requirements. In addition, the website will require GOER's prior final approval.

30. Security, Non-Disclosure, and Confidentiality

The Contractor shall maintain the security, nondisclosure and confidentiality of all information in accordance with the following clauses in performance of its activities under the Contract. The Contractor shall ensure that its personnel, agents, officers and subcontractors, if any are fully aware of the obligations arising under this section and shall take all commercially reasonable steps to ensure compliance. The Contract may be terminated by GOER for cause for a material breach of this section.

a. *Security Procedures and Employee Dishonesty:*

The Contractor will comply fully with all security procedures of GOER communicated to the Contractor in the performance of this Contract, including, but not limited to, New York State Cyber Security Policy P03-002 see: <https://www.its.ny.gov/document/information-security-policy> and New York State Cyber Security Standard S05-001, as amended from time to time, or their successors. Applicable policies may be found at: <http://www.its.ny.gov/eiso/policies/security>. The Contractor shall hold GOER harmless from any loss or damage to GOER resulting from the violation by the Contractor, its officers, agents, employees, and subcontractors, of any of such security procedures or policies resulting from any criminal acts committed by such officers, agents, employees, and subcontractors, while providing services as requested in the RFP under the contract.

GOER may terminate the Contract if it determines that the Contractor has violated a material term of this section. The terms of this section shall apply equally to the Contractor, officers, agents, employees, and subcontractors, if any. The Contractor agrees that all officers, agents, employees, and subcontractors, if any, shall be made aware of and shall agree to the terms

of the Security, Non-Disclosure, and Confidentiality provisions of this Contract.

b. *Nondisclosure and Confidentiality*

i. Except as may be required by applicable law or a court of competent jurisdiction, the contractor, its officers, agents, employees, and subcontractors, if any, shall maintain strict confidence with respect to any confidential information to which the contractor, its officers, agents, employees, and subcontractors, if any have access. This representation shall survive termination of the contract. For purposes of the contract, all State information of which the contractor, its officers, agents, employees, and subcontractors, if any becomes aware during the course of performing services as requested in the RFP for GOER shall be deemed to be confidential information (oral, visual or written). Notwithstanding the foregoing, information that falls into any of the following categories shall not be considered confidential information:

- information that is previously rightfully known to the receiving party without restriction on disclosure;
- information that becomes, from no act or failure to act on the part of the receiving party, generally known in the relevant industry or is in the public domain; and
- information that is independently developed by the contractor without use of confidential information of the State.

The contractor shall hold the State harmless, without limitation, from any loss or damage to the State resulting from the disclosure by the contractor, its officers, agents, employees, and subcontractors of such confidential information.

ii. The disclosure of any information about GOER/LMC information technology, State employees or the State workforce that the vendor/contractor may have access to in the course of this engagement to any individual not employed by GOER/the LMC is prohibited unless explicitly specified in this RFP. Vendor personnel will be required to sign GOER's standard Non-Disclosure Agreement.

The vendor/contractor may be required to submit a risk assessment plan for the management of confidential information. This plan, if required, must include technology and non-technology based approaches to managing the security of confidential information.

31. Subcontractors

The Contractor may subcontract services as requested in the RFP provided under the contract, or any part of it, only upon the prior written approval of GOER.

A subcontractor shall be defined as any firm or person who is not an active employee of the Contractor, but who is otherwise engaged or assigned to perform work under the Contract. All agreements between the Contractor and its subcontractors shall be by bona fide written contract.

The Contractor shall include in all subcontracts in such a manner that they will be binding upon each subcontractor with respect to work performed in connection with the Contract, provisions consistent with those found in the Contract, including, but not limited to:

- That the work performed by the subcontractor must be in accordance with the terms of the Contract;
- That the subcontractor shall comply with the provisions of Section 5-a of the Tax Law;
- That nothing contained in such subcontract shall impair the rights of GOER;
- That nothing contained therein shall create any contractual relation between any subcontractor and GOER;
- That the subcontractor shall maintain all records with respect to work performed by the subcontractor in the same manner as required of the Contractor; and
- That GOER shall have the same authority to audit the records of all subcontractors as it does those of the Contractor.

The Contractor shall be fully responsible to GOER for the acts and omissions in the performance of services as requested in the RFP under the Contract of the subcontractors and/or persons either directly or indirectly employed by it or by the subcontractors, as it is for the acts and omissions in the performance of services as requested in the RFP under the Contract or persons directly employed by the Contractor. The Contractor shall not in any way be relieved of any programmatic or financial responsibility under the Contract by its agreement with any subcontractor or by GOER's approval of such an agreement with a subcontractor.

GOER reserves the right to reject any proposed subcontractor for any reason, which may include, but is not limited to: (i) that the proposed subcontractor is on the Department of Labor's list of companies with which New York State cannot do business; or (ii) GOER determines that the proposed subcontractor is not qualified or has previously provided unsatisfactory contract performance or service.

32. Information and Security Breach and Notification Act

In accordance with the Information Security Breach and Notification Act (ISBNA) (General Business Law, §889-aa; State Technology Law, §208), the Contractor shall be responsible for complying with the provisions of the ISBNA and the following terms contained herein with respect to any private information (as defined in ISBNA) received by the Contractor under this Project (Private Information) that is within the control of the Contractor either on GOER's information security systems or the Contractor's information security systems (System). In the event of a breach of the security of the System (as defined by ISBNA) the Contractor shall immediately commence an investigation, in cooperation with GOER, to determine the scope of the breach and restore the security of the System to prevent any further breaches. The Contractor shall also notify GOER of any breach of the security of the System immediately following discovery of such breach. Except as otherwise instructed by GOER, the Contractor shall, to the fullest extent possible, first consult with and receive authorization from GOER prior to notifying any individuals, the State Consumer Protection Board, the Office of the Attorney General (OAG) and the Office of Cyber Security and Critical Infrastructure Coordination or any consumer reporting agencies of a breach of the security of the System or concerning any determination to delay notification due to law enforcement investigations. The Contractor shall be responsible for providing the notice to all such required recipients and for all costs associated with providing such notice. Nothing herein shall in any way impair the authority of the OAG to bring an action against the Contractor to enforce the provisions of the ISBNA or limit the Contractor's liability for any violations of the ISBNA. Additional information relative to the law and the notification process is available at: <http://its.ny.gov/eiso/breach-notification>.

H. SUMMARY OF DOCUMENTS REQUIRED WITH PROPOSAL AND CONTRACT

Below is a table summarizing the documents to be completed and submitted with the bidder's proposal as well as the forms that the winning bidder will need to complete prior to a contract being approved. These forms are located at <http://goer.ny.gov/vendor-info/index.cfm>.

Document Name	Required with Proposal	Required with Contract
Intent to Bid, GOER Form # ADM-103	No. The ADM-103 is requested by July 15 but is not mandatory.	
Application for Competitively Bid Contract, GOER Form # ADM-28 with original signature	√	
Vendor Responsibility Questionnaire	√ Hardcopy must be submitted with proposal or if filed via the VendRep System, must be electronically filed by proposal due date.	
Contractor Certification Form, ST-220-TD	No. Send directly to NYS Department of Taxation and Finance by proposal due date.	
Contractor Certification to a Covered Agency Form, ST-220-CA	√	
Budget Forms and Supplemental Worksheets	√	
Nondiscrimination in Employment in Northern Ireland Certification: Macbride Fair Employment Principles, GOER Form # ADM-321	√	
Non-Collusive Bidding Certificate Required by Section 139-d of the State Finance Law, GOER Form # ADM-320	√	
Confidentiality and Nondisclosure Agreement, GOER Form # ADM-319	√	

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Document Name	Required with Proposal	Required with Contract
Contractor's MWBE Utilization Plan, GOER Form # ADM-145	√	
Contractor's MWBE Quarterly Payment Report, GOER Form # ADM-146		√
MWBE Waiver Request Form, GOER Form # ADM-149	If applicable √	
Equal Employment Opportunity Staffing Plan, GOER FORM # ADM-311	√	
Workforce Utilization Report, GOER Form # ADM-326		√
MWBE/EEO Policy Statement, GOER Form # ADM-315	√	
Diversity Practices Questionnaire, GOER Form # ADM-327	√	
SDVOB Utilization Plan, GOER Form # ADM-328	√	
SDVOB Quarterly Payment Report, GOER Form # ADM-329		If applicable √
Form A		√
Form B		No. Form B is due at the end of the fiscal year.
Proof of Workers' Compensation coverage and Disability Benefits Insurance and/or Attestation of Exemption(s)		√
Certificate of Liability Insurance Naming State of New York as an Additional Insured		√

**GOER/LMCs Policy and Guidelines
for Implementing the
New York State Procurement Lobbying Law**

I. Overview

Chapter 1 of the Laws of 2005 (the “Law”), which amended the Legislative Law (the “Lobbying Act”) and the State Finance Law, was enacted on August 23, 2005 by Governor George E. Pataki. The Law regulates attempts to influence state and local Governmental Entity procurement contracts in order to increase transparency and accountability in New York State’s procurement process. The Law was subsequently modified in 2005, 2006, 2007, 2009 and 2010.

Generally, the Law:

- Makes the Lobbying Act applicable to attempts to influence procurements and contracts once the procurement process has been commenced by a State agency, unified court system, State legislature, public authority, certain industrial development agencies and local benefit corporations;
- Requires the above-mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- Requires governmental entities to designate the persons who may be contacted relative to the governmental procurement by that entity in a restricted period;
- Authorizes the New York State Joint Commission on Public Ethics (JCOPE) (f/n/a the NYS Commission on Public Integrity) to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;
- Directs the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to the Law and those who have been debarred and publish such list on its website;
- Requires the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment;
- Expands the definition of lobbying to include attempts to influence gubernatorial or local Executive Orders, Tribal–State Agreements, and procurement contracts;
- Modifies the governance of JCOPE to provide that opinions of JCOPE shall be binding only on the person to whom such opinion is rendered;
- Increases the monetary threshold which triggers a lobbyist’s obligations under the Lobbying Act from \$2,000 to \$5,000; and
- Establishes the Advisory Council on Procurement Lobbying.

Primarily, the Law regulates two (2) related aspects of procurements: (i) activities by the business and lobbying community seeking procurement contracts (through amendments to the Legislative Law) and (ii) activities involving governmental entities establishing procurement contracts (through amendments to the State Finance Law).

II. Applicability of the Policy and Guidelines (hereinafter “Policy”)

The Governor’s Office of Employee Relations, in addition to its own procurement activities, provides administrative and contracting services for the Statewide Joint Labor-Management Committees. This policy applies to all of the above entities (referred to in the policy collectively as “the agency”).

In general, this policy applies to every procurement involving an estimated annualized expenditure in excess of \$15,000 for:

- Commodity;
- Service;
- Technology;
- Public work;
- Construction;
- Revenue contract;
- The purchase, sale or lease of real property; or
- The acquisition or granting of other interest in real property.

Procurements under \$15,000 are not covered by changes to the Law or this policy.

Contacts between employees of the agency and an Offerer are restricted at the point in time when the agency issues its first written document soliciting a response from Offerers which is intended to result in a procurement contract (see State Finance Law §139-j (1) (f)). This is referred to as the “Restricted Period” as used in this policy. Contacts between Offerers and the agency prior to the Restricted Period of procurement are acceptable. Therefore, communications between Offerers and the agency during the preparation of specifications, bid documents, RFPs, IFBs, are not governed by State Finance Law Sections 139-j and 139-k. Communications at this stage, however, are governed by the provisions set forth in State Finance Law Sections 163 and 163-a and other applicable law, including registration and reporting requirements of the Lobbying Act.

Offerers and agency personnel may communicate prior to the Restricted Period in the form of a Request for Information (RFI) by the agency and the response thereto by an Offerer. RFIs are generally used as a means to collect information upon which to base a decision by an agency to proceed with procurement. RFIs are not a tool employed to award a contract.

The Law and this policy apply to sole source and single source contracts, in addition to competitive procurements. Amendments authorized under the terms of a contract as it was finally awarded or approved by the Comptroller are not subject to the Restricted Period. Supplements to a contract incorporating other amendments, renewals, extensions or any other material change in a contract resulting in a financial benefit to the Offerer are subject to the Restricted Period.

III. Permissible Contacts During the Restricted Period

The “Restricted Period” begins with the earliest written notice, advertisement or solicitation of a request for proposal, invitation for bids, request for services, or solicitation of proposals, or any other method for soliciting a response from Offerers with regard to a procurement opportunity or contract. This period ends with the final procurement decision or contract award and, if applicable, approval by the State Comptroller. However, the negotiation of a contract by an Offerer who has been tentatively awarded a contract is permitted and would need to be recorded as a Contact in the procurement record.

The following represent instances where communication with someone other than the designated Contact person(s) for a procurement may be necessary:

- Submission of a written bid, proposal or response to a solicitation intending to result in a procurement contract;
- Submission of written questions by a method set forth in the solicitation when all written questions and responses are to be provided to all Offerers who have expressed an interest in the solicitation;
- Participation in a conference, demonstration or other means for exchange of information in a setting open to all potential bidders provided for in the solicitation;
- Complaints by an Offerer to office of general counsel of the procuring agency where the designated person for the procurement contract of the agency fails to respond in a timely manner, provided that such written complaints become part of the procurement record;
- Negotiations with the agency after a tentative award;
- Debriefings about a procurement contract award;
- Protests, appeals or other review proceedings to the agency conducting the Governmental Procurement seeking a final administrative determination or in a subsequent judicial proceeding;
- Complaints of alleged improper conduct in a Governmental Procurement to the attorney general, inspector general, district attorney or court of competent jurisdiction;

- Protests, appeals or complaints to the State Comptroller during the process of contract approval provided that the State Comptroller makes a record of such communications and any responses thereto to keep in the procurement record;
- Communications between Offerers and the agency that solely address a responsibility determination of the Offerer being made by the agency;
- Communications relating to a Governmental Procurement made by certain preferred source providers except for communications which attempt to influence the issuance or terms of the specifications that serve as the basis for bid documents, requests for proposals, invitations for bids, or solicitations of proposals, or any other method for soliciting a response from Offerers intending to result in a procurement contract with the agency; and
- Communications from the agency exercising an oversight role in a Governmental Procurement with Offerers regarding the status of the review, oversight or approval of that Governmental Procurement.

Impermissible contact with the agency occurs when the Offerer contacts a person in the agency who is not the designated contact person for the procurement in an attempt to influence a procurement. The obligations under the Law and this policy are activated when an Offerer or anyone working on behalf of the Offerer has any oral, written, or electronic communication with the agency that a reasonable person would believe is intended to influence a procurement being made by the agency.

IV. Agency Requirements

This policy has certain requirements that apply to the agency, while other requirements apply to Offerers. The agency will collect certain information about a person or organization contacting us about a procurement in an attempt to influence such procurement during the Restricted Period. In addition, the agency will obtain information from Offerers about any findings by any Governmental Entity of non-responsibility made within the previous four (4) years and if the finding of non-responsibility was due to (1) engaging in impermissible contacts with a Governmental Entity or (2) the intentional provision of false or incomplete information to a Governmental Entity.

This information will be solicited in the initial bid documents on forms developed for this purpose. If any employee of our agency is contacted, that employee must record the contact, obtaining the following specific information for each contact:

- Name of Person and Organization
- Address
- Telephone Number
- Place of Principal Employment

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- Occupation
- Record whether the person/organization making the contact was the Offerer or was retained employed or designated by, or on behalf of, the Offerer to appear before or contact the agency regarding the procurement.

These records of contact will be included in the procurement record for the procurement contract using the agency's "Record of Contact" form, and must be forwarded to the Contract Manager in the agency's Administration Unit.

It is the policy of the agency to make a determination of responsibility before awarding a procurement contract to an Offerer. In addition to responsibility factors such as financial and organizational capacity, legal authority, integrity, and past performance, this policy requires us to take into consideration any violation of the permissible contact requirements of State Finance Law Section 139-j and the disclosure requirements of State Finance Law Section 139-k. A determination of non-responsibility will be made if it is found that the Offerer knowingly and willfully made an impermissible contact or failed to timely disclose accurate and complete information or otherwise cooperate in providing the information required by State Finance Law Section 139-k.

This agency is precluded from awarding a procurement contract to an Offerer that has been determined to be non-responsible because of a knowing and willful violation of the prohibitions of State Finance Law Section 139-j against impermissible contacts during the Restricted Period, unless the agency finds that an award is necessary to protect public property or public health or safety, and that the Offerer is the only source capable of supplying the required Article of Procurement within the necessary timeframe. An Article of Procurement is defined as a commodity, service, technology, public work, construction, revenue contract, purchase, sale or lease of real property or an acquisition or granting of other interest in real property, that is the subject of a Governmental Procurement.

Furthermore, if an Offerer has a second knowing and willful violation within four (4) years of a previous determination of non-responsibility, the Offerer can be debarred for four (4) years.

Communications received by the agency from legislative staff or members of the State Legislature when those persons are acting in their official capacity are not considered "Contacts" during the Restricted Period and thus do not have to be recorded pursuant to the State Finance Law. Also, communications that a reasonable person would infer are not intended to influence a procurement by the agency do not have to be recorded.

For purposes of this policy, the agency will include a record of contacts about a particular procurement and determination of non-responsibility (if any) in the procurement file where it will remain as a part of the procurement record. The procurement file will be retained for that period of time already designated under the agency's Records Retention Policy,

currently six (6) years after the expiration of the related contract, or final payment, whichever is later.

V. Offerers Requirements and Responsibilities

Offerers have certain requirements under the State Finance Law and under this policy if they, or their designated representative, choose to respond to a Request for Proposals or attempt to influence a procurement. Under the Law and this policy, an Offerer or his/her representative is generally prohibited from contacting anyone other than the designated contact persons at this agency with regard to a procurement during the Restricted Period. Offerers are also required to disclose whether there has been a finding of non-responsibility with regard to their compliance under the law within the past four (4) years. Furthermore, an Offerer must affirm that they understand and agree to comply with this policy relating to permissible contacts during a procurement and certify that all information provided to the agency is complete, true and accurate.

If an Offerer is found to have engaged in impermissible contacts with this agency, the Offerer will be denied a contract under this policy. However, this denial does not preclude the agency from awarding such Offerer another procurement contract if this non-responsibility determination is the first such determination against the Offerer in four (4) years.

VI. Violations of This Policy

Alleged violations of this policy will be reviewed by the agency's Ethics Officer. The Ethics Officer shall immediately investigate the allegation and if sufficient cause exists to believe that the allegation is true, the Ethics Officer shall give the Offerer reasonable notice that the investigation is ongoing and an opportunity to be heard. The Offerer's response to the alleged violation will become a part of the investigative or review record and will be given due consideration by the agency during the review or investigation.

VII. Questions About This Policy

Questions about this policy should be directed to DFA Contract Manager in GOER's Administration Unit at 518-473-3755.

APPENDIX A

STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS

**PLEASE RETAIN THIS DOCUMENT
FOR FUTURE REFERENCE.**

January 2014

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STANDARD CLAUSES FOR NYS CONTRACTS

APPENDIX A

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STANDARD CLAUSES FOR NYS CONTRACTS

APPENDIX A

STANDARD CLAUSES FOR NYS CONTRACTS

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licenser, licensee, lessor, lessee or any other party):

1. EXECUTORY CLAUSE. In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

2. NON-ASSIGNMENT CLAUSE. In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State's previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller's approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

3. COMPTROLLER'S APPROVAL. In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6-a). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

4. WORKERS' COMPENSATION BENEFITS. In accordance with Section 142 of the State Finance Law, this

contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

5. NON-DISCRIMINATION REQUIREMENTS. To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.

6. WAGE AND HOURS PROVISIONS. If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of

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any State approved sums due and owing for work done upon the project.

7. NON-COLLUSIVE BIDDING CERTIFICATION. In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

8. INTERNATIONAL BOYCOTT PROHIBITION. In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4).

9. SET-OFF RIGHTS. The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

10. RECORDS. The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this

contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION. (a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers.

(b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN. In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00,

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STANDARD CLAUSES FOR NYS CONTRACTS**APPENDIX A**

whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgrades, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment

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opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

13. CONFLICTING TERMS. In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

14. GOVERNING LAW. This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

15. LATE PAYMENT. Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

16. NO ARBITRATION. Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

17. SERVICE OF PROCESS. In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS. The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

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In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES.

In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

20. OMNIBUS PROCUREMENT ACT OF 1992. It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development
Division for Small Business
Albany, New York 12245
Telephone: 518-292-5100
Fax: 518-292-5884
email: opa@esd.ny.gov

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development
Division of Minority and Women's Business Development
633 Third Avenue
New York, NY 10017
212-803-2414
email: mwb certification@esd.ny.gov
<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

21. RECIPROCITY AND SANCTIONS PROVISIONS.

Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT.

Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

23. COMPLIANCE WITH CONSULTANT DISCLOSURE LAW.

If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded

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the contract, the Department of Civil Service and the State Comptroller.

24. PROCUREMENT LOBBYING. To the extent this agreement is a "procurement contract" as defined by State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.

To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

26. IRAN DIVESTMENT ACT. By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerers pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at:
<http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not

limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

**GOER/LMC
COPYRIGHT POLICY**

Last Revised: January 2015

PURPOSE OF THE COPYRIGHT LAW

The Copyright Law is found in 17 United States Code (USC) Sections 101 et seq. The primary purpose of the Copyright Law is to encourage the creation and production of original works of authorship, including literary, dramatic, musical, artistic, and other intellectual works. The law provides authors of such works or the owner of copyright with exclusive rights to reproduce and distribute their work.

THE OWNER OF THE COPYRIGHT

The Copyright Law provides that the copyright in a work becomes the property of the author who created the work. The author, as the owner of the copyright, can enter into contracts or agreements, which transfer or assign to others some or all of her/his rights as copyright holder.

However, if a work is a “work made for hire,” then the Copyright Law provides that the employer or other person for whom the work was prepared owns the copyright.

- < A work created by an employee within the scope of his or her employment is a “work made for hire.” For example, copyright ownership vests with GOER, when a GOER staff member authors a training manual as part of that staff member’s job duties.

- < If a work is created by an independent contractor, and fits within one of the nine (9) categories of works set forth in the law, and there is a written agreement between the parties specifying that the work is a “work made for hire,” then the person for whom the work was prepared owns the copyright. For example, when GOER contracts with an independent contractor to write/create a curriculum, GOER would own the copyright, as this would be a “work made for hire.”

RIGHTS OF THE OWNER OF THE COPYRIGHT

Section 106 of the Copyright Law grants the ***owner of the copyright the exclusive right to do and to authorize others to do*** the following:

- to reproduce the copyrighted work;
- to prepare derivative works based upon the copyrighted work;
- to distribute copies of the copyrighted work to the public by sale or other transfer of ownership, or by rental, lease, or lending (this includes distribution of free copies to students);
- to perform the copyrighted work publicly with respect to literary, musical, dramatic, and choreographic works, pantomimes, motion pictures, and other audiovisual works;
- to display the copyrighted work publicly in the case of literary, musical, dramatic, and choreographic works, pantomimes, and pictorial, graphic, or sculptural works, including

- the individual images of a motion picture or other audiovisual work;
- to perform the copyrighted work publicly by means of a digital audio transmission in the case of sound recordings.

IT IS ILLEGAL FOR ANYONE TO VIOLATE ANY OF THE RIGHTS PROVIDED BY THE COPYRIGHT LAW TO THE OWNER OF THE COPYRIGHT.

Where GOER is the copyright owner, GOER holds all of the above rights.

These exclusive rights of the copyright holder are, however, subject to important exceptions. Certain public and private uses of copyrighted works are allowed under the law without the copyright holder's permission if they can be determined to be **Fair Use**. Fair use is discussed more fully in the following pages.

Mere ownership of a book, manuscript, painting, or any other copy does not include ownership of the copyright. This is the case even when one acquires the original work. For example, if a person were to acquire the original manuscript of John Grisham's, "The Firm," the owner of the copyright would still be John Grisham, or the person(s) he has assigned the copyright to. The law provides that transfer of ownership of any material object that embodies a protected work does not of itself convey any rights in the copyright.

WORKS PROTECTED BY COPYRIGHT

In order for a work to receive copyright protection, it must be an **original** work of authorship representing an appreciable amount of creativity and must be fixed in a tangible medium of expression. The primary categories of works in the Copyright Law are literary works, musical works, dramatic works, pantomimes, choreographic works, pictorial, graphic and sculptural works, motion pictures and other audiovisual works, sound recordings and architectural works.

These categories are viewed broadly. For example, textbooks, computer programs and most compilations may be registered as literary works; maps and architectural plans may be registered as a pictorial, graphic, or sculptural work.

Copyright protects the words or pictures or graphics chosen by the author to describe, explain or illustrate an idea or system. However, it gives the copyright owner no exclusive rights in the idea, method, or system described or depicted.

For example, an author wrote a book setting forth his theory of what happened to Jimmy Hoffa. The copyright in the book prevents others from reproducing, copying or distributing the text and illustrations used by the author to describe his theory. It does not give the author any copyright to the theory set forth in the book. Other persons may write their own books or plays using the theory. However, they may not use the author's words.

WHEN COPYRIGHT PROTECTION BEGINS

Normally, the act of publishing a document and securing copyright protection occur at the same time. For example, a copyright notice is fixed on a work when it is printed. Under the law in effect after 1978, copyright protection is secured the moment a work is fixed in tangible form. Thus a work still enjoys copyright protection even if there is no copyright symbol or other copyright notice. Furthermore, a work fixed in tangible form, but not published, is protected by copyright.

Publishing, also referred to as publication, though is important for many reasons. Published works are subject to mandatory deposit requirements (with the Federal Copyright Office), publication affects the limitations on the exclusive rights of a copyright owner, publication year determines the duration of copyright for anonymous works and works made for hire, and publication with notice puts the public on notice that the work is protected by copyright. Publication, and therefore publishing, is defined as:

The distribution of copies of a work to the public by sale or other transfer of ownership, or by rental, lease or lending. The offering to distribute copies to a group or person for purposes of further distribution, public performance or public display constitutes publication. A public performance or display of a work does not of itself constitute publication.

When we copy a curriculum or manual and distribute it to State employees in a training session we are publishing the document. If the work that GOER has published contains the copyrighted material of others, without the appropriate permissions, GOER has **violated the Copyright Law**.

WORKS NOT PROTECTED BY COPYRIGHT

1. Works, which were never copyrighted.

Works published prior to January 1, 1978 without copyright notice are not protected and may be reproduced without restriction. However, works published after January 1, 1978 without notice of copyright are protected by the Copyright Law.

2. Published works whose copyrights have expired.

Generally, all copyrights have expired for works originally created and published or registered before March 1, 1922. Although a pre-1978 work may not contain the required copyright notice, it is best to assume that all works dated 1922 or later is covered by a valid copyright.

3. United States Government publications.

United States Government publications may be copied freely. They are deemed to

be in the public domain and are not copyrightable. This category consists of documents prepared by an officer or employee of the U.S. Government as part of that person's official duties. It does not extend to documents published by others with the support of Government grants and contracts. These works may or may not be protected by copyright depending on the specifics of the contract under which they were created. *Note: Publications of the State of New York and other states are copyrightable.*

4. Ideas, methods and systems.

Copyright protection is not available for ideas or procedures for doing, making or building things, scientific or technical methods or discoveries, business operations or procedures, mathematical principles, formulas, algorithms, or any other concept, process, or method of operation.

Section 102 of the Copyright Law, clearly expresses this principle: "In no case does copyright protection for an original work of authorship extend to any idea, procedure, process, system, method of operation, concept, principle, or discovery, regardless of the form in which it is described, explained, illustrated or embodied in such work."

5. Names, titles and short phrases.

Even if a name, title or short phrase, is novel, distinctive, or lends itself to a play on words, it cannot be protected by copyright. There is no copyright protection to combinations of words such as: names of products or services, names of businesses, pseudonyms, titles of works, catchwords, mottoes, slogans, and mere listings of ingredients. Some of these may be protected by trademark.

6. Works that have not been fixed in a tangible form of expression.

Works must be fixed in a tangible form of expression in order to be protected. Choreographic works that have not been notated or recorded, or improvisational speeches or performances that have not been written or recorded are not subject to copyright protection.

7. Works consisting entirely of information that is common property and containing no original authorship.

Standard calendars, height and weight charts, tape measures and rulers, and lists or tables taken from public documents or other common sources are not subject to copyright protection.

COPYRIGHT NOTICE

Works published prior to January 1, 1978 were required to contain a copyright notice in order to be protected by Copyright Law. However, works published after January 1, 1978 do not have to contain copyright notice in order to be protected by the Copyright Law.

Proper copyright notice has three (3) parts:

- 1) a symbol "©," the word "Copyright," or the abbreviation "Copr.",
- 2) the year a work is first published, and,
- 3) the name of the copyright owner.

Sometimes the statements such as "All Rights Reserved" or "No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical [etc., etc.]" are printed underneath a copyright notice. These statements do not override any rights to **Fair Use** provided by the Copyright Law.

DURATION OF COPYRIGHT

1. Works Originally Created on or After January 1, 1978.

After January 1, 1978, a work is automatically protected from the moment it is fixed in tangible form for a term of the author's life, plus an additional 70 years after the author's death. For a joint work prepared by two (2) or more authors who did not work for hire, the term lasts for 70 years after the last surviving author's death. For works made for hire, and for anonymous and pseudonymous works (unless the author's identity is revealed in Copyright Office records), the duration of copyright will be 95 years from first publication or 120 years from creation, whichever is shorter.

2. Works Originally Created Before January 1, 1978, but Published or Registered After That Date.

These works have been automatically brought under the statute and are now given copyright protection. The duration of copyright in these works will generally be computed in the same way as for works created on or after January 1, 1978.

3. Works Originally Created and Published or Registered Before January 1, 1978.

Under the law in effect before 1978, copyright was secured either on the date a work was published or on the date of registration if the work was registered in unpublished form. In either case, the copyright endured for a term of 28 years from the date it was secured. The law amended as of 1978 provides that copyrights in existence prior to January 1, 1978 may be renewed.

Generally, all copyrights have expired for works originally created and published or registered before March 1, 1922. Although a pre-1978 work may not contain the required copyright notice, it is best to assume that all works dated 1922 or later are covered by a valid copyright.

Determining the copyright status of some post 1922, but pre 1978 works, may not be easy. For difficult issues, we may have to seek the assistance of the U.S. Copyright Office, who will investigate the copyright status of a work on an hourly fee basis.

FAIR USE DOCTRINE

The Fair Use provisions of the Copyright Law are set forth in Section 107 and contain exceptions to the copyright owner's exclusive rights to reproduction and distribution. Fair Use permits limited copying without the copyright owner's permission for purposes such as criticism, comment, scholarship, research or teaching.

The law does not establish specific limits of what constitutes Fair Use of a copyrighted work. However, it does provide that in determining whether a particular use would be deemed a Fair Use of a copyrighted work, the four (4) factors set forth in Section 107 must be considered:

1. **the purpose and character** of the use, including whether such use is of a commercial nature or is for nonprofit educational purposes;
2. **the nature** of the copyrighted work;
3. **the amount and substantiality** of the portion used in relation to the work as a whole; and
4. **the effect of the use** upon the potential market for or value of the copyrighted work.

Because of the Fair Use provision of the law, what would otherwise be considered copyright infringement is permitted. Authors may quote from or reproduce small amounts of material for purposes of criticism, comment or to illustrate or support their own ideas. For example, two (2) or three (3) paragraphs of a book or periodical article, a stanza of a poem, a single chart or graph may be copied. Use of a more extensive quotation must be analyzed on a case-by-case basis under the four (4) factors of Fair Use and where necessary, express permission of the copyright owner must be obtained. Whether or not permission is needed, any sources used should always be credited using the proper citation format. *Kate L. Turabian, A Manual for writers of Term Papers, Theses, and Dissertations, Sixth Ed.* (Chicago: The University of Chicago Press, 1996) should be referred to for the proper citation format, and a helpful summary is provided in the document *Guidelines for Documenting Sources* which is included at the end of this

manual.

EVALUATING FAIR USE UNDER THE FOUR STATUTORY FACTORS

1. Purpose and character of the use.

A nonprofit educational purpose makes it more likely, but does not ensure, that the use would be considered fair. A copy made to avoid purchasing the original and used in place of the original would not be considered Fair Use. A quote for purposes of comment or criticism is more acceptable than quoting to support one's position.

2. Nature of the copyrighted work.

A use would be more likely to be considered fair when the copyrighted work was a compilation of facts or information, rather than a creative or imaginative work. Copying of books out-of-print or materials unavailable for purchase, newspaper or journal (not newsletter) articles of current interest, or material designed for distribution to the general public are more likely to be considered Fair Use. In the context of classroom use (which would include GOER training programs), copying from textbooks and other materials prepared primarily for the educational market (particularly consumable workbooks) is not considered Fair Use.

3. Amount and substantiality of the material used in relation to the copyrighted work as a whole.

In evaluating this factor both the amount of the work being copied and the significance or importance of the portion being copied must be examined. As a general rule, quotes should be limited to one or two consecutive paragraphs or stanzas. The material quoted should be but a small portion of the copyrighted work and should not contain the essence or principal element of the copyrighted work. Substantial paraphrasing is considered mere copying and Fair Use analysis must be used to determine if permission is required.

4. Effect of the use on the potential market for or value of the copyrighted work.

A use is not considered fair where it would diminish or lower the value of the copyrighted work.

Clearly, the determination as to what is and what is not Fair Use requires a review of the facts on a case-by-case basis. Any questions on whether a particular use would be considered a Fair Use under the Copyright Act should be directed to GOER's Counsel's Office.

COPYING OF COPYRIGHTED MATERIALS FOR EDUCATIONAL PURPOSES

Copying for educational purposes can be an infringement of the rights of the copyright holder. The creators of the Copyright Act of 1976 recognized a need for guidance about what constituted permissible amounts of photocopying of copyrighted materials for educational purposes. To offer some guidance, “Guidelines for Classroom Copying in Not-for-Profit Educational Institutions” (hereafter Classroom Guidelines) was written by representatives of various educational organizations and was included, as part of the legislative history of the Act. The Classroom Guidelines provide standards for both single copying by teachers and multiple copying for classroom use. The guidelines, which set forth the minimum, not maximum, of educational Fair Use, are summarized below.

For simplicity sake, where the materials being copied are for educational purposes, and consist of a single copy or multiple copies for classroom use, consider the copying “as is.” Refer to section “Steps in Copyright Analysis” for further clarification.

A. Single Copying by Teachers or Instructors

At the very least, a teacher may make a single copy of any of the following for scholarly research or in preparing to teach a class:

- a chapter from a book;
- an article from a periodical or newspaper;
- a short story, short essay, or short poem, whether or not from a collective work;
- a chart, diagram, graph, drawing, cartoon or picture from a book, periodical, or newspaper.

All single use copying of copyrighted works must comply with the four (4) factors of Fair Use as set forth previously. Under the following conditions, photocopying would most likely be considered Fair Use:

- where staff were unable to locate another copy of the work because it was not available from the library or other source and cannot be obtained within required time constraints;
- where the material will be copied only once and will not be distributed to others;
- where the amount of material photocopied is a small proportion of the entire work.

As a general rule, most single copy photocopying for individual use in research may be considered Fair Use.

B. Copying for Classroom Use

The Classroom Guidelines permit distribution by a teacher of multiple copies of materials to students in a class, without obtaining prior permission to do so from the copyright owner, under the following conditions (all conditions must be met):

1. The distribution of the same photocopied material does not occur every semester, is for only one course, with only one copy provided to each student, which copy becomes the student's property, and no charge is made for the copy beyond the actual cost of reproduction;
2. The amount of material distributed does not exceed certain brevity standards:
 - a. for prose--a work may be copied in its entirety if it is less than 2500 words in length. If the work is longer, the excerpts copied should not exceed 1000 words, or 10% of the work, whichever is less;
 - b. for poetry--250 words is the suggested limit;
 - c. for illustrations--one is the rule of thumb;
3. The copying is at the instance and inspiration of the individual teachers such that the decision to use the material did not allow adequate time to request permission prior to use; and
4. The appropriate copyright notice appears on the first page of the photocopied material.

The best rule of thumb, which can be garnered from these guidelines, is that photocopying should not be done as a substitute for purchasing the material, particularly for multiple copy classroom use. Photocopying practices must not have a significant detrimental impact on the market for the original copyrighted work. As with single use copying, all multiple use copying of copyrighted works must comply with the four (4) factors of Fair Use set forth previously.

PHOTOCOPYING AND DUPLICATION WHICH REQUIRE PERMISSION

Following are some guidelines to help in determining when photocopying and duplication require permission. Again, all such copying must be analyzed under the four (4) factors of Fair Use.

1. **Repetitive Copying:** The classroom or reserve use of photocopied materials in multiple courses for successive years would require advance permission from the copyright owner.

2. Copying for Profit: Where the students are charged more than the actual cost of photocopying the material.
3. Consumable Works: The duplication of works that are consumed in the classroom, such as standardized tests, exercises, and workbooks, normally requires permission from the copyright owner.
4. Creation of Anthologies as Basic Text Material for a Course: Creation of a collective work or anthology by photocopying a number of copyrighted articles and excerpts used together as the basic text for a course will in most instances require the permission of the copyright holders. Such photocopying is considered a substitute for purchase of a book and not a Fair Use.

USE OF AUDIO-VISUAL MATERIALS

The rules governing the use of excerpts of audiovisual work are the same as those governing any other copyrighted performance. Audiovisual works, for the purpose of these guidelines, include audiotapes, videotapes, CDs, DVDs, and computer recorded and stored media such as mp3 files and YouTube© videos. Therefore, employees must analyze whether a particular use is a Fair Use under the four (4) statutory factors mentioned above.

As a general rule, employees should only use a brief excerpt of an audiovisual work and the excerpt should not constitute more than a small portion of the work from which they were extracted. If the excerpt used supplants what otherwise would have been the sale of an audiovisual work, a copyright infringement may occur.

The following represents guidelines that, if followed, tend to make the use of an excerpt from an audiovisual work "fair use" for a nonprofit educational purpose. They are derived from a variety of sources including Section 110 of the United States Copyright Law, the Guidelines for Off-Air Taping for Educational Purposes (Kastenmeier Guidelines), and various policies of educational institutions.

A. Audiovisual Works in the Classroom

The limited use of an audiovisual work for a nonprofit educational purpose is generally permissible, provided the following conditions are met:

1. The work must be shown as part of the instructional program.
2. The work must be shown by a program participant or instructor to only program participants and the instructor.
3. The work must be shown either in a classroom or other location devoted to instruction.

4. The work must be shown either in a face-to-face setting or where participants and instructors are in the same building or general area.
5. The work must be shown using a legally reproduced copy with the copyright notice included.

Even the limited use of an audiovisual work is prohibited when:

6. The work is used for any purpose unrelated to a teaching activity.
7. The work is shown in a public performance, to an audience not confined to program participants, and is not related to nonprofit educational instruction.
8. The use involves an illegally acquired or illegally duplicated copy of the work.
9. The work is transmitted by radio or television (either closed or open circuit) from an outside location.

B. Broadcast Programming

The following apply to "off-air recording" of a broadcast program (including cable television programs) for a nonprofit educational purpose:

1. An "off-air recording" may be kept for no more than 45 calendar days after the recording date, at which time the tapes must be erased.
2. The "off-air recording" may be used by an individual instructor in the course of relevant teaching activities, and repeated once only when instructional reinforcement is necessary in classrooms, during the first 10 consecutive work days in the 45 calendar retention period. "Work days" are defined as days when GOER is open for business within the 45 calendar day retention period.
3. The "off-air recording" may be viewed after the 10 day consecutive period for teacher evaluation purposes, such as to determine whether or not to include the "off-air recording" for future teaching curriculum.
4. All copies of the "off-air recording" must include the copyright notice on the broadcast program as recorded.
5. The "off-air recording" may not be physically or electronically altered or combined with others to form anthologies. However, the "off-air recording" need not be used or shown in its entirety.

6. If several different instructors want to use the same "air recording," duplication is permitted but all copies are subject to restrictions of the original recording.
7. These guidelines are for commercial television broadcasts and some public television broadcasts, unless there are other negotiated rights or licensing agreements.

C. Public Broadcasting Service/Programs

Many of the programs and series distributed by the Public Broadcasting Service (PBS) include a 7-day re-record right. The 7-day re-record rights allow:

1. Only a single copy of the program may be recorded for a nonprofit educational purpose and it may not be duplicated.
2. A program may be recorded and shown each time a program is broadcast.
3. The program may be retained for 7 consecutive days following the broadcast but must be erased at the end of the 7th day.
4. The program may be shown as often as needed during the 7-day period.

D. Audiovisual Work - Distribution and Duplication

Rights to make multiple copies of an audiovisual work and distribute that work beyond the GOER/LMC can vary depending on the work. Employees should not assume that they have the right to duplicate and distribute a work simply because they have purchased a copy. For example, distribution and duplication rights may have to be purchased from the producer or the distributor. Additionally, there may be no rights available from any source at any cost.

E. Digital Distance Education

Digital distance education, such as webinars or video conferencing, is an emerging educational technique being used in lieu of traditional classroom learning. The Technology, Education, and Copyright Harmonization Act of 2002 ("TEACH Act") clarifies what uses of copyrighted material are permissible with regard to distance education when permission of the copyright holder has not been sought. Furthermore, the TEACH Act outlines the specific requirements that the information technology staff and students must abide by in order to be in compliance with the current copyright laws. The Act permits teachers and students of an accredited, nonprofit education institution or government body to transmit performances and displays of copyrighted material as part of a course if certain conditions have been met. If these conditions are not or cannot be met, use of the

material will have to qualify as a fair use or have the permission of the copyright holder to be lawful.

Questions regarding the use of copyrighted materials in a digital distance educational environment must be directed to GOER's Counsel's Office prior to the distribution and use of those materials.

AGENCY COPYRIGHT POLICY

1. Photocopying of Copyrighted Educational Materials at GOER.

The summary of the Classroom Guidelines set forth above may be used in determining the minimum standards of educational Fair Use for making single and multiple photocopies of works protected by copyright.

All staff are required to comply with the educational Fair Use guidelines for copying. Staff must write for permission from the holder of the copyright for all photocopying requests which may exceed educational Fair Use limits.

2. Copyright of Published Materials and Works.

All materials and works published shall contain a notice of copyright. Refer to page 58 for the meaning of the word "publication." For materials and works published by GOER, the following copyright notice shall be used:

Copyright © 1997 by The New York State Governor's Office of Employee Relations.

For materials and works published by the LMCs, the same format should be used but the LMC name should be inserted instead of GOER. For example:

Copyright © 1997 by The New York State Child Care Advisory Committee.

3. Copyright Registration.

Copyright registration is a legal formality by which a public record is made of a particular copyright and additional rights accrue to the copyright owner including the right to sue others for copyright infringement. Registration is accomplished by mailing to the Register of Copyrights a completed application form for each work to be registered, paying a \$20 fee for each application and submitting two complete copies of the work to be registered.

The decision to register materials and works will be determined on a case-by-case basis by the GOER Director in consultation with the program manager and Counsel's Office. The factors that will be considered when making the decisions to register include, but are not limited to, the following:

- The length of time the material or work will be used.
- The number of uses for the material or work.
- The time, effort and money expended for the creation of the material or work.
- The number of copies to be distributed.
- The scope of the distribution of copies of the material or work.
- Whether others will be given permission to copy the material or work.
- The uniqueness of the subject matter of the material or work.

STEPS IN COPYRIGHT ANALYSIS

Following is an outline of the process to follow in analyzing whether or not permission must be obtained.

1. Is this Incorporation or Copying “as is?”
2. Incorporation - Where the material is being incorporated into a publication of GOER.
 - a. Is the material being incorporated from a copyrighted work?
 - b. If the material being incorporated is copyrighted, then the Fair Use doctrine applies and the use must be analyzed. Consult with GOER’s Counsel’s Office as needed.
 - c. If the use is Fair then no permission is required, but proper citation format must be used.
 - d. If the use exceeds the Fair Use guidelines, then permission must be requested. Permissions must be granted in writing.
2. Copying “as is” - Where the material is being copied for educational purposes and a single copy or multiple copies for classroom use are being made.
 - a. Is the material being copied from a copyrighted work?
 - b. If the material is from a copyrighted work, then the summary of classroom guidelines set forth on pages 61 through 66 should be consulted and the use must be analyzed. Consult with GOER’s Counsel’s Office as needed.
 - c. If the use is Fair, then no permission is required, but copyright notice must appear on the first page of all copies.
 - d. If the use exceeds what is permitted for educational copying, then permission must be obtained. Permissions must be granted in writing.

WRITING FOR PERMISSION: SAMPLE LETTERS

When a use of copyrighted material requires permission, GOER's Counsel's Office will secure the appropriate permission. Program managers and staff who need permission to use materials should contact GOER's Counsel's Office and provide the following informational materials:

1. Copy of original copyrighted material in its entirety. This material should provide the Counsel's Office with the copyright holder's information. If it does not, the copyright holder's name and address should be provided to the Counsel's Office.
2. A draft copy of how the original copyrighted material will be incorporated into the GOER or LMC curriculum or materials the program manager or staff is producing, if applicable.

The process of granting permission requires time for the publisher to check the status of the copyright and to evaluate the nature of the request. Therefore, allow substantial lead time for the Counsel's Office to obtain the permission before the materials are needed in final form.

COPYRIGHT REQUIREMENTS FOR CONTRACTORS:

When contracting with consultants for curriculum development and/or delivery, the following language will be included in our Request for Proposals, Contracts, and Purchase Order agreements, and compliance will be required of our consultants:

- **Ownership of Materials:** All materials developed with funding provided by the State and all proposals, work plans and budgets become the property of New York State. All materials produced, either in whole or in part, through funding provided by New York State shall belong exclusively to GOER and to the State of New York. GOER may use any of the materials developed with project funds for any GOER or other State purpose.
- **Copyright:** All documents created or prepared under this contract must be in compliance with GOER/LMC Copyright Policy. As indicated by this Copyright Policy, GOER adheres to and requires the successful bidder to adhere to the requirements of the Copyright Law, which is Federal law and contained in Title 17 of the United States Code, Sections 101 et seq. Such requirements include, but are not limited to, the following:
 - When GOER contracts for the creation of a training or instructional work and/or materials or curriculum, it is deemed under the Copyright Law as a Work-Made-for-Hire Agreement and GOER is the owner of the copyright thereto.

- The vendor must contact GOER to incorporate or include previously copyrighted materials in the work being created or prepared under the contract. The vendor shall submit a copy of the previously copyrighted material, a draft of how the vendor proposes to include or incorporate the previously copyrighted material in the Work-Made-for-Hire. GOER shall obtain written permission, where such written permission is necessary and required, from the copyright owner(s) or their legal representative(s) for such inclusion or incorporation of such previously copyrighted material.
- After GOER obtains written permission, GOER will transmit a copy of the written permission to the vendor and, the vendor shall include, on the appropriate page(s) of the Work-Made-For-Hire, a citation to the copyright owner(s), using the style as set forth in the written permission.
- Where a copyright owner requests a fee for permission, GOER shall pay the copyright owner(s) or legal representative(s) the agreed upon fee, if any, for the inclusion or incorporation of previously copyrighted material in the work-made-for-hire. GOER, in its sole discretion, may determine that it will not pay such fee for the right to include or incorporate such previously copyrighted material. In such event, the vendor will be required to create new materials or use alternate previously copyrighted materials (which shall also be subject to GOER's Copyright Policy).
- Bibliographic and footnote references and citations must be included where appropriate and must use the proper format as set forth in the Copyright Policy.
- The contract will contain a warranty by which the contractor shall warrant to GOER that he/she is the sole author of the material or work created or produced, except for the incorporated material for which copyright permission was obtained.
- The contract will contain an indemnification in which the contractor agrees to indemnify GOER against any legal action with respect to the warranty.

Where the consultant is using materials previously developed by that consultant and adapting or revising such materials for delivery to New York State employees, the consultant materials must comply with the requirements of GOER/LMC Copyright Policy.

COPYRIGHT REFERENCES

Grossman, John, Editor. *The Chicago Manual of Style, 14th Edition*. Chicago: The University Chicago Press, 1993.

Guidelines for Classroom Copying in Not-for-Profit Educational Institutions. H.R. Judiciary Comm. Rep. No. 94-1476, 94th Congress, 2d Session, pp. 68-71.

State University of New York at Albany. *Copyright Policies*. Albany: SUNY Albany, 1987.

Title 17, United States Code Sections 101 et seq.

Turabian, Kate L. *A Manual for Writers of Term Papers, Theses, and Dissertations, 6th Edition*. Chicago: The University of Chicago Press, 1996.

United States Copyright Office, Circular 1, *Copyright Basics*.

United States Copyright Office, Circular 9, *Works-Made-For-Hire Under the 1976 Copyright Act*.

United States Copyright Office, Circular 31, *Ideas Methods, or Systems*.

United States Copyright Office, Circular 34, *Copyright Protection Not Available for Names, Titles, or Short Phrases*.

**GOVERNOR'S OFFICE OF EMPLOYEE RELATIONS (GOER)/
NEW YORK STATE LABOR-MANAGEMENT COMMITTEES (LMCs)**

Travel and Lodging Reimbursement Policy for Consultants

Reimbursement for consultant travel and meal/lodging expenses is subject to the same limitations that apply to New York State employees. These limitations are described below.

Reimbursement rates cited in this policy are subject to change. Updates to this policy are located on the GOER website at <http://goer.ny.gov/vendor-info/index.cfm>.

TRAVEL REIMBURSEMENT ALLOWANCES				
Location	Method I (Unreceipted)	Method II (Lodging Receipted)		Max. Per
	Lodging & Meals	Lodging	Meals	
Albany County	\$40.00	\$115.00	\$59.00	\$174.00
Broome County - Binghamton	\$40.00	\$ 99.00	\$59.00	\$158.00
Dutchess County -	\$35.00	\$104.00	\$64.00	\$168.00
Erie County - Buffalo	\$40.00	\$112.00	\$64.00	\$176.00
Essex County - Lake Placid				
Essex (Oct 1-Nov 30)	\$35.00	\$115.00	\$74.00	\$189.00
Essex (Dec 1-Feb 29)	\$35.00	\$140.00	\$74.00	\$214.00
Essex (Mar 1-Jun 30)	\$35.00	\$107.00	\$74.00	\$181.00
Essex (Jul 1-Aug 31)	\$35.00	\$172.00	\$74.00	\$246.00
Essex (Sep 1-Sep 30)	\$35.00	\$115.00	\$74.00	\$189.00
Jefferson County - Watertown	\$35.00	\$ 94.00	\$54.00	\$148.00
Monroe County - Rochester	\$40.00	\$101.00	\$59.00	\$160.00
Nassau Co - Floral Park/Garden City/Great Neck	\$50.00	\$150.00	\$69.00	\$219.00
New York City - (Manhattan), Bronx, Brooklyn (Kings), Queens, Staten Island				
NYC (Oct 1-Dec 31)	\$50.00	\$306.00	\$74.00	\$380.00
NYC (Jan 1-Feb 28)	\$50.00	\$181.00	\$74.00	\$255.00
NYC (Mar 1-June 30)	\$50.00	\$270.00	\$74.00	\$344.00
NYC (July 1-Aug 31)	\$50.00	\$242.00	\$74.00	\$316.00
NYC (Sep 1 - Sep 30)	\$50.00	\$306.00	\$74.00	\$380.00
Niagara Falls (Oct 1-June 30)	\$40.00	\$ 89.00	\$59.00	\$148.00
Niagara Falls (July 1- August 31)	\$40.00	\$114.00	\$59.00	\$173.00
Niagara Falls (Sep 1 - 30)	\$40.00	\$ 89.00	\$59.00	\$148.00
Onondaga/Oswego Co -	\$40.00	\$100.00	\$59.00	\$159.00
Orange County - West Point	\$35.00	\$106.00	\$59.00	\$165.00

RFP for Third Party Administration of
the NYS Flex Spending Account Program

TRAVEL REIMBURSEMENT ALLOWANCES				
Location	Method I (Unreceipted)	Method II (Lodging Receipted)		Max. Per
	Lodging & Meals	Lodging	Meals	
Rensselaer County - Troy	\$40.00	\$107.00	\$64.00	\$171.00
Rockland - Nyack, Palisades	\$50.00	\$112.00	\$64.00	\$176.00
Saratoga/Schenectady Counties				
Saratoga/Schenectady (Oct 1-	\$40.00	\$120.00	\$64.00	\$184.00
Saratoga/Schenectady (Jul 1-	\$40.00	\$186.00	\$64.00	\$250.00
Saratoga/Schenectady (Sep 1-	\$40.00	\$120.00	\$64.00	\$184.00
Seneca County - Waterloo,	\$35.00	\$121.00	\$59.00	\$180.00
Suffolk Co - Long Island/Riverhead/Ronkonkoma/Melville				
	\$50.00	\$126.00	\$64.00	\$190.00
Tioga County - Owego	\$40.00	\$ 99.00	\$59.00	\$158.00
Tompkins County - Ithaca	\$35.00	\$121.00	\$59.00	\$180.00
Ulster County - Kingston	\$35.00	\$115.00	\$69.00	\$184.00
Warren -Glens Falls (Oct 1-June	\$35.00	\$ 99.00	\$64.00	\$163.00
Warren -Glens Falls (July 1-Aug	\$35.00	\$160.00	\$64.00	\$224.00
Warren -Glens Falls (Sep 1-Sep	\$35.00	\$ 99.00	\$64.00	\$163.00
Westchester Co -Tarrytown/White Plains/New Rochelle				
	\$50.00	\$151.00	\$64.00	\$215.00
NYS Counties below:				
<i>Allegany, Chemung, Clinton, Franklin, Fulton, Hamilton, Herkimer, Lewis, Montgomery, Oneida, Otsego, Putnam, Schuyler, St. Lawrence, Steuben,</i>	\$35.00	\$ 89.00	\$51.00	\$140.00
NYS Counties below:				
<i>Cattaraugus, Cayuga, Chautauqua, Chenango, Columbia, Cortland, Delaware, Genesee, Greene, Livingston, Madison, Ontario, Orleans, Schoharie, Wayne,</i>	\$40.00	\$ 89.00	\$51.00	\$140.00
Outside New York State	\$50.00	<i>varies according to Federal</i>		

For more detailed per diem rates, including rates outside New York State, please visit the U.S. General Services Administration (GSA) website located at www.gsa.gov/portal and click on per diem rates.

MEAL ALLOWANCE PER DIEM BREAKDOWN FOR OVERNIGHT TRAVEL

MEAL ALLOWANCE	\$51	\$54	\$59	\$64	\$69	\$74
Breakfast (max)	\$10	\$11	\$12	\$13	\$14	\$15
Dinner (max)	\$41	\$43	\$47	\$51	\$55	\$59

METHOD I PER DIEM

This is for overnight travel without receipts. Reimbursement is a flat rate for each county. The flat rate includes meals and incidental expenses. *You may qualify for an additional meal if you left one hour or more prior to your official work start time, or returned two hours or more after your official work end time. The meal reimbursement is the same as the unreceipted day trip: \$5 for breakfast, \$12 for dinner.

METHOD II PER DIEM

When in travel status (*35 miles or more from home and official station*), each overnight meal per diem begins with dinner the evening of your stay and ends with breakfast the following morning. One per diem is allowed for each overnight and must be accompanied by a lodging receipt that clearly shows travel dates. *You may qualify for an additional meal if you left one hour or more prior to your official work start time, or returned two hours or more after your official work end time. Meal per diem amounts vary by county. Additional meals will be paid at the rate for the county to which you traveled.

UNRECEIPTED MEAL ALLOWANCE FOR SINGLE DAY TRIP - ALL LOCATIONS

Breakfast (max) \$5.00/Dinner (max) \$12.00

(All Single Day Trip Meal Reimbursements are Taxable Income)

Requirements: Must be in travel status (*35 miles or more from home and official station*). *You may qualify for a meal if you left one hour or more prior to your official work start time, or returned two hours or more after your official work end time. Reimbursement of day trip meals up to the amount of a per diem for the county visited is allowable when accompanied by a receipt.

**If your early departure or late return is because you stopped for a meal or for personal reasons, you are not entitled to the meal per diem. Trips that include extra meal per diems MUST have a START and END time.*

LODGING LETTER: GOER can provide consultants with a letter requesting that they be afforded, at the discretion of the hotel/motel management, the same discounted lodging rates provided state employees. However, unless a consultant has tax exempt status, we also will pay for hotel taxes in excess of the allowable hotel per diems.

LUNCH: Lunch expenses are not reimbursable.

INCIDENTALS: Incidental expenses such as tips for bellmen and porters are included in meal allowances and are not individually reimbursed.

CLAIM FOR TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE (AC3257-S) – This form located at http://www.osc.state.ny.us/agencies/forms/ac3257s_fe.pdf should be completed and submitted with invoice and supporting documentation.

TRANSPORTATION: Consultants should use the most efficient and cost effective method of transportation available.

PERSONAL CAR MILEAGE: To view the **GSA POV Mileage Reimbursement Rates**, please go to [GSA Portal](#) and click on **POV Mileage Reimbursement**. All mileage claims *must* state beginning point and destination point.

RFP for Third Party Administration of
the NYS Flex Spending Account Program

RECEIPTS REQUIRED: Receipts must be submitted in accordance with the chart below.

Expense Type	Documentation Required
Transportation by Common Carrier (e.g. train, bus, airplane, subway)	Ticket stub if purchase price is printed on the stub; receipt and ticket stub if purchase price is not printed on the stub
Taxi	Receipt
Rental Car	Receipt showing return time
Tolls - EZ Pass	EZ pass statement with applicable charges indicated
Tolls - Cash	Receipt
Gas	Receipt
Day Trip Meals - Receipted	Receipt
Hotels - Receipted	Receipt
Parking	Receipt
Miscellaneous Expenses	Receipt

GOER Data Security Policy

To facilitate the secure sharing of information, appropriate security measures must be in place commensurate with the sensitivity and confidentiality of the personal information being shared. Because the data in question may be personally identifiable and of a financial nature, for information to be released outside GOER or shared between GOER and the contractor a process must be established that:

- evaluates and documents the sensitivity of the information to be released or shared;
- identifies the responsibilities of each party for protecting the information;
- defines the minimum controls required to transmit and use the information;
- records the measures that each party has in place to protect the information;
- defines a method for compliance measurement;
- provides a signoff procedure for each party to accept responsibilities;
- establishes a schedule and procedure for reviewing the controls.

At a minimum, we require that data transmissions between the parties be encrypted (256-bit) and that periodic security reviews be undertaken to ensure the integrity, security and availability of the information. Please refer to NYS Information Technology Policy on encryption, NYS-S14-007 at <http://www.its.ny.gov/policy/enterprise-encryption-standard-v1.0.pdf>.

A range of network controls must be undertaken to maintain security, both in the Contactor's internal network and to ensure the protection of connected State services and networks. Wherever necessary, we require that special controls be implemented to safeguard data integrity and confidentiality of the data while passing over public networks (e.g., the Internet).

Below, please find an excerpt from GOER/LMC Information Technology, Management, and Security Policy that outlines the requirements for IT work performed by outside contractors, as well as requirements for information management.

Requirements for IT Work Performed by Outside Contractors

- 1) When a contractor is required to provide a web site as a result of any contract entered into by GOER or the LMCs, that web site must conform to State policies found at <http://www.its.ny.gov/eiso/policies/security> including NYS Information Technology Policy NYS-P08-005 at <http://www.its.ny.gov/policy/NYS-P08-005.pdf>, which requires that State entity web sites are accessible to individuals with disabilities and which provides the standards web sites must meet in order to comply.

- 2) When a contractor is required to provide a web site as a result of any contract entered into by GOER or the LMCs, ownership of web site content and any applicable domain names must be clearly addressed in the contract.
- 3) When a contractor is required to provide a web site as a result of any contract entered into by GOER or the LMCs, acceptance of the web site and completion of the contract must be contingent on an agency review of the web site for accessibility, usability, suitability, and receipt of all appropriate documentation.
- 4) When a contractor is responsible for the collection or manipulation of information as a result of any contract entered into by GOER or the LMCs, the GOER Risk Management Officer (RMO) must be informed and consulted regarding adherence to agency standards for data definition and storage. Ownership of the information and provisions for the future of the information after the expiration of the contract period must also be clearly addressed in the contract.
- 5) When a contractor is responsible for the collection or manipulation of information as a result of any contract entered into by GOER or the LMCs, the Information Security Officer (ISO) and the RMO must be informed and consulted regarding adherence to agency standards for data security.
- 6) When a vendor/contractor is responsible for the collection or manipulation of information as a result of any contract/work agreement entered into by GOER or an LMC, completion of the contract must be contingent upon a review of the work by the RMO and receipt of complete documentation of the data system in use.
- 7) The following language must be incorporated into all RFPs and work agreements with outside vendors, whether engaged via a purchase order or via contract:

"The disclosure of any information about GOER/LMC information technology, State employees or the State workforce that the vendor/contractor may have access to in the course of this engagement to any individual not employed by GOER/LMC is prohibited unless explicitly specified in the RFP, contract or purchase order/work agreement. Vendor personnel will be required to sign GOER's standard Non-Disclosure Agreement.

"Bidders may be required to submit a risk assessment plan for the management of confidential information. This plan, if required, must include technology and non-technology based approaches to managing the security of confidential information."

Information Management

Mainstream agency databases and applications must be developed, administered and maintained in accordance with the following basic framework, whether developed in-

house or by an outside contractor:

- 1) Documentation must include data entity diagrams that clearly reveal the key relationships (primary and foreign) of all data elements in each database schema. Each data element must be defined along with its role in the schema. Database data dictionaries must be complete and published.
- 2) Data entity *types* must be in alignment with current agency requirements and standards.
- 3) Common *data groups* (tables, lists of values, etc.) e.g. bargaining units, agency ids must reside in one agency table only.
- 4) Access to data and specific manipulation rights must be administered by a central database authority in accordance with the application's unit management.
- 5) Data *editing procedures* must be complete and meet agency standards.
- 6) All data integrity must be enforced *at the database level* as opposed to the application level.

New York State Governor's Office of Employee Relations
Website Style Guide
Revised January 2015

PURPOSE

The purpose of this style guide is to provide standards for all public websites/web pages sponsored by the Governor's Office of Employee Relations (GOER) to:

1. Provide consistency between GOER websites;
2. Identify websites as being sponsored by or a product of GOER; and
3. Allow users to easily navigate between the GOER home page and other GOER websites.

GOER strives to produce sites that are accessible to and usable by the widest possible audience, including those using less powerful technology and individuals with disabilities using assistive technology.

QUESTIONS REGARDING INTERPRETATION OR IMPLEMENTATION

Questions regarding interpretation or implementation of these guidelines will be addressed with the selected bidder(s).

QUALIFYING WEBSITES

Any page provided to the public or our constituents as a distinct web address qualifies as a website under this policy. For the purposes of this policy, all of the following websites qualify:

ER Toolkit	ArbWeb/DART
FlexSpend Accounts	Work-Life Services
StateJobsNY	NYS-Learn
GOER/LMC Main Sites	Work-Life Services
Statewide Learning Management System	

In addition, any website that results from a contract entered into by GOER is subject to these standards.

Unless otherwise agreed upon, any qualifying website and its contents are the property of GOER, and any domain name used/associated with the site is the property of GOER.

SPECIFIC INFORMATION ABOUT PAGE CONTENT

These are GOER's concerns regarding websites IN ADDITION TO any applicable ITS policies, such as the e-Commerce initiative and accessibility guidelines. For a complete list of ITS Technology Policies, see <http://www.its.ny.gov/tables/technologypolicyindex.htm>.

In all instances, equivalent information shall be made available to all potential users of the site. For example, if a document is posted in Adobe Portable Document Form (PDF), that same document must be made available in an alternate format on demand, such as accessible HTML or as plain text.

GOER's minimum display standard is a 1024 pixels wide by 768 pixels tall viewport, although we prefer a fluid layout. Pages should offer a balance of content and white space. Non-main/home/index pages can exceed 750 pixels in height, although those pages that function as menus should not exceed 750 pixels without an indication (within the 750-pixel range) that there are further choices or more information beyond the bottom of the first screen. In no case should a user need to scroll horizontally to view all page content.

MAIN/HOME/INDEX PAGES OF QUALIFYING SITES MUST CONTAIN:

- 1) The Contractor will be subject to comply with forthcoming web design requirements.
- 2) Any links required by the Governor's office must also appear in a prominent location, available without having to scroll.
- 3) Links to our Privacy Statement and Accuracy Disclaimer must be prominently placed (see NYS Best Practice Guideline # G02-001, Internet Privacy Policy, <http://its.ny.gov/policy/NYSGuidelineG02-001.pdf>).
- 4) A home page link to organizational contact information (see <http://its.ny.gov/policy/s05-002/ContactPageStandard.pdf> for details).
- 5) An obvious link to the GOER home page. This link must include some text whereby a user with limited web skills would be alerted to it.
- 6) Names of the agency, the Governor and the Director of GOER.
- 7) A distinct home page link for reporting accessibility problems with the site (see <http://its.ny.gov/policy/NYS-P08-005.pdf> for specifics).

QUALIFYING SECOND-LEVEL PAGES MUST CONTAIN:

- 1) The NYS Banner at the top of each page.
- 2) Text links to all major sections of the site, accessibility and contact information, at the bottom of the page.
- 3) Navigation methods similar to those in use on the site's Main page (i.e., the site's navigation should be consistent at every level).

EACH PAGE MUST CONTAIN:

- 1) The NYS Banner at the top of each page.
- 2) A link to skip repetitive navigation (if relevant).
- 3) A title identifying the site, the section of the site, and the individual page.
- 4) Text links to all major sections of the site, accessibility and contact information, at the bottom of the page.
- 5) A page heading identifying the page (use of dynamic "breadcrumbs" is encouraged).

SITES SHOULD NOT INCLUDE:

- 1) Frames;
- 2) "Flyout" menus;
- 3) Pop-up or secondary browser windows (with very specific, limited exceptions*);
- 4) Audio (unless full text transcript of audio is posted in accessible HTML or plain text format), video (unless substantive video content is described for individuals with visual impairments and close captioned for individuals with hearing impairments), or other multimedia objects (unless they can be made accessible to individuals with visual, mobility, or hearing impairments);
- 5) Blinking objects;
- 6) Moving objects;
- 7) Animations (unless they can be made accessible to individuals with visual, mobility, or hearing impairments); or

- 8) Technologies which disadvantage users of assistive technology (e.g., interactive scripts which change page content depending on user input).

USABILITY CONSIDERATIONS:

- 1) Content and presentation should be separated using CSS; pages should be fluid to accommodate multiple display options. At a minimum, content must render acceptably on a screen display, and print acceptably from the browser. We encourage mobile-friendly designs.
- 2) Developers should use proper semantic markup, avoiding browser-specific and deprecated elements (e.g., use STRONG instead of B; EM instead of I) and attributes (e.g., align=center). Doctype declarations must be included at the top of each web page.
- 3) Tables should include summaries and captions, where applicable. Where a table is used solely to lay out a page, best practice is to indicate that in the SUMMARY attribute of the TABLE element (e.g., SUMMARY="for layout only").
- 4) When a table is used for layout, the page content must linearize properly.
- 5) Avoid the use of technologies that require that the user have a specific plug-in to access the information (e.g., PDF files or Macromedia Flash presentations). If you MUST use information that requires use of a plug-in, make sure to include either HTML or plain ASCII text versions of the same information, or instructions about an alternate way of accessing the information or service on offer.
- 6) All form elements must include associated identifying labels that explicitly refer to the control. Forms must render logically using Lynx or a screen reading software package.
- 7) Avoid using form elements that require fine motor control (e.g. small radio buttons). When creating a form, ensure that the entire form can be used without a mouse, and will pose no problems for users with mobility impairments or visually impaired users with screen reading software.
- 8) Pages must be intelligible when style sheets are turned off, and must accommodate users who prefer to manage their browser's size/style or font.
- 9) All pages produced must be checked in both IE (current and one prior version) and Firefox (current and one prior version); pages must also be checked for accessibility using a validation tool (for example, WebAIM's Wave or HiSoftware's AccVerify) and tried using a text browser (e.g., Lynx) and/or screen reading software. For sites of Statewide significance (e.g., online

- training sites, etc.), it may also be necessary to have the sites tested by individuals with disabilities using assistive technology. GOER will make the arrangement for this testing.
- 10) Final pages must be certified accessible according to applicable NYS policy specifications (see NYS Technology Policy NYS-P08-005 at <http://its.ny.gov/policy/NYS-P08-005.pdf>).
 - 11) In general, graphics files used should be small enough (50 Kb maximum) so that users accessing the page via low-speed connections would be able to load the page within 30 seconds.
 - 12) Avoid image maps and other graphical navigation wherever possible. If image maps are used, include redundant text links for users without sight or fine motor control.
 - 13) Information should be available to interested users in the fewest keystrokes possible. Site architectures should be flexible enough to accommodate varying levels of end user presentation. For example, some topics may have multiple levels of subtopics; other topics may not have subtopics at all. In every instance, the direct path to the information must require the fewest possible keystrokes.
 - 14) We encourage the use of search functionality.
 - 15) We encourage the use of charts and graphics, so long as the information contained in them is available to non-visual users.
 - 16) General appearance of web pages should be uncluttered.

* Pop-up browser windows may be allowed for a limited use (e.g., help messages), so long as users are warned about the specific actions that might spawn a pop-up window in advance, AND that they are informed within the pop-up window about how to close it and return to their original session.



**Governor's Office
of Employee Relations**

New York State Diversity Practices Questionnaire Scoring Matrix

Questions							Total
Q1 - CDO or other person tasked with function					Yes 5 pts	No 0 pts	
Q2 - Percentage of prior yr. revenues that involved M/WBEs as subs or JVs/partners	20%+ 20 pts	15-19% 14 pts	10-14% 10 pts	5-9% 6 pts	1-4% 2 pts	0% 0pts	
Q3 - Percentage of overhead expenses paid to M/WBEs	20%+ 16 pts	15-19% 10 pts	10-14% 7 pts	5-9% 4 pts	1-4% 1 pts	0% 0pts	
Q4 - M/WBE Training			Robust 16 pts	Moderate 8 pts	Minimum 4 pts	None 0 pts	
Q5 - M/WBE Mentoring			Robust 12 pts	Moderate 8 pts	Minimum 4 pts	None 0 pts	
Q6 - Written M/WBE goals included in the Company's procurements			Robust 20 pts	Moderate 12 pts	Minimum 6 pts	No 0 pts	
Q7 - Formal Supplier Diversity Program			Robust 6 pts	Moderate 4 pts	Minimum 2 pts	No 0 pts	
Q8 - Utilization Plan			Robust 5 pts	Moderate 3 pts	Minimum 1 pts	No 0 pts	
Total Diversity Score (Max 100 pts)							
Weighted Score (Up to 5% of Technical)							

Section I

Budget Form – Summary Page and Supplemental Worksheets

Budget Form Summary Page and Supplemental Worksheets Instructions

The Cost Proposal is comprised of this Budget Form Summary Page and its Supplemental Worksheets (1) and (2).

- Use whole dollar amounts (no cents) in the Budget Form Summary Page and Supplemental Worksheets (1) and (2). Any rounding should be to the nearest whole integer.
- If the bidder has additional costs that do not fall under the major headings, include those costs, without exception, either in “other” or “indirect costs.”

Cost Proposal - Budget Form Summary Page Instructions

For every service included in the Technical Proposal, a clear cost should be specified in the cost proposal.

- Columns C, D, E, and F of the Budget Form Summary Page should exclude Start Up and Implementation costs and include bidders' full-year third party administration costs.
- Costs of annual system updates and design upgrades should be factored into the Budget Form Summary Page for Project Deliverables in lines 5-21, as applicable.

Supplemental Worksheet (1) Instructions

GOER recognizes that the selected new contractor (or the incumbent if a start up and implementation period is applicable) will need time after the contract is executed to assign and train staff, customize the website and ensure it meets NYS accessibility requirements, customize its payroll interface system to meet OSC's specifications, build the System for Open Enrollment, Change in Status and Pended Applications Management, and conduct open enrollment for Plan Year 2018.

- Use the Supplemental Worksheet (1) to show the cost breakdown by category of expense for up to twelve months of Start up and Implementation to be charged in Column B, Line 1 of the Budget Form Summary Page.

Supplemental Worksheet (2) Instructions

- During the contract period the following approximate quantities will be printed: 1,600 11x17, color, folded 32-page detailed enrollment booklets; 95,000 8 1/2 x 11, color, folded informational flyers to be distributed to each state employee via 240 agency payroll offices; 4,250 11x17, color open enrollment posters to distribute to 260 agency worksites; 4,250 11 x 17, color CIS/NH posters to distribute to 260 agency worksites; 9,000 10 1/2 x 16, color gatefold brochures, and 500 8 1/2 x 11 one (1) page cover letters.
- Use the Supplemental Worksheet (2) to show Communications and Marketing costs. Include printing and mailing costs for the specified quantities of materials; the actual quantities will have to be authorized annually by GOER.
- Postage/ mailing costs associated with distributing marketing materials to employees and state agencies are part of the contract costs, and will not be billed separately.
- GOER reserves the right to negotiate a reduced cost paid per participant based on the savings from reduced printing and mailing costs as identified on the Supplemental Worksheet (2).

RFP for Third Party Administration of
the NYS Flex Spending Account Program

Budget Form Summary Page

A <i>Project Deliverables</i>	B Start-up, Implementation and 2018 Open Enrollment	C Full TPA Year 1	D Full TPA Year 2	E Full TPA Year 3	F Full TPA Year 4	G Total (B+C+D+E+F =G)
1. Start Up and Implementation ¹ : [see Supplemental Worksheet (1)]						
2. Debit Card Implementation ²						
3. Turnover Plan ³						
4. Pre-Tax Adoption Assistance Program ⁴						
5. Plan Document Review and Update						
6. Open Enrollment, Change in Status and Pended Applications Management Systems						
7. Payroll Interface						
8. Account Management						
9. Reimbursement						
10. Appeals Process						
11. COBRA Administration						
12. HIPAA Compliance						
13. Customer Service						
14. Communications and Marketing [see Supplemental Worksheet (2)]						
15. Reporting						
16. Website Hosting and Maintenance						
17. Compliance						
18. Information Security and Emergency Procedures						
19. Other [Please list here]						
20. Indirect Costs [Please list here]						
21. Travel Costs						
22. Sub-Total Project Cost (Lines 5-21)						
23. Total Project Cost (Lines 1-21)						

The Cost portion of your proposal will be evaluated on the amount shown on Line 23, Column G (**Total Project Cost**). The purpose of the chart below is to calculate a Monthly Cost Per Participant and will be the method for calculating the monthly payment invoice.

H Participant Ranges	I Sub-Total Project Cost (Line 22, Column G above)	J Participant Mid-Range	K Monthly Admin. Fee (I ÷ 48 mo = K)	L ⁵ Monthly Cost Per Participant (K + J = L)
Up to 15,000		12,500		
15,001 – 20,000		17,500		
20,001 – 25,000		22,500		
25,001 - 30,000		27,500		
31,001 - 35,000		32,500		
35,001 - 40,000		37,500		
Over 40,000		40,000		

RFP for Third Party Administration of
the NYS Flex Spending Account Program

- ¹ GOER assumes that some degree of customization of the bidders' normal systems and procedures will be necessary to meet the specifications of this RFP. Therefore, bidders are asked to separate out costs for Start-Up, Implementation and 2018 Open Enrollment and include those costs in Line 1, Column B of this budget form, using Supplemental Worksheet (1). Costs of normal design upgrades should be factored into the Budget Form Summary Page for Project Deliverables 5-21, as applicable.
- ² Bidders should include a separate debit card cost estimate (including all start-up costs, ongoing monthly or annual costs or fees) that will be included in the overall cost proposal for this contract. However, the monthly administrative fee for the total engagement that is negotiated with the selected contractor will exclude debit card costs, since GOER intends to negotiate a separate monthly administrative debit card fee with the selected contractor based on a later implementation date for the card.
- ³ Bidders should separate out costs for the Turnover Plan and include those costs in the budget for Full TPA Year 4. However, bidders should be aware that turnover costs will not be paid during Full TPA Year 4 and are excluded from the monthly administrative fee for the total engagement; instead, they will be paid when turnover services are actually provided during the term of the contract. Bidders are required to submit a turnover budget that includes six months of costs which will be pro-rated and paid on a monthly basis during the turnover period.
- ⁴ Bidders should include a separate Pre-Tax Adoption Assistance Program cost estimate (including all start-up costs, ongoing monthly or annual costs or fees) that will be included in the overall cost proposal for this contract. However, the monthly administrative fee for the total engagement that is negotiated with the selected contractor will exclude Pre-Tax Adoption Assistance Program costs, since GOER intends to negotiate a separate monthly administrative Pre-Tax Adoption Assistance Program fee with the selected contractor based on a later implementation date for the Pre-Tax Adoption Assistance Program.
- ⁵ The Monthly Administrative Fee will not include Start-Up Design and Implementation costs, which will be provided on a mutually acceptable payment schedule in order to allow the selected contractor to begin work upon OSC approval of the contract. The Monthly Administrative Fee will also not include Debit Card, Turnover, and Pre-Tax Adoption Assistance Program costs, which will be billed separately in a manner to be agreed upon with the selected contractor.

Supplemental Worksheet (1)

<i>Start Up, Implementation and 2018 Open Enrollment</i>	Costs
1. Staff Training	
2. Website Customization	
3. Payroll Interface Customization	
4. Build System for Open Enrollment, Change in Status, and Pended Applications Management	
5. Plan Document Review and Update	
6. Open Enrollment, Change in Status, and Pended Applications Management System Implementation	
7. Payroll Interface Implementation	
8. Account Management - Development	
9. Reimbursement - Implementation	
10. Appeals Process - Development	
11. COBRA Administration - Development	
12. HIPAA Compliance Development	
13. Customer Service - Customization and Implementation	
14. Reporting - Customization	
15. Compliance - Customization	
16. Information Security & Emergency Procedures Development - Customization	
17. Other Start Up and Implementation Costs [Please list here]	
18. Indirect Costs [Please list here]	
19. Travel Costs	
Total Start Up and Implementation Costs	

GOER recognizes that the selected new contractor (or the incumbent if a start up and implementation period is applicable) will need time after the contract is executed to assign and train staff, customize the website and ensure it meets NYS accessibility requirements, customize its payroll interface system to meet OSC's specifications, build the System for Open Enrollment, Change in Status and Pended Applications Management, and conduct open enrollment for Plan Year 2018.

Use this Supplemental Worksheet (1) to show the cost breakdown by category of expense for up to twelve months of Start up, Implementation and 2018 Open Enrollment to be charged in Column B, Line 1 of the Budget Form Summary Page.

Supplemental Worksheet (2)

Communications and Marketing

A

Communications and Marketing	B Full TPA Year 1	C Full TPA Year 2	D Full TPA Year 3	E Full TPA Year 4	F Total (B+C+D+E=F)
1. Personnel [Specify # of employees here]					
2. Fringe Benefits					
3. Equipment Purchases and Rentals					
4. Consumable Supplies					
5. Consultants and Subcontractors					
6. Printing					
7. Marketing Material					
8. Mailing Costs					
9. Phones					
10. Other [Please list here]					
Total Communications and Marketing (Line 14 on Budget Form - Summary Page)					

During the contract period the following approximate quantities will be printed: 1,600 11 x 17, color, folded 32-page detailed enrollment booklets; 95,000 8½ x 11, color, folded informational flyers to be distributed to each state employee via 240 agency payroll offices; 4,250 11 x 17, color open enrollment posters to distribute to 260 agency worksites; 4,250 11 x 17, color CIS/NH posters to distribute to 260 agency worksites; 9,000 10½ x 16, color gatefold brochures; and 500 8½ x 11 one (1) page cover letters. Over the course of the five-year contract period, design up to three ad hoc (two-page maximum) promotional pieces in PDF format, suitable for electronic distribution to the state employee population. The ad hoc pieces will not be printed.

Use the Supplemental Worksheet (2) to show Communications and Marketing costs. Include printing and mailing costs for the specified quantities of materials; the actual quantities will have to be authorized annually by GOER.

Postage/ mailing costs associated with distributing marketing materials to employees and state agencies are part of the contract costs, and will not be billed separately.

GOER reserves the right to negotiate a reduced cost paid per participant based on the savings from reduced printing and mailing costs as identified on this Supplemental Worksheet (2).

SECTION J

TECHNICAL ATTACHMENTS

NPAY571 – Outbound Eligibility File Format

Field	Field Type	Length	Displacement	Comments
Emplid	Char	9	1-9	Alpha Numeric characters
Employee Record Number	Number	3	10-12	
Employee Status	Char	1	13	A (Active), P (Paid Leave)
Department ID	Char	5	14-18	Agency Code
NYS Bargaining Unit	Char	2	19-20	Employee Negotiating Unit
Employee Work Percentage	Char	5 (1.4)	21-25	Represents the employees' work percentage in the job.
NYS Pay Basis Code	Char	3	26-28	ANN (Annual), HRY (Hourly), CAL (Calendar), 21P (Pd 21 Periods), BIW (Biweekly), LEG (Legislature), CYP (Calendar Year Part), CYF (Calendar Year Full)
Full Time Annual Salary/Compensation Rate	Sign	12.6 (18)	29-46	Full Time Annual Salary – paid over an entire year. Comp Rate is used to determine the regular, hourly or biweekly earnings. Calculation methods: HRY RT X 2088=Annual Salary BIWKLY RT X 26=Annual Salary
Action Code	Char	3	47-49	HIR, POS, PAY, LOA etc
Reason Code	Char	3	50-52	CBU, CSL, PEX etc
Effective Date	Date	8	53-60	MMDDYYYY
NYS Regular/Temp	Char	1	61	R (Regular), T (Temporary), S (Seasonal)
Pay Cycle	Char	1	62	A (Administration), I (Institution)
Employee Grouping Number	Number	6	63-68	Not a PAYSERV field. Should be the same number for each employee record on the file. Will be used to "group" all of the records for a single employee together. Can vary from file to file, doesn't have to stay constant from one file to the next.
Filler	Char	15	69-83	Spaces

Note: The selection criteria for deciding to include records on this new NPAY571 will be:

- 1) the selection criteria for the current NPAY571 match file; and
- 2) include records with bargaining units that are eligible for DCAA (428); and
- 3) include records that have an Employee Status of "A" or "P"

Only records that meet all three criteria will be included on the new NPAY571.

Revised 1/28/2016

NPAY518 – Outbound Deduction Detail File Layout

Header Record

Field	Field Type	Length	Displacement	Comments
Record Type	Char	1	1	'1' - Header
Check Date	Char	8	2-9	MMDDCCYY
Filler	Char	191	10-200	

Detail Record

Field	Field Type	Length	Displacement	Comments
Record Type	Char	1	1	'2' - Detail
Check Date	Char	8	2-9	MMDDCCYY
Name	Char	50	10-59	Last,First MI (Mixed Case)
Emplid	Char	9	60-68	Alpha/Numeric
Agency Code	Char	5	69-73	
Line Item	Char	5	74-78	
Deduction Code	Char	3	79-81	
Filler	Char	3	82-84	Spaces
Deduction Description	Char	30	85-114	
Deduction Amount Taken	Sign	11 (S8.2)	115-125	Will be negative for Check Reversals and represents the net effect of a current deduction and refund amount.
Refund Amount	Sign	11 (S8.2)	126-136	Deduction amount refunded to the employee due to error in processing (ex. Double deduction).
Deduction Amount Not Taken	Sign	11 (S8.2)	137-147	Unable to take the deduction due to insufficient gross salary
Filler	Char	53	148-200	

Deduction Code Total Record

Field	Field Type	Length	Displacement	Comments
Record Type	Char	1	1	'3' - Deduction Code Total
Deduction Code	Char	3	2-4	
Filler	Char	3	5-7	Spaces
Deduction Description	Char	30	8-37	
Record Count	Num	5	38-42	Includes Deductions Not taken
Total Amount for Deduction Code	Sign	12	43-54	Does not include Deductions Not Taken
Filler	Char	146	55-200	

Provider Total Record

Field	Field Type	Length	Displacement	Comments
Record Type	Char	1	1	'4' - Provider Total
Record Count	Num	6	2-7	Includes Deductions Not Taken
Total Amount for Provider	Sign	12	8-19	Does not include Deductions Not Taken
Filler	Char	181	20-200	

NBEN530 – Outbound Change Interface File Layout

Detail Record

Field	Field Type	Length	Displacement	Comments
Filler	Char	9	1-9	Space
Deduction Code	Char	6	10-15	
Name	Char	50	16-65	Last,First MI (Mixed Case)
Emplid	Char	9	66-74	Alpha/Numeric
Change Code	Char	3	75-77	
Agency Code	Char	10	78-87	
Effective Date	Char	10	88-97	
Pay Cycle	Char	1	98-98	
Pay Proc Type	Char	1	99-99	
Filler	Char	10	100-109	Space
Change Data	Char	50	110-159	
Filler	Char	40	160-200	Space

CHANGE CODES AND NARRATIVES

- 804 SSN Change
- 805 Transfer
- 806 Leave of Absence
- 807 Name Change
- 808 Termination
- 809 Deceased
- 810 Retirement
- 812 Return from Leave
- 818 Workers Compensation Supplemental Leave
- 819 Family Medical Leave
- 920 Negotiating Unit Change

NBEN 900 – Inbound Interface File Layout (410 and 428 Deduction Code)

Field	Field Type	Length	Displacement	Comments
Agency Code	Char	5	1-5	
Filler	Char	5	6-10	Space fill
Name	Char	50	11-60	For informational purposes only.
Emplid	Char	9	61-69	
Effective Date	Char	10	70-79	MM-DD-CCYY (include dashes)
Deduction Code	Char	3	80-82	Valid codes 410 or 428
Filler	Char	3	83-85	Space Fill
Deduction Amount	Nbr	10 (8.2)	86-95	The decimal point is implied.
Goal or Maximum Amount	Nbr	10 (8.2)	96-105	Maximum annual deduction amount. The decimal point is implied.
Deduction End Date	Char	10	106-115	MM-DD-CCYY (include dashes). For cancellations only.

Sample NBEN900A Error Report (410 and 428 Deduction Code)

NON BREAK KEY REPORT

1 blank line between Run Time and column heading

1 blank line between column heading and data

1	2	3	4	5	6	7	8	9	0	1	2	3	4
NYS Office of the State Comptroller													
Report ID: NBEN900A										ERROR REPORTING: DEPENDENT CARE AND HEALTH CARE BENEFITS		Page No. 999	
												Run Date: mm/dd/ccyy	
												Run Time: hh:mm:ss	
Deptid/ Message	Emplid	Employee Name						DedCd	Deduction Amount				
<i>(Note: Employee error rows are grouped by department with the heading lines 1-13 [in this example] included at the top of each page)</i>													
<i>(Note: There is no filler space between the Employee Name and Deduction Code columns)</i>													
XXXXX	XXXXXXXXXX	XX999							999,999.99				
XX													
<i>(Note: The following lines 20-22 are summary process totals printed at the very end of the report)</i>													
RECORDS READ FROM FILE:				999,999,999									
RECORDS NOT PROCESSED DUE TO ERRORS:				999,999,999									

NBEN900A Error Report Messages

Condition of Error	Error Message
If Effective Date provided is not a valid date	Invalid Effective date: [\$EffectiveDt]
If Deduction End Date provided is not a valid date	Invalid End date [\$DeductionEndDt]
If no Employee row is found for the Employee Search ID provided, and the search type is matching an Employee ID	Invalid NYS Emplid.
If no Employee row is found for the Employee Search ID provided, and the search type is matching a National ID	Employee not found in PayServ.
If the Deduction Code provided is blank	Deduction code is blank.
If an invalid Deduction Code is provided, that is not blank	Invalid deduction code.
If the Employee's PS_JOB for the Department ID provided is "Extra Service"	Extra Service deduction invalid.
If no row can be found in PS_JOB matching the Department ID provided	Invalid Department ID.
If no Deduction End Date can be found in PS_PAY_CALENDAR for the Company, Paygroup and Check Date provided	No deduction end date found.
If the Effective Date provided is less than the current Pay Begin Date	Effective date less than pay period begin date.
When a duplicate key is encountered during an insert	Duplicate Row.
If the Goal Amount is not greater than zero	No goal amount submitted.
If the Employee ID for the SSN on the source format table is invalid	Employee inactive.
If no Pay End Date was found in PS_PAY_CALENDAR for the Company, Paygroup and Pay End Date provided	No pay end date found.
If the 428 goal amount less the 420 goal amount is less than zero	Invalid goal amount.

NBEN 906 – Inbound Interface File Layout (420 Deduction Code)

Field	Field Type	Length	Displacement	Comments
Agency Code	Char	5	1-5	
Filler	Char	5	6-10	Space fill
Name	Char	50	11-60	For informational purposes only.
Emplid	Char	9	61-69	
Filler	Char	10	70-79	Zero Filler
Deduction Code	Char	3	80-82	Constant 420 hard coded into program.
Filler	Char	3	83-85	Space Fill
Deduction Amount	Nbr	10 (8.2)	86-95	The decimal point is implied.
Filler	Char	20	96-115	Zero Filler

NPAY570 - Employer Contribution Quarterly Compare File Layout

Detail Record

Field	Field Type	Length	Displacement	Comments
Record Type	Char	1	1	'2' - Detail
Plan Year	Char	4	2-5	Current Plan Year
Filler	Char	4	6-9	Spaces
Name	Char	50	10-59	Last, First MI (Mixed Case)
Employee ID	Char	9	60-68	
Department ID	Char	5	69-73	Agency Code
Filler	Char	5	74-78	Spaces
Deduction Code	Char	3	79-81	'420'
Filler	Char	3	82-84	Spaces
Deduction Description	Char	30	85-114	
Employer Contribution Amount	Sign	11 (S8.2)	115-125	Contribution Amount
Filler	Char	75	126-200	Spaces

NPAY515e – Refund Detail File Layout

NPAY515e - Inbound File Layout						
Field	Type	Length	Start Position	End Position	Displacement	
Trans_Type	Char	1	1	1	1	D: Adjust PS_NY_DED_REFUND
DeptID	Char	5	2	6	2-6	
Filler	Char	5	7	11	7-11	
EmplID	Char	9	12	20	12-20	Alpha-Numeric
Name	Char	50	21	70	21-70	
DedCd	Char	6	71	76	71-76	Deductions Code
ErnCd	Char	3	77	79	77-79	Earnings Code
Refund_Amt	Char	11	80	90	80-90	Amount Applied to Deductions Table

NPAY515e - Outbound File Layout Rejected Deduction Refunds: FSA						
Field	Type	Length	Start Position	End Position	Displacement	
EmplID	Char	9	1	9	1-9	Alpha-Numeric
DeptID	Char	5	10	14	10-14	
Filler	Char	1	15	15	15	
Name	Char	50	16	65	16-65	
Trans Type	Char	1	66	66	66	
DedCd	Char	6	67	72	67-72	Deductions Code
ErnCd	Char	3	73	75	73-75	Earnings Code
Refund Amt	Char	11	76	86	76-86	Amount Applied to Deductions or Earnings Table
Message Text	Char	50	87	136	87-136	Error Message (one per line)

**Office of the State Comptroller
BUREAU OF STATE PAYROLL SERVICES
ADMINISTRATION PAYROLL CALENDAR
APRIL 1, 2016 – APRIL 30, 2017
CURRENT**

NEW FISCAL YEAR...2017-2018

Period No.

Period No.

Period No.

APRIL 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
27	3	4	5	6	7	8
	10	11	12	13	14	15
1	17	18	19	20	21	22
	24	25	26	27	28	29
						30

OCTOBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
13	2	3	4	5	6	7
	9	H	11	12	13	14
14	16	17	18	19	20	21
	23	24	25	26	27	28
						29
						30
						31

APRIL 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
26	2	3	4	5	6	7
	9	10	11	12	13	14
1	16	17	18	19	20	21
	23	24	25	26	27	28
						29
						30

Payday is the Wednesday at the end of the payroll period. When a payday falls on a holiday, the check will be dated the previous day.

○ = PAYROLL PERIOD ENDING DATE

H = HOLIDAY

ADMINISTRATION AGENCIES 2016-2017
ON A CURRENT BASIS
(Refer to Payroll Bulletins for Submission Dates)

MAY 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
2	8	9	10	11	12	13
3	15	16	17	18	19	20
	22	23	24	25	26	27
	29	H	31			

NOVEMBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
	6	7	8	9	10	H
15	13	14	15	16	17	18
16	20	21	22	23	H	25
17	27	28	29	30		

JUNE 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
4	5	6	7	8	9	10
5	12	13	14	15	16	17
	19	20	21	22	23	24
6	26	27	28	29	30	

DECEMBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
	4	5	6	7	8	9
18	11	12	13	14	15	16
	18	19	20	21	22	23
19	25	H	27	28	29	30
						31

JULY 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
	3	H	5	6	7	8
7	10	11	12	13	14	15
	17	18	19	20	21	22
8	24	25	26	27	28	29
						30
						31

JANUARY 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	H	3	4	5	6
	8	9	10	11	12	13
20	15	H	17	18	19	20
	22	23	24	25	26	27
21	29	30	31			

AUGUST 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
9	7	8	9	10	11	12
	14	15	16	17	18	19
10	21	22	23	24	25	26
	28	29	30	31		

FEBRUARY 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
	5	6	7	8	9	10
22	12	13	14	15	16	17
	19	H	21	22	23	24
23	26	27	28			

SEPTEMBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
	4	H	6	7	8	9
	11	12	13	14	15	16
11	18	19	20	21	22	23
12	25	26	27	28	29	30

MARCH 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
	5	6	7	8	9	10
24	12	13	14	15	16	17
	19	20	21	22	23	24
25	26	27	28	29	30	31

PAYROLL PERIOD	CHECK DATES
No. 1 April 7 – April 20	April 20
No. 2 April 21 – May 4	May 4
No. 3 May 5 – May 18	May 18
No. 4 May 19 – June 1	June 1
No. 5 June 2 – June 15	June 15
No. 6 June 16 – June 29	June 29
No. 7 June 30 – July 13	July 13
No. 8 July 14 – July 27	July 27
No. 9 July 28 – August 10	August 10
No. 10 August 11 – August 24	August 24
No. 11 August 25 – September 7	September 7
No. 12 September 8 – September 21	September 21
No. 13 September 22 – October 5	October 5
No. 14 October 6 – October 19	October 19
No. 15 October 20 – November 2	November 2
No. 16 November 3 – November 16	November 16
No. 17 November 17 – November 30	November 30
No. 18 December 1 – December 14	December 14
No. 19 December 15 – December 28	December 28
No. 20 December 29 – January 11	January 11
No. 21 January 12 – January 25	January 25
No. 22 January 26 – February 8	February 8
No. 23 February 9 – February 22	February 22
No. 24 February 23 – March 8	March 8
No. 25 March 9 – March 22	March 22
No. 26 March 23 – April 5	April 5

**Office of the State Comptroller
BUREAU OF STATE PAYROLL SERVICES
ADMINISTRATION PAYROLL CALENDAR
APRIL 1, 2016 – APRIL 30, 2017
LAG**

NEW FISCAL YEAR...2017-2018

Period No.

Period No.

▽

APRIL 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
27	3	4	5	6	7	8
	10	11	12	13	14	15
1	17	18	19	20	21	22
	24	25	26	27	28	29
						30

▽

OCTOBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	H	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Period No.

▽

APRIL 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
26	2	3	4	5	6	7
	9	10	11	12	13	14
1	16	17	18	19	20	21
	23	24	25	26	27	28
						29
						30

Payday is the Wednesday at the end of the payroll period. When a payday falls on a holiday, the check will be dated the previous day.

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ADMINISTRATION AGENCIES 2016-2017
ON A LAG BASIS
(Refer to Payroll Bulletins for Submission Dates)

2

MAY 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
	8	9	10	11	12	13
3	15	16	17	18	19	20
	22	23	24	25	26	27
	29	H	31			

15

NOVEMBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
	6	7	8	9	10	H
13	14	15	16	17	18	19
20	21	22	23	H	25	26
27	28	29	30			

4

JUNE 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
	5	6	7	8	9	10
5	12	13	14	15	16	17
	19	20	21	22	23	24
6	26	27	28	29	30	

18

DECEMBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
	4	5	6	7	8	9
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	H	27	28	29	30	31

7

JULY 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
	3	H	5	6	7	8
7	10	11	12	13	14	15
	17	18	19	20	21	22
8	24	25	26	27	28	29
						30
						31

20

JANUARY 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	H	3	4	5	6
	8	9	10	11	12	13
15	H	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

10

AUGUST 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
	7	8	9	10	11	12
10	14	15	16	17	18	19
	21	22	23	24	25	26
	28	29	30	31		

22

FEBRUARY 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
	5	6	7	8	9	10
12	13	14	15	16	17	18
19	H	21	22	23	24	25
26	27	28				

12

SEPTEMBER 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	H	6	7	8	9	10
	11	12	13	14	15	16
12	18	19	20	21	22	23
	25	26	27	28	29	30

24

MARCH 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
	5	6	7	8	9	10
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

PAYROLL PERIOD	CHECK DATES
No. 1 April 7 – April 20	May 4
No. 2 April 21 – May 4	May 18
No. 3 May 5 – May 18	June 1
No. 4 May 19 – June 1	June 15
No. 5 June 2 – June 15	June 29
No. 6 June 16 – June 29	July 13
No. 7 June 30 – July 13	July 27
No. 8 July 14 – July 27	August 10
No. 9 July 28 – August 10	August 24
No. 10 August 11 – August 24	September 7
No. 11 August 25 – September 7	September 21
No. 12 September 8 – September 21	October 5
No. 13 September 22 – October 5	October 19
No. 14 October 6 – October 19	November 2
No. 15 October 20 – November 2	November 16
No. 16 November 3 – November 16	November 30
No. 17 November 17 – November 30	December 14
No. 18 December 1 – December 14	December 28
No. 19 December 15 – December 28	January 11
No. 20 December 29 – January 11	January 25
No. 21 January 12 – January 25	February 8
No. 22 January 26 – February 8	February 22
No. 23 February 9 – February 22	March 8
No. 24 February 23 – March 8	March 22
No. 25 March 9 – March 22	April 5
No. 26 March 23 – April 5	April 19

**Office of the State Comptroller
BUREAU OF STATE PAYROLL SERVICES
INSTITUTION PAYROLL CALENDAR
APRIL 1, 2016 – APRIL 30, 2017
CURRENT**

Period No.	Calendar	Period No.	Calendar
1	APRIL 2016 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	14	OCTOBER 2016 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 H 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
2	MAY 2016 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 H 31	15	NOVEMBER 2016 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 H 12 13 14 15 16 17 18 19 20 21 22 23 H 25 26 27 28 29 30
3	JUNE 2016 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	16	DECEMBER 2016 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 H 27 28 29 30 31
4	JULY 2016 SUN MON TUE WED THU FRI SAT 1 2 3 H 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	17	JANUARY 2017 SUN MON TUE WED THU FRI SAT 1 H 3 4 5 6 7 8 9 10 11 12 13 14 15 H 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
5	AUGUST 2016 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	18	FEBRUARY 2017 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 H 21 22 23 24 25 26 27 28
6	SEPTEMBER 2016 SUN MON TUE WED THU FRI SAT 1 2 3 4 H 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	19	MARCH 2017 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

NEW FISCAL YEAR...2017-2018

Period No.

APRIL 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

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H = HOLIDAY

INSTITUTION AGENCIES 2016-2017
ON A CURRENT BASIS
(Refer to Payroll Bulletins for Submission Dates)

PAYROLL PERIOD	CHECK DATES
No. 1 March 31 – April 13	April 14
No. 2 April 14 – April 27	April 28
No. 3 April 28 – May 11	May 12
No. 4 May 12 – May 25	May 26
No. 5 May 26 – June 8	June 9
No. 6 June 9 – June 22	June 23
No. 7 June 23 – July 6	July 7
No. 8 July 7 – July 20	July 21
No. 9 July 21 – August 3	August 4
No. 10 August 4 – August 17	August 18
No. 11 August 18 – August 31	September 1
No. 12 September 1 – September 14	September 15
No. 13 September 15 – September 28	September 29
No. 14 September 29 – October 12	October 13
No. 15 October 13 – October 26	October 27
No. 16 October 27 – November 9	November 10
No. 17 November 10 – November 23	November 23
No. 18 November 24 – December 7	December 8
No. 19 December 8 – December 21	December 22
No. 20 December 22 – January 4	January 5
No. 21 January 5 – January 18	January 19
No. 22 January 19 – February 1	February 2
No. 23 February 2 – February 15	February 16
No. 24 February 16 – March 1	March 2
No. 25 March 2 – March 15	March 16
No. 26 March 16 – March 29	March 30

**Office of the State Comptroller
BUREAU OF STATE PAYROLL SERVICES
INSTITUTION PAYROLL CALENDAR
APRIL 1, 2016 – APRIL 30, 2017
LAG**

Period No.		Period No.																																																																																																										
▽	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="7">APRIL 2016</th></tr> <tr><td>SUN</td><td>MON</td><td>TUE</td><td>WED</td><td>THU</td><td>FRI</td><td>SAT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td></tr> <tr><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td></tr> </table>	APRIL 2016							SUN	MON	TUE	WED	THU	FRI	SAT						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	▽	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="7">OCTOBER 2016</th></tr> <tr><td>SUN</td><td>MON</td><td>TUE</td><td>WED</td><td>THU</td><td>FRI</td><td>SAT</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>H</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>31</td><td></td><td></td><td></td><td></td><td></td></tr> </table>	OCTOBER 2016							SUN	MON	TUE	WED	THU	FRI	SAT							1	2	3	4	5	6	7	8	9	H	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
APRIL 2016																																																																																																												
SUN	MON	TUE	WED	THU	FRI	SAT																																																																																																						
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13		26																																																																																																										

NEW FISCAL YEAR...2017-2018

Period No.

APRIL 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

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INSTITUTION AGENCIES 2016-2017
ON A LAG BASIS
(Refer to Payroll Bulletins for Submission Dates)

PAYROLL PERIOD	CHECK DATES
No. 1 March 31 – April 13	April 28
No. 2 April 14 – April 27	May 12
No. 3 April 28 – May 11	May 26
No. 4 May 12 – May 25	June 9
No. 5 May 26 – June 8	June 23
No. 6 June 9 – June 22	July 7
No. 7 June 23 – July 6	July 21
No. 8 July 7 – July 20	August 4
No. 9 July 21 – August 3	August 18
No. 10 August 4 – August 17	September 1
No. 11 August 18 – August 31	September 15
No. 12 September 1 – September 14	September 29
No. 13 September 15 – September 28	October 13
No. 14 September 29 – October 12	October 27
No. 15 October 13 – October 26	November 10
No. 16 October 27 – November 9	November 23
No. 17 November 10 – November 23	December 8
No. 18 November 24 – December 7	December 22
No. 19 December 8 – December 21	January 5
No. 20 December 22 – January 4	January 19
No. 21 January 5 – January 18	February 2
No. 22 January 19 – February 1	February 16
No. 23 February 2 – February 15	March 2
No. 24 February 16 – March 1	March 16
No. 25 March 2 – March 15	March 30
No. 26 March 16 – March 29	April 13

NYS Flex Spending Account Change in Status Processing Timeline (428 and 410)											
Plan Year 2018			Monday	Tuesday	Wednesday	Thursday	Friday	Friday	Tuesday	Friday	Monday
Payroll Date	Payroll Cycle	Payroll Cycle Number	EMPLOYEE Last day for non-pend CIS/NH	NYS check/proofs non-pend CIS/NH	NPAY 571 Vendor Loads Elig. File Rec'd from OSC	Vendor FTP's Data to OSC	OSC FTP's Data to Vendor	NBEN900A Reject Report top/ip to Vendor	Last Day for Manuals at OSC	NBEN 530 (ChangeFile) & NPAY518 (Detail/Deduction File) top/ip to Vendor	Vendor Cuts Reimbursements
4-Jan-18	Inst.	24	18-Dec-17	19-Dec-17	20-Dec-17	21-Dec-17	22-Dec-17	22-Dec-17	26-Dec-17	29-Dec-17	1-Jan-18
10-Jan-18	Admin.	24	25-Dec-17	26-Dec-17	27-Dec-17	28-Dec-17	29-Dec-17	29-Dec-17	2-Jan-18	5-Jan-18	8-Jan-18
18-Jan-18	Inst.	23	1-Jan-18	2-Jan-18	3-Jan-18	4-Jan-18	5-Jan-18	5-Jan-18	9-Jan-18	12-Jan-18	15-Jan-18
24-Jan-18	Admin.	23	8-Jan-17	9-Jan-18	10-Jan-18	11-Jan-18	12-Jan-18	12-Jan-18	16-Jan-18	19-Jan-18	22-Jan-18
1-Feb-18	Inst.	22	15-Jan-17	16-Jan-18	17-Jan-18	18-Jan-18	19-Jan-18	19-Jan-18	23-Jan-18	26-Jan-18	29-Jan-18
7-Feb-18	Admin.	22	22-Jan-17	23-Jan-18	24-Jan-18	25-Jan-18	26-Jan-18	26-Jan-18	30-Jan-18	30-Jan-18	5-Feb-18
15-Feb-18	Inst.	21	29-Jan-17	30-Jan-18	31-Jan-18	1-Feb-18	2-Feb-18	2-Feb-18	6-Feb-18	9-Feb-18	12-Feb-18
21-Feb-18	Admin.	21	5-Feb-17	6-Feb-18	7-Feb-18	8-Feb-18	9-Feb-18	9-Feb-18	13-Feb-18	16-Feb-18	19-Feb-18
1-Mar-18	Inst.	20	12-Feb-17	13-Feb-18	14-Feb-18	15-Feb-18	16-Feb-18	16-Feb-18	20-Feb-18	23-Feb-18	26-Feb-18
7-Mar-18	Admin.	20	19-Feb-17	20-Feb-18	21-Feb-18	22-Feb-18	23-Feb-18	23-Feb-18	27-Feb-18	2-Mar-18	5-Mar-18
15-Mar-18	Inst.	19	26-Feb-17	27-Feb-18	28-Feb-18	1-Mar-18	2-Mar-18	2-Mar-18	6-Mar-18	9-Mar-18	12-Mar-18
21-Mar-18	Admin.	19	5-Mar-17	6-Mar-18	7-Mar-18	8-Mar-18	9-Mar-18	9-Mar-18	13-Mar-18	16-Mar-18	19-Mar-18
29-Mar-18	Inst.	18	12-Mar-17	13-Mar-18	14-Mar-18	15-Mar-18	16-Mar-18	16-Mar-18	20-Mar-18	23-Mar-18	26-Mar-18
4-Apr-18	Admin.	18	19-Mar-17	20-Mar-18	21-Mar-18	22-Mar-18	23-Mar-18	23-Mar-18	27-Mar-18	30-Mar-18	2-Apr-18
12-Apr-18	Inst.	17	26-Mar-17	27-Mar-18	28-Mar-18	29-Mar-18	30-Mar-18	30-Mar-18	3-Apr-18	6-Apr-18	9-Apr-18
18-Apr-18	Admin.	17	2-Apr-17	3-Apr-18	4-Apr-18	5-Apr-18	6-Apr-18	6-Apr-18	10-Apr-18	13-Apr-18	16-Apr-18
26-Apr-18	Inst.	16	9-Apr-17	10-Apr-18	11-Apr-18	12-Apr-18	13-Apr-18	13-Apr-18	17-Apr-18	20-Apr-18	23-Apr-18
2-May-18	Admin.	16	16-Apr-17	17-Apr-18	18-Apr-18	19-Apr-18	20-Apr-18	20-Apr-18	24-Apr-18	27-Apr-18	30-Apr-18
10-May-18	Inst.	15	23-Apr-17	24-Apr-18	25-Apr-18	26-Apr-18	27-Apr-18	27-Apr-18	1-May-18	4-May-18	7-May-18
16-May-18	Admin.	15	30-Apr-17	1-May-18	2-May-18	3-May-18	4-May-18	4-May-18	8-May-18	11-May-18	14-May-18
24-May-18	Inst.	14	7-May-17	8-May-18	9-May-18	10-May-18	11-May-18	11-May-18	15-May-18	18-May-18	21-May-18
30-May-18	Admin.	14	14-May-17	15-May-18	16-May-18	17-May-18	18-May-18	18-May-18	22-May-18	25-May-18	28-May-18
7-Jun-18	Inst.	13	21-May-17	22-May-18	23-May-18	24-May-18	25-May-18	25-May-18	1-Jun-18	29-May-18	4-Jun-18
13-Jun-18	Admin.	13	28-May-17	29-May-18	30-May-18	31-May-18	1-Jun-18	1-Jun-18	5-Jun-18	8-Jun-18	11-Jun-18
21-Jun-18	Inst.	12	4-Jun-17	5-Jun-18	6-Jun-18	7-Jun-18	8-Jun-18	8-Jun-18	12-Jun-18	15-Jun-18	18-Jun-18
27-Jun-18	Admin.	12	11-Jun-17	12-Jun-18	13-Jun-18	14-Jun-18	15-Jun-18	15-Jun-18	19-Jun-18	22-Jun-18	25-Jun-18
5-Jul-18	Inst.	11	18-Jun-17	19-Jun-18	20-Jun-18	21-Jun-18	22-Jun-18	22-Jun-18	26-Jun-18	29-Jun-18	2-Jul-18
11-Jul-18	Admin.	11	25-Jun-17	26-Jun-18	27-Jun-18	28-Jun-18	29-Jun-18	29-Jun-18	3-Jul-18	6-Jul-18	9-Jul-18
19-Jul-18	Inst.	10	2-Jul-17	3-Jul-18	4-Jul-18	5-Jul-18	6-Jul-18	6-Jul-18	10-Jul-18	13-Jul-18	16-Jul-18
25-Jul-18	Admin.	10	9-Jul-17	10-Jul-18	11-Jul-18	12-Jul-18	13-Jul-18	13-Jul-18	17-Jul-18	20-Jul-18	23-Jul-18
2-Aug-18	Inst.	9	16-Jul-17	17-Jul-18	18-Jul-18	19-Jul-18	20-Jul-18	20-Jul-18	24-Jul-18	27-Jul-18	30-Jul-18
8-Aug-18	Admin.	9	23-Jul-17	24-Jul-18	25-Jul-18	26-Jul-18	27-Jul-18	27-Jul-18	31-Jul-18	3-Aug-18	6-Aug-18
16-Aug-18	Inst.	8	30-Jul-17	31-Jul-18	1-Aug-18	2-Aug-18	3-Aug-18	3-Aug-18	7-Aug-18	10-Aug-18	13-Aug-18
22-Aug-18	Admin.	8	6-Aug-17	7-Aug-18	8-Aug-18	9-Aug-18	10-Aug-18	10-Aug-18	14-Aug-18	17-Aug-18	20-Aug-18
30-Aug-18	Inst.	7	13-Aug-17	14-Aug-18	15-Aug-18	16-Aug-18	17-Aug-18	17-Aug-18	21-Aug-18	24-Aug-18	27-Aug-18
5-Sep-18	Admin.	7	20-Aug-17	21-Aug-18	22-Aug-18	23-Aug-18	24-Aug-18	24-Aug-18	28-Aug-18	31-Aug-18	3-Sep-18
13-Sep-18	Inst.	6	27-Aug-17	28-Aug-18	29-Aug-18	30-Aug-18	31-Aug-18	31-Aug-18	4-Sep-18	7-Sep-18	10-Sep-18
19-Sep-18	Admin.	6	3-Sep-17	4-Sep-18	5-Sep-18	6-Sep-18	7-Sep-18	7-Sep-18	11-Sep-18	14-Sep-18	17-Sep-18
27-Sep-18	Inst.	5	10-Sep-17	11-Sep-18	12-Sep-18	13-Sep-18	14-Sep-18	14-Sep-18	18-Sep-18	21-Sep-18	24-Sep-18
3-Oct-18	Admin.	5	17-Sep-17	18-Sep-18	19-Sep-18	20-Sep-18	21-Sep-18	21-Sep-18	25-Sep-18	28-Sep-18	1-Oct-18
11-Oct-18	Inst.	4	24-Sep-17	25-Sep-18	26-Sep-18	27-Sep-18	28-Sep-18	28-Sep-18	2-Oct-18	5-Oct-18	8-Oct-18
17-Oct-18	Admin.	4	1-Oct-17	2-Oct-18	3-Oct-18	4-Oct-18	5-Oct-18	5-Oct-18	9-Oct-18	12-Oct-18	15-Oct-18
25-Oct-18	Inst.	3	8-Oct-17	9-Oct-18	10-Oct-18	11-Oct-18	12-Oct-18	12-Oct-18	16-Oct-18	19-Oct-18	22-Oct-18
31-Oct-18	Admin.	3	15-Oct-17	16-Oct-18	17-Oct-18	18-Oct-18	19-Oct-18	19-Oct-18	23-Oct-18	26-Oct-18	29-Oct-18
8-Nov-18	Inst.	2	22-Oct-17	23-Oct-18	24-Oct-18	25-Oct-18	26-Oct-18	26-Oct-18	30-Oct-18	2-Nov-18	5-Nov-18
14-Nov-18	Admin.	2	29-Oct-17	30-Oct-18	31-Oct-18	1-Nov-18	2-Nov-18	2-Nov-18	6-Nov-18	9-Nov-18	12-Nov-18
22-Nov-18	Inst.	last	5-Nov-17	6-Nov-18	7-Nov-18	8-Nov-18	9-Nov-18	9-Nov-18	13-Nov-18	16-Nov-18	19-Nov-18
28-Nov-18	Admin.	last	12-Nov-17	13-Nov-18	14-Nov-18	15-Nov-18	16-Nov-18	16-Nov-18	20-Nov-18	23-Nov-18	26-Nov-18

**NYS Dependent Care Advantage Account
420s (Emp. Contrib.) Plan Year 2018**

Payroll Date	Payroll Cycle	Payroll Cycle Number	Friday	Monday
			Vendor FTPs 420s to OSC	NBEN906 Reject Report tcp/ip to Vendor
4-Jan-18	Inst.	24	22-Dec-17	25-Dec-17
10-Jan-18	Admin.	24	29-Dec-17	1-Jan-18
18-Jan-18	Inst.	23	5-Jan-18	8-Jan-18
24-Jan-18	Admin.	23	12-Jan-18	15-Jan-18
1-Feb-18	Inst.	22	19-Jan-18	22-Jan-18
7-Feb-18	Admin.	22	26-Jan-18	29-Jan-18
15-Feb-18	Inst.	21	2-Feb-18	5-Feb-18
21-Feb-18	Admin.	21	9-Feb-18	12-Feb-18
1-Mar-18	Inst.	20	16-Feb-18	19-Feb-18
7-Mar-18	Admin.	20	23-Feb-18	26-Feb-18
15-Mar-18	Inst.	19	2-Mar-18	5-Mar-18
21-Mar-18	Admin.	19	9-Mar-18	12-Mar-18
29-Mar-18	Inst.	18	16-Mar-18	19-Mar-18
4-Apr-18	Admin.	18	23-Mar-18	26-Mar-18
12-Apr-18	Inst.	17	30-Mar-18	2-Apr-18
18-Apr-18	Admin.	17	6-Apr-18	9-Apr-18
26-Apr-18	Inst.	16	13-Apr-18	16-Apr-18
2-May-18	Admin.	16	20-Apr-18	23-Apr-18
10-May-18	Inst.	15	27-Apr-18	30-Apr-18
16-May-18	Admin.	15	4-May-18	7-May-18
24-May-18	Inst.	14	11-May-18	14-May-18
30-May-18	Admin.	14	18-May-18	21-May-18
7-Jun-18	Inst.	13	25-May-18	28-May-18
13-Jun-18	Admin.	13	1-Jun-18	4-Jun-18
21-Jun-18	Inst.	12	8-Jun-18	11-Jun-18
27-Jun-18	Admin.	12	15-Jun-18	18-Jun-18
5-Jul-18	Inst.	11	22-Jun-18	25-Jun-18
11-Jul-18	Admin.	11	29-Jun-18	2-Jul-18
19-Jul-18	Inst.	10	6-Jul-18	9-Jul-18
25-Jul-18	Admin.	10	13-Jul-18	16-Jul-18
2-Aug-18	Inst.	9	20-Jul-18	23-Jul-18
8-Aug-18	Admin.	9	27-Jul-18	30-Jul-18
16-Aug-18	Inst.	8	3-Aug-18	6-Aug-18
22-Aug-18	Admin.	8	10-Aug-18	13-Aug-18
30-Aug-18	Inst.	7	17-Aug-18	20-Aug-18
5-Sep-18	Admin.	7	24-Aug-18	27-Aug-18
13-Sep-18	Inst.	6	31-Aug-18	3-Sep-18
19-Sep-18	Admin.	6	7-Sep-18	10-Sep-18
27-Sep-18	Inst.	5	14-Sep-18	17-Sep-18
3-Oct-18	Admin.	5	21-Sep-18	24-Sep-18
11-Oct-18	Inst.	4	28-Sep-18	1-Oct-18
17-Oct-18	Admin.	4	5-Oct-18	8-Oct-18
25-Oct-18	Inst.	3	12-Oct-18	15-Oct-18
31-Oct-18	Admin.	3	19-Oct-18	22-Oct-18
8-Nov-18	Inst.	2	26-Oct-18	29-Oct-18
14-Nov-18	Admin.	2	2-Nov-18	5-Nov-18
22-Nov-18	Inst.	last	9-Nov-18	12-Nov-18
28-Nov-18	Admin.	last	16-Nov-18	19-Nov-18

**Reconcile OSC's 420 Report with Vendor's 420 Report on Quarterly Basis.
Resolve 420 Discrepancies before W-2's are run**

SoNY Open Enrollment For Plan Year 2016 Business Rules and Design Requirements

1. Introduction

Document Purpose

The purpose of this document is to define the changes to the 2016 requirements for an online web Open Enrollment facility containing functionality specific to the State of New York (SoNY).

Items for this project include but are not limited to:

- An updated login page and login process
- Import and storage of an NPAY571 file
 - Utilize the NPAY571 file to validate an employee match upon login.
 - Utilize the NPAY571 file to drive eligibility rules for specific enrollment pages and/or selections that are available when an employee applies for CIS/NH HCSA or DCSA.
- Apply updated eligibility business rules according to Negotiating Units
- Update the Open Enrollment pages and page flow
- Update all text and error messages
- Accommodate minor changes to the import/export file layout and current coverage read processes between FBWW and Healthaxis, if needed.

Note: The requirements for the CIS/NH Enrollment applications will be documented separately.
For example: Apply CIS/NH eligibility business rules according to Action/Reason Codes and Define the CIS/NH pages and page flow, etc.

Document Scope

This document includes items such as page layout, field specifics, navigation and business rule logic that will be used for the design phase.

Audience

The audience for this document is the SoNY project acceptance team; the FBWW project acceptance team and the Healthaxis project delivery team.

2. Administrator Login Process

2.1 User ID Set Up for Administrators

Client Administrators, Group Administrators and Employees access their portions of the application through one common login page. The navigation logic for each user type will vary based on the security level of the User ID.

Client Administrators and Group Administrators/CSRs will have User IDs set up prior to the user's first login. Administrators can set up other Administrators at their own level or at a lower security level. CSRs will be set up as Group Administrators with limited menu access.

Client Administrators and CSRs have access to enroll on behalf of an Employee. The Administrator/CSR locates the Employee through a search page, and upon selecting the specified Employee, gains access to the Employees enrollment applications, current coverage information and enrollment history information. In short, the Administrator/CSR can access the same functionality that the Employee has access to.

3. Main Login Page

The login page is common to all security levels. The application will recognize the user type and direct the user to the appropriate main menu: Client Administrator, CSR (limited Group Administrator access) and Employee.

This page will have today's date in the top left hand side of the header bar.

Text Box:

This page will have one text box for entry of the User ID and one text box for entry of the password.

Link:

This page will have a link for First Time User? [Register Now](#). The Register Now link will direct the user to the identification and registration process.

Link:

This page will have a link for [Forgot Your Password](#). The Forgot Your Password link will direct the user to an identification and change password process.

Note: The Forgot Your Password link appears in two places on this page.

Welcome Text:

This page will have instructional text labeled Welcome, as follows. Note that [Forgot Your Password](#) will be a link in this section. This will direct the user to the same identification and change password process as the link in the User ID entry section.

First time user instructions: Please click Register Now to set up your User ID and password.

Returning user instructions: If you have previously set up your User ID and password, please login using your selected User ID and password.

If you have forgotten your password, please click on [Forgot Your Password?](#)

This site is best viewed with Microsoft Internet Explorer v7.0 and above or recent versions of Mozilla Firefox, Google Chrome or Apple Safari.

Attention Text:

This page will have instructional text labeled Attention:

The online enrollment application requires the use of cookies. Please make sure your browser is set to accept cookies. Each browser is different, so check the "Help" menu of your browser to learn how to change your cookie preferences. You will also need to adjust your spam blocker to allow email from fsa@goer.ny.gov.

If you have 3 unsuccessful login attempts in a row, your account will be disabled.

If you need assistance, please call FBWW Customer Service at 1-800-358-7202 (press 1) Monday to Friday 7:00 AM to 10:00 PM.

RFP for Third Party Administration of the NYS Flex Spending Account Program

This page will have a navigation button named Login.

- When this button is clicked, the application will verify that a User ID and a password have been entered.

Please enter a User ID.

Please enter a Password.

Navigation Button:

Login – takes the employee to the Enter Pay Stub page

Logic:

All Client and Group Administrator logins will proceed directly to their respective Main Menu.

4. Forgot Password Page – User Search

This page is accessed when a user clicks on the Forgot Your Password? Link on the Main Login Page.

This page will have today's date in the top left hand side of the header bar.

This page will have a link to Log Out in the top right hand side of the header bar.

Text:

To complete a Forgot Password User search, you must enter data in ALL of the required (*) fields to match your user information.

Forgot Password

If a match is found, you will be asked to enter your User ID and answer your Security Question. Then you will be presented with a page to re-set your password, select a new security question and new security answer. This new information will be saved and you will be taken to the Employee Main Menu.

If you do not know your User ID, you must contact FBWW at 1-800-358-7202 (press 1) for this information.

We require your full NYS EMPLID to uniquely identify you and to process your payroll deductions with the state payroll office. We will also use this information to identify you if you forget your password.

Page Specifics:

This page will allow entry of the following information. Note that fields marked with a red asterisks (*) will be required:

- **Last Name: ***
- **User ID: ***
- **NYS EMPLID:*** (9 digit alpha/numeric)
 -
- **Birthdate (MM/DD):*** [2n] [2n]
 - Upon entry of the first 2 numbers, the application will automatically tab to the next field, etc.

Navigation Buttons:

Search – initiates validations

Cancel – returns to the login page

RFP for Third Party Administration of the NYS Flex Spending Account Program

Validations:

When the user clicks the Search button, validation of all entries takes place. If any required field is not entered, or the fields contain invalid characters or are entered in an unacceptable format, the error message is "Please enter a valid [field name]".

Please enter a valid Birthday in MM/DD format.

Please enter a valid Birth Day (2 digits).

Please enter a valid NYS EMPLID (9 digit alpha/numeric).

Please enter a valid User ID.

Upon successful validation of all entries, the application will search for a match of the entered data.

If there is not an exact match of the entered data, the user is returned to the Login page with this message:
The information you have entered does not match an existing User ID. Please contact FBWW at 1-800-358-7202 (press 1) for further assistance.

5. Forgot Password Page – Security Question and Answer--

After successful completion of the Forgot Password – User Search page, the user will be presented with the Forgot Password - Security Question and Answer page.

This page will have today's date in the top left hand side of the header bar.

This page will have a link to Log Out in the top right hand side of the header bar.

Text:

Please enter information in the required(*) field below and then click Submit to continue.

Confirm Security Question & Answer

To complete your Forgot Password process, please enter YOUR security answer. Your security answer must be entered exactly as originally answered. If a match is found, you will be allowed to reset your password, security question & security answer.

Logic:

The Security Question associated with the User ID will be displayed (read only, not editable).

Text Box:

There will be a text box for the Security Answer. The user must enter the Security Answer and click Submit. This will not require case sensitivity.

Navigation Buttons:

Cancel – returns to the Login page

Submit – if validations are passed, routes the user to the Reset Password and Security Question page

RFP for Third Party Administration of the NYS Flex Spending Account Program

Validations:

If the Security Answer is blank when the user clicks Submit:
Please enter your Security Answer.

If there is not an exact match of the entered data, the user is returned to the Login page with this message:
The information you have entered does not match an existing User ID. Please contact FBWW at 1-800-358-7202 (press 1) for further assistance.

6. Forgot Password Page – Reset Password and New Security Question and Answer-

After successful completion of the Forgot Password – Security Question and Answer page, the user will be presented with the Forgot Password – Reset Password and New Security Question and Answer page.

This page will have today's date in the top left hand side of the header bar.

This page will have a link to Log Out in the top right hand side of the header bar.

Text:

Please enter information in the required(*) fields below and then click Submit to continue.

Reset Password and Security Question

Creating a new password will enable you to log onto this website in the future to access your enrollment information. Your password must be at least 6 characters long, may not include any four consecutive characters of your User ID and may not be one of your previous passwords.

Text Boxes:

This page will have two text boxes:

- New Password
- Confirm Password

Validations:

- The New Password and Confirm Password must meet the password requirements:
Your password must be at least 6 characters long, may not include any four consecutive characters of your User ID, and may not be one of your previous passwords.
- The New Password and the Confirm Password are required and must match the information entered previously.
Please enter the New Password.
Please enter a Confirm Password.
The Confirm Password does not match the New Password entered. Please re-enter the Confirm Password or change the New Password entered.

Text:

This page will contain the following text:

If you would like to change your security question, please pick from the list below. You will be asked to provide the answer to this question if you have trouble remembering your password in the future.

RFP for Third Party Administration of the NYS Flex Spending Account Program

Drop Down List and Text Box:

This page will have a drop down list and a text box:

- New Security Question (Drop down list)
- New Security Answer (text box)

Validations:

The New Security Question and New Security Answer are not required. However, if a New Security Question is selected, a New Security Answer must be provided. If a New Security Answer is entered, a New Security Question must be selected.

Navigation Buttons:

Cancel – returns to the Login page

Submit – if validations are passed, routes the employee to the Employee Main Menu.

7. Enter Pay Stub Information Page

Regardless if the employee has a User ID or not, each time an employee logs in, it is necessary to search for a matching NPAY571 record. NPAY571 files will be updated on a regular basis and the most recent one available needs to be used each time the employee logs in.

This page will have today's date in the top left hand side of the header bar.

This page will have a link to Log Out in the top right hand side of the header bar.

Text:

This page will contain the following text:

Please enter the following information in all required(*) fields below to verify your identity. Be sure to enter this information as it appears on your most recent pay stub.

If you are an employee of [Roswell Park Cancer Institute](#), [Liquidation Bureau](#), [NYSERDA](#), or [NYSEFC](#) and don't know your Department ID or Negotiating Unit, or if you need instructions on how to determine your NYS EMPLID, please click the appropriate link above.

After verifying your identity, you will need to complete a short registration process in order to continue.

Logic:

*Note: If the user reached this page by using a User ID and Password, then the second text message about self-registration does **not** display.*

Text Boxes:

This page will have one text box for entry of the NYS EMPLID, one text box for entry of the employee's Department ID and one text box for entry of the Negotiating Unit.

Please verify the information above. The system will indicate you are ineligible if it is incorrect and you will not be able to enroll.

Graphic:

This page will have a graphic of a portion of the Pay Stub at the bottom of the page.

Manual Agencies pop up image - If the user clicks on the link for the Manual Agency Name the appropriate pop up image will display.

RFP for Third Party Administration of the NYS Flex Spending Account Program

Roswell Park Cancer Institute

Roswell Park Cancer Institute:

To complete your application, you must enter an identification number that is nine (9) digits long. To distinguish Roswell Park Cancer Institute from other state agencies, your identification number is made up of the letter R followed by a portion of your Employee ID which may be found at the top of your paystub.

Your RPCI Employee ID, located at the top of your paystub, is nine (9) digits long. You will need to substitute the first zero (0) with the letter R to create your employee number. For example:

RPCI Employee ID on Paystub: 000001234
Employee ID Number for FBMC: R00001234

If you are an employee of Roswell Park Cancer Institute, and cannot find or do not know your Employee ID Number or your Negotiating Unit, please contact the Employee Benefits and Services Office at 716-845-1086.

ROSWELL PARK CANCER INSTITUTE CORP.						Advice Number: 123456
Elm and Carlton Streets Buffalo, New York 14263						
Employee Name	Employee SS#	Employee ID	Dept.	Pay From Date	Pay End Date	Check Date
Sample Employee	xxx-xx-9999	000001234	INFOR	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Zero Dollars & 0/100						\$0.00
						NON-NEGOTIABLE

The Department ID is 55875 for all Negotiating Units
 02 - CSEA Administrative Negotiating Unit
 03 - CSEA Operational Negotiating Unit
 04 - CSEA Institutional Negotiating Unit
 05 - PEF Negotiating Unit
 06 - Management/Confidential Negotiating Unit

Liquidation Bureau

Liquidation Bureau:

To complete your application, you must enter an Employee ID Number that is 9 characters long. From left to right, begin with the letter L, followed by the 3 zeros, ending with the last 5 digits of your Liquidation Bureau Employee ID Number (5 digit Employee number found on your paystub). For example: L00099999.

The Department ID is 75560 and the Negotiating Unit is 96 for all employees.

If you are an employee of the Liquidation Bureau, and cannot find or do not know your Employee ID Number, please contact your Human Resources office at 212-341-6600 or email at bsoto@nylb.org or call customer service at 1-800-358-7202 (option 1).

RFP for Third Party Administration of the NYS Flex Spending Account Program

[NYSERDA](#)

NYSERDA:

To complete your application, you must enter an Employee ID Number that is 9 characters long. From left to right, begin with the letter E, followed by 2 zeros, and ends with your NYSERDA Employee ID Number (6 digit file number found on your paystub below). For example: E00999999.

The Department ID is 55500 and the Negotiating Unit is 06 for all employees.

If you are an employee of NYSERDA and cannot find or do not know your Employee ID Number, please contact your personnel office or call customer service at 1-800-358-7202 (option 1).

The image shows a sample 'Earnings Statement' form from ADR. A blue arrow points to the 'FILE' field in the header section. The form contains the following information:

CD	FILE	DEPT	CLOCK	YCHR	NO	ISS
GRA	001243	008210	01	0000140216	1	

Earnings Statement 

NEW YORK STATE ENERGY AND DEVELOPMENT AUTHORITY
17 COLUMBIA CIRCLE
ALBANY, NEW YORK 12203-5156

Period Beginning: 03/28/2013
Period Ending: 04/10/2013
Pay Date: 04/10/2013

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0
NY: 0

Social Security Number: XXX-XX-XXXX

Earnings rate hours this period year to date Other Benefits and

RFP for Third Party Administration of the NYS Flex Spending Account Program

NYSEFC

NYSEFC:

To complete your application, you must enter an Employee ID Number that is 9 characters long. From left to right, begin with the letter C, followed by the 8 digit number. Your EFC Employee ID Number (9 digit alpha numeric) may be found on your paystub as shown below. For example C01234567:

If you are an employee of EFC, and cannot find or do not know your Employee ID Number, please contact your Human Resources Office or call customer service at 1-800-358-7202 (option 1).

NYS Environmental Facilities Corp 625 Broadway Albany, NY 12207-2907 Payroll: 04/11/13 - 04/24/13		5583882
		04/24/2013 \$0.00
*** VOID *** VOID *** VOID *** VOID *** VOID *** VOID ***		
Jane N Doe 123 Main Street Albany, NY 12203		*** NON NEGOTIABLE ***
Pay Date: 04/24/13	Pay Period: 04/11/13 - 04/24/13	PRID: 5583882
Company:	Employee:	Pay Type Pay Rate
NYS Environmental Facilities Corp 625 Broadway Albany, NY 12207-2907 (518) 486-8120	Jane N Doe 123 Main Street Albany, NY 12203	Salary \$1,900.00 Exempt
Annual Salary: \$53,400 / C01234567	SSN: Tax Status:	
	XXX-XX-9999 Single Married: 0 State: Married: 0/0	
Wage Detail	Wages:	Current Year to Date
Pay Rate Hrs/Pcs Amnt Department Job	Regular Hrs/Pcs Amnt Hrs/Pcs Amnt	
Regular 1,900.00 1 1,900.00 Clean Water	Regular 1 1,900.00 1 18,716.45	
Totals:		1,900.00 18,716.45
Accruals:	Adjustments:	Current Year to Date
Match Amnt Match Amnt		
457DedComp 380.00 3,742.23		
ParkingDed 23.93 215.37		
Advance 1,133.39 1,133.39		
SEFA 5.00 45.00		
Totals:		1,542.32 5,137.05
Direct Deposit:	Taxes:	Current Year to Date
	Amnt Amnt	
	FICA SS 117.80 1,106.45	
	FICA Med 27.55 271.36	
	Federal 145.79 1,508.09	
	NY State 66.54 682.33	
Totals:		357.68 3,622.23
Net:	Current Year to Date	
	0.00 9,957.17	

The Department ID is 99998 and the Negotiating Unit is 34 for all employees.

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Navigation Buttons:

This page will have a Cancel button, which takes the user back to the Login Page.

This page will have a Next Page button. Upon clicking Next Page, the following validations will be done:

- Validate that the value entered in NYS EMPLID is alpha/numeric and no more or less than 9 digits. This field is required. If the validations are not met, the user will not be allowed to proceed to the next Page and this error message will display:
 - Please enter a valid 9 digit NYS EMPLID.
- Validate that the value entered in Department ID is numeric and no more or less than 5 digits. This field is required.
 - Please enter the 5 digit Department ID.
- Validate that the value entered in Negotiating Unit is alpha/numeric and no more or less than 2 digits. This field is required. [Note: Courts have NU codes such as SK and S9]
 - Please enter the 2 digit Negotiating Unit.
- SoNY has required that validation be added to the application to check the NYS EMPLID that is entered on the Employee Demographics page and validate that it matches the NYS EMPLID, Department ID and Negotiating Unit (Pay Stub Page).

If the 2 fields do not match present an error:

The NYS EMPLID entered on this page does not match the NYS EMPLID entered on the previous page. If the NYS EMPLID entered on this page is correct, please click the CANCEL button below, which will take you back to the login screen to correct the information.

Validation for Subsequent Logins:

The application will check that the NYS EMPLID entered for subsequent logins and validate it matches the NYS EMPLID entered on the Member Demographics page.

If the 2 fields do not match present an error:

The NYS EMPLID entered on this page does not match the NYS EMPLID on file. Please verify the NYS EMPLID entered on this page are correct. If they are correct, please click the CANCEL button below which will take you back to the login screen and call FBWW at 1-800-358-7202 (press 1) for further assistance.

Eligibility Validations:

- Validate that the value entered in Department ID is a valid department ID (The department ID is on the list provided by SoNY). This user will be presented with a message and returned to the login page.
 - You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.
- Validate that the value entered in Negotiating Unit is a valid Negotiating Unit (The Negotiating Unit ID is on the list provided by SoNY). This user will be presented with a message and returned to the login page.
 - You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.

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The following text below is deleted and now displayed on the popup images for each manual agency displayed above.

8. Employee Login Process

The Employee Login Process utilizes information in the NPAY571 file. Please refer to Appendix A for the file layout.

Note that this implementation will utilize the field on the NPAY571 file named Employee Grouping Number: This value will be a sequential number assigned to every employee, with a particular number being unique to one employee. The value will not stay constant for an employee; it will change each time a new file is received

8.1 Existing Employees Who Have a User ID and Password

Employees who have completed the self-registration and User ID creation process will enter a personal User ID and password on the primary Login page. –

Upon validation of the User ID/Password combination, the Employee will be directed to the Enter Pay Stub Information page. There they will enter their NYS EMPLID + 5 digit Work Location (Dept. ID) + 2 digit Negotiating Unit.

The application will search for a match of those values on the NPAY571 file, and the Has User ID - Identify Employee business rules will be applied:

8.2.1 Existing Employees Who Have a User ID - Identify Employee Business Rules

8.2.1.1 Match on NPAY571 row:

- Has User ID - Only One Match

If there is only one match of the NYS EMPLID + Work Location + Negotiating Unit in the NPAY571, then the information from that row will be used in the eligibility business rules.

This Employee is not a possible duplicate in the NPAY571 file.

OSC will not send APM, FEE, or SMS employees on the NPAY571,

Read the NPAY571 information for this employee.

1. If the Pay Basis Code is APM, FEE or SMS, the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.
2. If the Employee Status is not P or A, the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.
3. If the Pay Cycle is not "A", "I", "F", "E", "L", or "R", the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.

If the employee's NPAY571 passes the validations, then proceed to the **Employee Main menu**.

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- Has User ID - More Than One Match for One Employee (Duplicate)

The application doesn't decide which NPAY571 to use when there are duplicates of any kind. Apply the business rules to the record that matches the DEPT ID the employee enters, as this will be the employee's primary record. In these cases, the application is not deciding which NPAY571 record to use, because the employee is supplying the DEPT ID from which to take deductions.]

If there is more than one NPAY571 row with the same Employee Grouping Number, then the rows represent the same person.

Read the NPAY571 information for this employee.

4. If the Pay Basis Code is APM, FEE or SMS, the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.
5. If the Employee Status is not P or A, the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.
6. If the Pay Cycle is not "A", "I", "F", "E", "L", or "R", the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.

If the employee's NPAY571 passes the validations, then proceed to the Employee Main menu.

- Has User ID - More Than One Match for Two Employees (Duplicate)

If there is more than one NPAY571 row found for the NYS EMPLID+ Work Location (Dept. ID) + Negotiating Unit and the Employee Grouping Number is different on the rows, then the rows represent different people.

If the employee is a duplicate: (This validation was added to the application and released to Production on 12/16/08 under ticket# 61704. [Healthaxis 07/06/09]

There can be duplicate rows on the NPAY571 file. There will be the potential for us to receive an employee record multiple times on the NPAY571 file. The reason for this is that the employee can be employed at multiple work locations."

- Refresh the page and return an error message: Additional information is needed to determine your eligibility. Please type your Pay Rate in the box below, exactly as it is listed on your most recent pay stub.
- Display an additional field label and data entry text box for: Pay Rate.
- Validate the Pay Rate the user enters against the Pay Rate amount stored in the Annual Salary column in the NPAY571 file.
 - **What displays in the PAY RATE box on an employee's paystub is exactly the same info that the vendor sends on the npay571, regardless of paybasis code.**

If the Pay Rate entered does not match the amount in the database display the error message: We are unable to verify your payroll information. Please complete and submit your enrollment application, which will be pended while we confirm your eligibility. If you are eligible for the Employer Contribution, the amount will be automatically applied to your Dependent Care Advantage Account annual election after your payroll information has been verified.

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Allow this employee to enroll (using **minimum eligibility business rules**), tag as **duplicate** and pend the application. Proceed to the **Employee Main menu**.

8.2.1.2 No Match on NPAY571 row:

○ Has User ID - No Match

If the values entered by the employee do not match an existing record on the NPAY571 file, then the application will present a page allowing the user to identify them further. This page contains the text:

We are unable to verify your eligibility to enroll in the FSA. From the menu below, please select the choice that best describes your situation.

The page will display a drop down list containing:

- SUNY Research Foundation
- HRI
- Thruway Authority
- Other

- If the user selects SUNY Research Foundation, HRI or Thruway Authority, then the user is routed back to the Login page with a message:

You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.

If the user selects Other, then the user is directed to a new page with this text:

We need further verification of your eligibility to enroll in the FSA. From the menu below, please select the choice that best describes your situation.

The page will display a drop down list containing:

Please select one of the following

- New Hire
- On or Returning from LWOP
- Other

If the user selects Other, then the user is routed back to the Login page with a message:

This benefit is only offered to eligible employees of the State of NY. If you believe you are eligible, please contact your HR Office.

If the user selects New Hire or On or Returning from LWOP, they will be routed to the Employee Main Menu and this message will appear:

Your eligibility to enroll in the Flex Spending Account cannot be determined until we verify your payroll information in the State payroll system. Please complete and submit your enrollment application, which will be pended while we confirm your eligibility. If you are eligible for the Employer Contribution, the amount will be automatically applied to your Dependent Care Advantage Account annual election after your payroll information has been verified.

Allow this employee to enroll (using **minimum eligibility business rules**), tag as New Hire or On or Return from LWOP and pend the application.

8.3 Employees Who Do Not Have a User ID and Password (1st Time to Use the Application)

Employees who have not yet completed the self-registration and User ID creation process will click on a First Time User? [Register Now](#) link on the primary Login page.

This link routes the Employee to the Enter Pay Stub Information Page.

Please refer to Section 7 Enter Pay Stub Information Page for details and validations on this page.

Upon successful entry and validation of the items on the Enter Pay Stub Information Page, the NPAY571 file will be read and the application will search for a match of those values on the NPAY571 file, and the First Time User Path - Identify Employee business rules will be applied:

8.3.1 Existing Employees Who Do Not Have a User ID - Identify Employee Business Rules

8.3.1.1 Match on NPAY571 row:

8.3.1.1.1 No User ID (First Time User Path) - Only One Match

If there is only one match of the NYS EMPLID + Department ID + Negotiating Unit in the NPAY571, then the information from that row will be used in the eligibility business rules.

This Employee is not a possible duplicate in the NPAY571 file. Read the NPAY571 information for this employee.

1. If the Pay Basis Code is APM, FEE or SMS, the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.
2. If the Employee Status is not P or A, the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.
3. If the Pay Cycle is not "A", "I", "F", "E", "L", **or** "R", the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.

If the employee's NPAY571 passes the validations, then proceed to the **Employee Self-Registration page**.

8.3.1.1.2 No User ID (First Time User Path) - More Than One Match for One Employee (Duplicate)

Apply the business rules to the record that matches the DEPT ID the employee enters, as this will be the employee's primary record. In these cases, the application is not deciding which NPAY571 record to use, because the employee is supplying the DEPT ID from which to take deductions.]

If there is **more than one NPAY571 row** with the **same Employee Grouping Number**, then the rows represent the same person.

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Read the NPAY571 information for the negotiating Unit and the employee.

1. If the Pay Basis Code is APM, FEE or SMS, the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.
2. If the Employee Status is not P or A, the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.
3. If the Pay Cycle is not "A", "I", "F", "E", "L", or "R", the employee is not eligible to enroll at all.
You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.

If the employee does not fall into the 5 categories above:

- o Refresh the page and return an error message: Additional information is needed to determine your eligibility. Please type your Pay Rate in the box below, exactly as it is listed on your most recent pay stub.
- o Display an additional field label and data entry text box for: Pay Rate.
- o Validate the Pay Rate the user enters against the Pay Rate amount stored in the AnnualSalary column in the NPAY571 file.
 - **What displays in the PAY RATE box on an employee's paystub is exactly the same info the vendor sends on the npay571, regardless of paybasis code.**
- o If the Pay Rate entered does not match the amount in the database display the error message: We are unable to verify your payroll information. Please complete and submit your enrollment application, which will be pended while we confirm your eligibility. If you are eligible for the Employer Contribution, the amount will be automatically applied to your Dependent Care Advantage Account annual election after your payroll information has been verified.

This additional information enables the program to identify the employee's record on the NPAY571 file, without pending and using full business rules. Proceed to the **Employee Main menu**.

If the employee's NPAY571 passes the validations, then proceed to the Employee Self-Registration page.

After self-registration and setting up a User ID and password, this employee will be allowed to enroll.

8.3.1.1.3 No User ID (First Time User Path) - More Than One Match for Two Employees (Duplicate)

If there is more than one NPAY571 row found for the NYS EMPLID + Work Location + Negotiating Unit and the Employee Grouping Number is different on the rows, then the rows represent different people.

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- o Refresh the page and return an error message: Additional information is needed to determine your eligibility. Please type your Pay Rate in the box below, exactly as it is listed on your most recent pay stub.
- o Display an additional field label and data entry text box for: Pay Rate.
 - **What displays in the PAY RATE box on an ee's paystub is exactly the same info that the vendor sends on the npay571, regardless of paybasis code.**
- o If the Pay Rate entered does not match the amount in the database display the error message: We are unable to verify your payroll information. Please complete and submit your enrollment application, which will be pended while we confirm your eligibility. If you are eligible

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for the Employer Contribution, the amount will be automatically applied to your Dependent Care Advantage Account annual election after your payroll information has been verified.

o

If the application is still unable to determine an exact match, allow this employee to proceed to the **Employee Self-Registration page**. After self-registration and setting up a User ID and password, this employee will be allowed to enroll (using **minimum eligibility business rules**). They will be tagged as **duplicate** and the application will be pended.

There will be the potential to receive an employee record multiple times on the NPAY571 file. The reason for this is that the employee can be employed at multiple work locations.”

8.3.1.2 No Match on NPAY571 row:

8.3.1.2.1 No User ID (First Time User Path) - No Match

If the values entered by the employee do not match an existing record on the NPAY571 file, then the application will present a page allowing the user to identify them further. This page contains the text:

We are unable to verify your eligibility to enroll in the FSA. From the menu below, please select the choice that best describes your situation.

The page will display a drop down list containing:

- SUNY Research Foundation
- HRI
- Thruway Authority
- Other

If the user selects SUNY Research, HRI or Thruway Authority, then the user is routed back to the Login page with a message:

You are not eligible to enroll in the NYS FSA. Please contact your HR Office for information about your benefits.

If the user selects Other, then the user is directed to a new page with this text:

We need further verification of your eligibility to enroll in the FSA. From the menu below, please select the choice that best describes your situation.

The page will display a drop down list containing:

- New Hire
- On or Returning from LWOP
- Other

If the user selects Other, then the user is routed back to the Login page with a message:

This benefit is only offered to eligible employees of the State of NY. If you believe you are eligible, please contact your HR Office.

If the user selects New Hire or On or Returning from LWOP, they will be routed to the Self-Registration page and this message will appear:

Your eligibility to enroll in the Flex Spending Account cannot be determined until we verify your payroll information in the State payroll system. Please complete and submit your enrollment application, which will be pended while we confirm your eligibility. If you are eligible for the Employer Contribution, the amount will be automatically applied

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to your Dependent Care Advantage Account annual election after your payroll information has been verified.

Allow this employee to proceed to the Employee Self-Registration page. After self-registration and setting up a User ID and password, this employee will be allowed to enroll (using **minimum eligibility business rules**). They will be tagged as New Hire or On or Return from LWOP and the application will be pending.

9. Employee Self-Registration Page (1st Time Users Only)

This page allows a 1st Time User Employee to self-register. The employee must enter demographic information that is required throughout the enrollment application.

Text:

Please enter information in all required(*) fields below and then click Next Page to continue.

In order for your application to be processed, please provide the information requested in this box. Your address will only be used to mail program communications to you, so please enter a residential address where you want to receive this mail.

You are required to provide a daytime phone number in the event that we need to contact you for customer service. If you provide an email address, please adjust your spam blocker settings to accept email from fsa@goer.ny.gov. Your email address will only be used to communicate FSA program information or program deadlines.

We require your full NYS EMPLID to uniquely identify you and to process your payroll deductions with the State payroll office. We will also use this information to identify you if you forget your password.

No additional or different text or logic when application is pending mode.

The Self-Registration page will allow entry of the following information. Note that fields marked with a red asterisks (*) will be required:

- First Name:*
- Middle Initial
- Last Name:*
- Suffix:
 - Drop down list (JR, SR, I, II, III, IV)
- Birthday (MM/DD):* [2n] [2n]
 - Upon entry of the first 2 numbers, the application will automatically tab to the next field.
- NYS EMPLID:* 9 digit alpha/numeric
 -
- Confirm NYS EMPLID:* 9 digit alpha/numeric
 -
- Day Time Phone: [3n] [3n] [4n]
 - Upon entry of the first 3 numbers, the application will automatically tab to the next field, etc.
- Mailing Address 1:*
- Mailing Address 2:
- City:*
- State:*
- Drop down list—Note: this will default to 'NY' but will allow changes
- Zip:* [5n]

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- Zip + 4: [4n]
- Email Address:
- Confirm email:

When the Employee submits this page, there is a validation that the NYS EMPLID entered does not already exist.

- If the NYS EMPLID entered does not already exist on the database, then the Employee is allowed to create their User ID and password.
- If the NYS EMPLID entered already exists on the database **and** a User ID is attached to this NYS EMPLID, then it is assumed the user selected First Time User? Register Now? in error.
 - At this point, save the new demographics just entered by the user and proceed to the 1st page of the Forgot Password process.
 - Populate the Last Name, NYS EMPLID and Date of Birth exactly as just entered on the Self-Registration page.
 - The user must enter their User ID on this page. The Forgot password User Search page contains a message instructing the user to contact their Plan Administrator if they do not remember their User ID.
- If the NYS EMPLID entered does already exist on the database but a User ID is not attached to this NYS EMPLID, then the Employee is presented with a message:
The NYS EMPLID you entered is already in use by another employee. Please contact FBWW at 1-800-358-7202 (press 1) for further assistance.
- Non-alpha characters are not allowed in the name, with the exception of hyphen(s), period(s), or apostrophes (e.g. Smith-Jones, St. Clair, O'Malley).
- If any required field is not entered, or the fields contain invalid characters or are entered in an unacceptable format, the error message is "Please enter a valid [field name]".
Please enter a valid First Name.
Please enter a valid Last Name.

Please enter a valid Birthday in MM/DD format.

Please enter a valid NYS EMPLID.

Please enter a valid Mailing Address 1.

Please enter a valid City.

Please enter a valid State.

Please enter a valid Zip Code.

Please enter a valid Day Time Phone.

- The confirm NYS EMPLID and the confirm email address must match the information entered previously.

The confirm NYS EMPLID does not match the NYS EMPLID entered. Please re-enter the confirm NYS EMPLID or change the NYS EMPLID entered.

The confirm email address does not match the email address entered. Please re-enter the confirm email address or change the email address entered.

9.1 Employee User ID and Password Creation (First Time User)

Upon successful entry of information on the Self-Registration Page, then allow the First Time User to create a personal User ID and Password

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Text:

Please enter information in all required(*) fields below and then click Submit to continue.

Creating a user name and password will enable you to log onto this web site in the future to access your enrollment information. Do not use your social security number or EMPLID as your User ID, since your User ID is mailed to you each year during the annual Open Enrollment period. Your password must be at least 6 characters long and may not include any four consecutive characters of your User ID.

The user will be presented with the following fields:

- User ID (required)
- Password (required)
- Confirm Password (required)

Text:

Please choose a security question from the list below. You will be asked to provide the answer to this question if you have trouble remembering your User ID or password in the future:

- Security Question (selection of one of the drop down list values is required):
 - What is the name of the city in which you were born?
 - What is the name of your first pet?
 - What is the name of your childhood elementary school?
 - What is your mother's maiden name?

The user will be presented with the following field:

- Security Answer (non case-sensitive)

Upon completing the fields listed above, the user clicks on Submit. The application will validate the entries:

- The User ID must be unique across all employees. For example, there cannot be two User IDs of jsmith: The User ID is already in use by another employee. Please enter a different User ID.
- If these fields have not been entered, or contain invalid characters or are entered in an unacceptable format:
Please enter a valid User ID.
Please enter a valid password.
- The confirm password must match the password entered.
The confirm password does not match the password entered. Please re-enter the confirm password or change the password entered.

When all entries pass validation, the application will create the user's personalized User ID and store the password and Security Question/answer. The user is routed to the **Employee Main Menu**.

For all subsequent logins, the employee will use this personalized User ID and password to access the application.

10. Employee Main Menu Page

The Employee Main Menu is the first page to display after one of these actions:

- A successful Employee login with a personal User ID and password
- Completion of the Employee Self-Registration and the User ID Account Creation processes.

If enrollment is in pending mode – Message at the top of the page –

Your eligibility to enroll in the Flex Spending Account cannot be determined until we verify your payroll information in the State payroll system. Please complete and submit your enrollment application, which will be pended while we confirm your eligibility. If you are eligible for the Employer Contribution, the amount will be automatically applied to your Dependent Care Advantage Account annual election after your payroll information has been verified.

This page contains five sub-menu areas:

Access and Demographics:

- View Online Announcements
 - This allows the employee to view announcements posted to the site by the administrator.
- View Online Documents
 - This allows the employee to view online documents such as a benefit summary or claim form posted to the site by the administrator.
- View Online links
 - This allows the employee to select a link and go to another website specified by the site by the administrator.

Enrollment:

- Open Enrollment Application
 - This menu option will display dynamically. It will appear only when the Group's Annual Enrollment period is open. An administrator can maintain these dates.
- Change in Status/New Hire Application
 - The 2015 **CIS/NH** enrollment option will be available to eligible employees until 11/8/2015.
 - The **2016 CIS/NH** enrollment option will be available to eligible employees beginning on 11/10/2015.
- My Saved Enrollment Applications
 - This is a link to a menu that displays links to completed and pended applications submitted by the employee.

Current Coverage:

- My Current Year FSA Elections
 - This presents the employee's current coverage, as read from Common Remitter.
 - Upon an existing employee login, the current coverage information will be read from the FBWW back-end system, based on the Employee's NYS EMPLID.
 - When an Administrator selects an employee for Manage Primary Insured Information (accessing the employee main menu), the current coverage information will be read from the FBWW back-end system, based on the Employee's NYS EMPLID.

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Access and Demographics:

- Manage My User ID and Personal Information
 - This allows the employee to change their password and demographic information, outside of an enrollment application.

Important Information:

- Links
 - This takes the user to a sub-menu page with three links:
 1. www.flexspend.ny.gov
 2. Enter the RACE – (http://flexspend.ny.gov/2016/forms/race_form.html)

No additional or different text or logic when application is pending mode.

11. My Saved Enrollment Applications

This page will have today's date in the top left hand side of the header bar.

This page will have a link to Log Out and a link to go Back to Main in the top right hand side of the header bar.

This page will contain the following sections:

11.1 Pended Applications:

When a Pended application has been submitted, the type (Open Enrollment or Change In Status/New Hire) and date/time will be displayed as an active link. Clicking on the link will display an Enrollment Summary page that displays the information related to the pended application selected.

- If no Pended applications have been submitted, the page will display: No applications are pending.
- If a Pended application has been submitted, the page will display the appropriate link name, for example: Pended Open Enrollment – 10/11/2015 06:22:09 PM
- When a previously pended application is accepted (“unpended”), the NPAY571 eligibility matching algorithm will not exclude entries in which the open enrollment application submission date is before the effective date for that employee (AS8722.002, CC:30975).

11.2 Completed Applications:

When a non-pended application has been submitted, the type (Open Enrollment or Change In Status/New Hire) and date/time will be displayed as an active link. Clicking on the link will display an Enrollment Summary page that displays the information related to the non-pended application selected. Same screen as above for 15.1.

- If no Completed applications have been submitted, the page will display: “No Open Enrollment applications.” (Or “No Change In Status/New Hire applications.”, etc.)
- If a Completed application has been submitted, the page will display the appropriate link name, for example: Completed Open Enrollment – 10/11/2015 06:22:09 PM

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11.3 Disapproved Applications:

When a submitted application has been disapproved by the administrator, the type (Open Enrollment or Change In Status/New Hire) and date/time will be displayed as an active link. Clicking on the link will display an Enrollment Summary page that displays the information related to the disapproved application selected. Same screen as above for 15.1.

- If no Disapproved applications have been submitted, the page will display: None.
- If a Pended application has been submitted, the page will display the appropriate link name, for example: Pended Open Enrollment – 10/11/2015 06:22:09 PM

Note that the My Saved Enrollment Applications and the Summary pages will have a unique confirmation number listed in the header.

11.4 My Saved Enrollment Applications Examples

Note: The following represents examples of the Pended and Non-Pended Saved Enrollment Applications. These pages will look like the Open Enrollment Summary Page.

Text and Data at the top of the page (Pended and Non-Pended):

Employee Information

EMPLID: N01234567.

Name: John Q. Public III

Day Time Phone: (909) 999-9999

Email: JQP@aol.com

Number of Deductions: 24

11.4.1 Non-Pended Open Enrollment Saved Enrollment Application Example:

Example 1: Non-Pended Enrollment - Employee who selected both HCSA and DCAA.

Health Care Spending Account (HCSA)

Your HCSA Election Amount is:	\$2,000.00
Your Estimated Biweekly Deduction is:	\$83.33
Your Estimated Annual Amount is:	\$1,999.92

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is:	\$1,700.00
Your Employer Contribution is:	\$ 300.00
Total DCAA Annual Election is:	\$ 2,000.00
Your Estimated Biweekly Deduction is:	\$70.83
Your Estimated Annual Amount is:	\$1,999.92

Example 2: Non-Pended Enrollment - Employee who selected HCSA and declined DCAA.

Health Care Spending Account (HCSA)

Your HCSA Election Amount is:	\$2,000.00
Your Estimated Biweekly Deduction is:	\$83.33
Your Estimated Annual Amount is:	\$1,999.92

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Dependent Care Advantage Account (DCAA)

You have waived participation in the Dependent Care Advantage Account.
Your total annual election for DCAA is \$0 and you are not enrolled
in the Dependent Care Advantage Account for 2016.

Example 3: Non-Pended Enrollment - Employee who declined HCSA and selected DCAA.

Health Care Spending Account (HCSA)

You have waived participation in the Health Care Spending Account.
Your total annual election for HCSA is \$0 and you are not enrolled
in the Health Care Spending Account for 2016.

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is:	\$1,700.00
Your Employer Contribution is:	<u>\$ 300.00</u>
Total DCAA Annual Election is:	\$ 2,000.00
Your Estimated Biweekly Deduction is:	\$70.83
Your Estimated Annual Amount is:	\$1,999.92

11.4.2 Pended Open Enrollment Saved Enrollment Application Example:

If the application is in pending mode, and the employee has elected DCAA, the Employer Contribution displays Unknown. A message appears:

If you are eligible for an Employer Contribution, the amount will be identified in your Confirmation Notice upon approval of your application.

Example 1: Pended Enrollment - Employee who selected both HCSA and DCAA.

Health Care Spending Account (HCSA)

Your HCSA Election Amount is:	\$2,000.00
Your Estimated Biweekly Deduction is:	\$83.33
Your Estimated Annual Amount is:	\$1,999.92

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is:	\$1,800.00
Your Employer Contribution is:	Unknown
Total DCAA Annual Election is:	\$1,800.00
Your Estimated Biweekly Deduction is:	\$75.00
Your Estimated Annual Amount is:	\$1,800.00

Example 2: Pended Enrollment - Employee who selected HCSA and declined DCAA.

Health Care Spending Account (HCSA)

Your HCSA Election Amount is:	\$2,000.00
Your Estimated Biweekly Deduction is:	\$83.33
Your Estimated Annual Amount is:	\$1,999.92

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Your Current total DCAA Annual Election Amount is: \$[DCAA Total Annual Election Amt]

Button:
Print This Page

Text:
Only when current coverage information is not available from FBWW:

Current Year Coverage Information Not Available

Unfortunately, your current year coverage information is not available at this time or you may not be currently enrolled. Please try again later to access your current coverage information or call FBWW Customer Service at 1-800-358-7202 (press 1) for assistance. We apologize for any inconvenience. Thank you!

13. Manage My User ID and Personal Information

This page allows an Employee who is logged in to change their Password and demographic data, outside of an enrollment application.

The employee must enter demographic information that is required throughout the enrollment application.

The top of this page contains the following text:

Please enter information in all required(*) fields below and then click Submit to continue.

Modify ONLY the fields you want to change. If you would like to change your password, please complete the two password fields. Your address will only be used to mail program communications to you, so please enter a residential address where you want to receive this mail. Your email address will only be used to communicate FSA program information or program deadlines.

The Manage My User ID and Personal Information page will allow entry of the following information. Note that fields marked with a red asterisks (*) will be required:

- New Password:
- Confirm Password:
- First Name:*
- Middle Initial
- Last Name:*
- Suffix:
 - Drop down list (JR, SR, I, II, III, IV)
- Birthday (MM/DD):* [2n] [2n]
 - Upon entry of the first 2 numbers, the application will automatically tab to the next field.
- NYS EMPLID: [note: on this page, the NYS EMPLID will be display only]
- Day Time Phone: [3n] [3n] [4n]
 - Upon entry of the first 3 numbers, the application will automatically tab to the next field, etc.
- Mailing Address 1:*

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- Mailing Address 2:
- City:*
- State:*
- Drop down list
- Zip:* [5n]
- Zip + 4: [4n]
- Email Address:
- Confirm email:

When Submit is clicked, the following validations take place:

- Non-alpha characters are not allowed in the name, with the exception of hyphen(s), period(s), or apostrophes (e.g. Smith-Jones, St. Clair, O'Malley).
- If any required field is not entered, or the fields contain invalid characters or are entered in an unacceptable format, the error message is "Please enter a valid [field name]".
 - Please enter a valid First Name.
 - Please enter a valid Last Name.
 - Please enter a valid Birth Month (2 digits).
 - Please enter a valid Birth Day (2 digits).
 - Please enter a valid Mailing Address 1.
 - Please enter a valid City.
 - Please enter a valid State.
 - Please enter a valid Zip Code.
 - Please enter a valid Day Time Phone.
- The Confirm Password must match the information entered previously.
- The Confirm Password does not match the New Password entered. Please re-enter the Confirm Password or change the New Password entered.
- The Confirm email address must match the information entered previously.

The Confirm email address does not match the email address entered. Please re-enter the Confirm email address or change the email address entered.

No additional or different text or logic when application is pending mode.

14. Links

This page allows an Employee to access important links

www.flexspend.ny.gov

[Enter the RACE](http://www.flexspend.ny.gov/2016/forms/race_form.html)

Note: The "Enter the RACE" name is for this link: http://flexspend.ny.gov/2016/forms/race_form.html

15. Eligibility Business Rules – Negotiating Unit Matrix

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There are a series of factors involved in determining each Employee's eligibility. These factors can allow/disallow HCSA, DCAA, Employer Contribution (and for CIS/NH, the type of change event reason that can be selected.)

NEGOTIATING UNIT NAME	ACRONYM	BU Code #	ligible for 410 HCSA	ligible for 428 DCAA	ligible for 420 EC
New York State Correctional Officers & Police Benevolent Association, Inc	NYSOPBA	01	YES	YES	YES
Civil Service Employees Association	CSEA	02	YES	YES	YES
Civil Service Employees Association	CSEA	03	YES	YES	YES
Civil Service Employees Association	CSEA	04	YES	YES	YES
Public Employees Federation	PEF or PS&T	05	YES	YES	TBD
Management Confidential	MC or M/C	06	YES	YES	YES
Police Benevolent Association – Troopers	PBA (Troopers)	07	YES	YES	Not Eligible
United University Professions	UUP	08	YES	YES	YES
Management Confidential State University of New York	M/C (SUNY)	13	YES	YES	YES
State University of New York Unassigned	None	14	YES	YES	Not Eligible
Police Benevolent Association – Commissioned & Non-Commissioned Officers	PBA (Supervisors)	17	YES	YES	Not Eligible
Management Confidential State Police	M/C (State Police)	18	YES	YES	YES
New York State Correctional Officers & Police Benevolent Association, Inc	NYSOPBA	21	YES	YES	YES
Communication Workers State University of New York	GSEU	28	Not Eligible	YES	YES
Agency Police Services Unit	APSU	31	YES	YES	Not Eligible
Alfred Ceramics M/C	None	40	Not Eligible	YES	Not Eligible
Alfred Ceramics Prof Svcs	None	41	Not Eligible	YES	Not Eligible
Alfred Ceramics Non Prof Svcs	None	42	Not Eligible	YES	Not Eligible
Military and Naval Affairs Management/Confidential	M/C (DMNA)	46	YES	YES	YES
Military and Naval Affairs Unit	CSEA	47	YES	YES	YES
Management Confidential Commission on Investigation	None	52	YES	YES	YES
Council 82 Security Services Unit	COUNCIL 82	61	YES	YES	YES
New York State Police Investigators Association	NYSPIA or BCI	62	YES	YES	Not Eligible
Public Employment Relations Board (M/C)	PERB	66	YES	YES	YES
Rent Regulation Services	DC-37 or RRSU	67	YES	YES	YES
Lifeguards	LIF	68	YES	YES	YES- Permanent Part-time in Dept ID 51270 ONLY
Hourly Unassigned	None	71	Not Eligible	YES	Not Eligible
Legislature Ineligible M/C Ins	None	76	Not Eligible	YES	YES
Legislature	None	77	YES	YES	YES
Legislative Commissions	None	79	YES	YES	YES
Agency Law Enforcement Services (non-arbitration eligible)	ALES	81	YES	YES	Not Eligible
Unified Court System Management Confidential and Judges	M/C (Non-judicial)	86	YES	YES	Not Eligible
State Judiciary	CSEA (Judiciary)	87	YES	YES	Not Eligible
Unified Court System Unrepresented	None	88	YES	YES	Not Eligible
Council 82 Security Supervisors Unit (non-arbitration eligible)	COUNCIL 82	91	YES	YES	YES
State University Construction Fund Management Confidential	None	96	YES	YES	Not Eligible
State University Construction Fund	None	97	YES	YES	YES
Temporary State Commissions	None	98	YES	YES	Not Eligible
Not Cov'd Art 14 Civil Service Law	None	99	YES	YES	Not Eligible
Unified Court System New York City Unrepresented	M/C NYC	CT	YES	YES	Not Eligible
Unified Court System Ninth Judicial District	None	G9	YES	YES	Not Eligible
Unified Court System Nassau County	None	DR	YES	YES	Not Eligible
Unified Court System Suffolk County	None	F8	YES	YES	Not Eligible
Unified Court System New York City Senior Court Officers	SCO	SY	YES	YES	Not Eligible
Unified Court System Citywide Law Assistants	LATP	SA	YES	YES	Not Eligible
Unified Court System New York City Administrative Services	CWA	SD	YES	YES	Not Eligible
Unified Court System New York City Court Reporters	None	SG	YES	YES	Not Eligible
Unified Court System New York City Administrative, Librarian, Clerical and Support	DC-37 Local 1070	SK	YES	YES	Not Eligible

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Unified Court System New York City Senior Court Attorneys	None	SN	YES	YES	Not Eligible
Unified Court System Court Officers	UCO	SR	YES	YES	Not Eligible
Unified Court System New York City Court Clerks	Clerks	S9	YES	YES	Not Eligible
Environmental Facilities Corporation	EFC	34	YES	YES	YES
Energy Research and Development Authority	ERDA	06	YES	YES	YES
Liquidation Bureau	None	96	YES	YES	Not Eligible
Roswell Park Cancer Institute	RPCI	02,03,04, (05 TBD),06	YES	YES	YES- 05 TBD

The Open Enrollment menu item will allow or not allow an employee to enroll based on the Employee's information in the NPAY571 file, the Negotiating Unit Matrix and the corresponding eligibility business rules.

15.1 The Negotiating Unit Matrix

The Employee's Negotiating Unit will be one of the selection criteria for eligibility. Only Employees who are at least eligible for DCAA will be sent on the NPAY571.

New negotiating units might be added, but not often. However, there are eligibility changes for existing negotiating units from time to time. Healthaxis will maintain the additions/deletions/changes to the negotiating unit matrix for the web enrollment business rules.

The Employee is eligible to enroll in DCAA for Open Enrollment based on the matrix below. Please use the updated Matrix for 2016.

Unless eliminated by another eligibility business rule, all Employees on the Npay571 are eligible to enroll in DCAA for Open Enrollment. Otherwise, the Employee is eligible for the HCSA and/or the DCAA Employer Contribution based on the following matrix.

2016 FSA Eligibility for 410, 428, and 420

15.2 The Action/Reason Codes Matrix

These codes will only be used for Change In Status/New Hire Enrollment Applications. Therefore, they will not be further defined in this document. Please refer to the Change In Status/New Hire Enrollment Applications Business Rules.

15.3 2016 Annual Salary and Employee Contribution Salary Business Rules

15.3.1 Calculation of the Annual Salary

The Annual Salary value is used for these edits:

- UUP (Negotiating Units 08) Salary Below Minimum For HCSA Eligibility
 - If salary < \$14,430 between 7/2/2015 and 7/1/2016 and Employee Work Percentage < 100%, application is pended and SoNY will review eligibility manually.
- Annual Salary Does Not Support Elections
 - Note: This validation takes place on the Main Open Enrollment Page of the Open Enrollment. Refer to that section of this document for details.

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- If elected DCAA annual + elected HCSA annual > calculated Annual Salary, then the employee is **not eligible** for either HCSA or DCAA

To calculate the **Annual Salary** that is used in several edits:

- If the **Pay Basis Code is HRY** then the calculated annual salary =
Full Time Annual Salary/Compensation Rate * 2088
- If the Pay Basis Code is BIW then the calculated annual salary =
Full Time Annual Salary/Compensation Rate * 26
- If the Pay Basis Code is something else, then the calculated annual salary =
Full Time Annual Salary/Compensation Rate * Employee Work Percentage

NOTE: The Full Time Annual Salary/Compensation Rate is the amount stored in the AnnualSalary column in the NPAY571 file.

15.3.2 Calculation of the Employer Contribution Salary:

Note: This is not the true annual salary, because it does not take in to consideration the work percentage. This value is only used to calculate the Employer Contribution amount.

To calculate the **Employer Contribution Salary**:

- If NYS Negotiating Unit is **08** and Pay Basis Code is **HRY**, then:
Employer Contribution salary = Full Time Annual Salary/Compensation Rate * 2088
- If the NYS Pay Basis Code is BIW then Employer Contribution salary =
Full Time Annual Salary/Compensation Rate * 20
- If the NYS Pay Basis Code is something else, then:
 - If the Employee Work Percentage <= .25 then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .25
 - If the Employee Work Percentage > .25 and <= .50 then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .50
 - If the Employee Work Percentage > .50 and <= .74 then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .74
 - If the Employee Work Percentage > .75 then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate
- If the NYS Negotiating Unit **is not** 08, then:
 - If the NYS Pay Basis Code is BIW then the Employer Contribution Salary =
Full Time Annual Salary/Compensation Rate * 26
 - If Pay Basis Code is HRY Employer Contribution salary =
Full Time Annual Salary/Compensation Rate * 2088
 - Otherwise, the Employer Contribution Salary =
Full Time Annual Salary/Compensation Rate

NOTE: The Full Time Annual Salary/Compensation Rate is the amount stored in the Annual Salary column in the NPAY571 file.

15.3.3 Calculation of the Employer Contribution Amount:

Note: The values and logic for the Employer Contribution Amount may vary from year to year. Following are the rules for 2016 for Open Enrollment.

The Employer Contribution amount originally calculated at the time of the employee's first Open Enrollment application submission will be retained throughout the Open Enrollment period. This is regardless of a salary change that may be included on a subsequent NPAY571 file.

Regarding Manual Agencies: BU **34** is EFC, Roswell Park employees follow the state's NU codes; ERDA employees are all 06 (M/C). [

If NYS Negotiating Unit is 01, 02, 03, 04, 05=Unknown, 06, 08, 13, 18, 21, 34, 46, 47, 52, 61,66, 67, 76, 77, 79, 91, 97. NU 68: only those employees who are permanent part-time in Dept ID 51270 are eligible for the Employer Contribution.

- If the calculated Employer Contribution Salary \leq 30000 then the Employer Contribution Amount = 800
 - If the calculated Employer Contribution Salary is between 30000.01 and 40000 then the Employer Contribution Amount = 700
 - If the calculated Employer Contribution Salary is between 40000.01 and 50000 then the Employer Contribution Amount = 600
 - If the calculated Employer Contribution Salary is between 50000.01 and 60000 then the Employer Contribution Amount = 500
 - If the calculated Employer Contribution Salary is between 60000.01 and 70000 then the Employer Contribution Amount = 400
 - If the calculated Employer Contribution Salary is $>$ 70000 then the Employer Contribution Amount = 300
-
- Please Note: Roswell Park Cancer Institute, ERDA, and EFC have chosen to participate in the Employer Contribution for the 2016 plan year.
 - If NYS Negotiating Unit is 28, then the Employer Contribution amount = 600 regardless of salary
 - If the Negotiating Unit is something else, then the Employer Contribution amount = 0

15.3.4 Logic To Determine Rejection or Edit of Eligibility for HCSA or DCAA:

15.3.4.1 Rules That Apply to both HCSA and DCAA:

- **APM, FEE or SMS Employee Are Not Eligible**
If NYS Pay Basis Code is one of these: 'APM', 'FEE' or 'SMS', then **not eligible** for either HCSA or DCAA
- **Employee Not Active Or On Paid Leave**
If Employee Status is not "P" nor "A", then **not eligible** for either HCSA or DCAA

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- **Pay Cycle is not Admin or Inst**
If Pay Cycle is not “A”, “I”, “E”, “F”, “L”, or “R”, then **not eligible** for either HCSA or DCAA
- **Annual Salary Does Not Support Elections**
If elected DEPR annual + elected MEDR annual > calculated Annual Salary, then not eligible for either HCSA or DCAA
- **Work Location Not Eligible For Participation**
If Department ID is not an active Department ID, then not eligible for either HCSA or DCAA
Active Department IDs are included on the list of active work locations/department IDs.
- **Negotiating Unit is Not Eligible For Participation**
If NYS Negotiating Unit is not an active eligible NYS Negotiating Unit, then not eligible for either HCSA or DCAA
- Check the Negotiating Unit matrix (FSA Eligibility for 410, 428, 420).
If the Negotiating Unit is not in the Negotiating Unit matrix, then they are not eligible for either HCSA or DCAA.

15.3.4.2 Rules Apply to Only HCSA:

- **Work Percentage less than 50% (Employees not in BU 08)**
If Employee Work Percentage < .50, then **not eligible** for HCSA.
This is by passed if the NYS Negotiating Unit is “08”
- **UUP (NU 08) Salary Below Minimum and Work Percentage less than 100% For HCSA**
If NYS Negotiating Unit = '08' and the calculated Annual Salary is less than the minimum allowed (currently the value is **\$14,430**) and the Employee Work Percentage < 100%, then **pend** HCSA portion of the application for manual review by SoNY.

Note: For NU 08, if the salary is equal to or greater than \$14,430 or if the Employee Work Percentage is 100%, then employee **is** eligible for HCSA.

Note: This value changes every year for Annual Enrollment.
- **Seasonal Or Session Employee**
If NYS Regular/Temp = “S” or NYS Pay Basis Code = 'SMS', then **not eligible** for HCSA
- **Hourly - Could Not Determine The Primary Work Location**
If NYS Pay Basis Code = “HRY”, then **not eligible** for HCSA
Note: HRY employees are eligible for the DCAA regardless of Negotiating Unit and ineligible for the HCSA in all circumstances.
- **Hourly, Per Diem or FEE Basis Employee**
If NYS Pay Basis Code is one of these: ‘HRY’, ‘APM’, ‘FEE’ or ‘SMS’, then **not eligible** for HCSA.

Note: OSC’s file format eliminates ‘APM’, ‘FEE’ and ‘SMS’ Pay Basis Codes from the NPAY571 file. HRY Pay Basis Codes are on the NPAY571 file because those ee’s are eligible for the DCAA.
- **Ineligible Negotiating Unit for HCSA**
If NYS Negotiating Unit is **not eligible** for HCSA

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Read the Negotiating Unit matrix (FSA Eligibility for 410, 428, 420). If the spreadsheet indicates ineligible, then they're not eligible for HCSA.

16. Open Enrollment – Employee Demographics Page

The application code will determine if the Employee is allowed to apply for an Open Enrollment, and if so, what page(s) the Employee can access and (if the Employee is eligible for a DCAA), the Employer Contribution amount.

This page allows an Employee who is in process of completing an Open Enrollment application to change their demographic data, inside of an enrollment application.

The employee must enter demographic information that is required throughout the enrollment application.

Text:

Please enter information in all required(*) fields below and then click Submit to continue. Modify ONLY the fields you want to change. Your address will only be used to mail program communications to you, so please enter a residential address where you want to receive this mail. Your email address will only be used to communicate FSA program information or program deadlines. The Manage My User ID and Personal Information page will allow entry of the following information. Note that fields marked with a red asterisks (*) will be required:

- First Name:*
- Middle Initial
- Last Name:*
- Suffix:
 - Drop down list (JR, SR, I, II, III, IV)
- Birthday (MM/DD):* [2n] [2n]
 - Upon entry of the first 2 numbers, the application will automatically tab to the next field.
- NYS EMPLID: [note: on this page, the NYS EMPLID will be display only]
- Day Time Phone: [3n] [3n] [4n]
 - Upon entry of the first 3 numbers, the application will automatically tab to the next field, etc.
- Mailing Address 1:*
- Mailing Address 2:
- City:*
- State:.*
 - Drop down list
- Zip:.* [5n]
- Zip + 4: [4n]
- Email Address:
- Confirm email:

When Next Page is clicked, the following validations take place:

- Non-alpha characters are not allowed in the name, with the exception of hyphen(s), period(s), or apostrophes (e.g. Smith-Jones, St. Clair, O'Malley).
- If any required field is not entered, or the fields contain invalid characters or are entered in an unacceptable format, the error message is Please enter a valid [field name].

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Please enter a valid First Name.
Please enter a valid Last Name.
Please enter a valid Birthday in MM/DD format
Please enter a valid Mailing Address 1.
Please enter a valid City.
Please enter a valid State.
Please enter a valid Zip Code.
Please enter a valid Day Time Phone.

No additional or different text or logic when application is pending mode.

17. Open Enrollment – Continuous Payroll Page

Text:

PLEASE READ CAREFULLY: This application will replace any other currently pending applications for 2016 that you may have submitted. You must fill out the application completely, including your elections for BOTH the Health Care Spending Account and the Dependent Care Advantage Account, because any prior pending applications for 2016 for both accounts will be replaced by the elections you indicate in this application.

I expect to be on the payroll continuously from January 1 – December 31, 2016 and wish to have my deductions be taken throughout the plan year.

Navigation Buttons:

Previous Page will take the user to the Employee Demographics page.

Yes/Continue will navigate the user to the **Main Enrollment page** and display the number of deductions as 24 (if not 21P) or 19 (if 21P).

Text:

If you do not expect to be on the payroll continuously from January 1 – December 31, 2016,

OR

If you prefer to contribute your total annual election over a fewer number of pay periods in 2016,

OR

If you are a SUNY adjunct professor or lecturer who does not expect to be on the payroll during the summer but wishes to maintain Health Care Spending Account coverage for the entire 2016 plan year,

'Click Here.'

Logic:

Note: Most employees will be on the payroll continuously and will want their deductions taken throughout the plan year.

'**Click Here**' will navigate the user to the **Reduced Paychecks page**. This page has a drop down list that allows the employee to select the number of paychecks from which to have deductions taken.

Validations: N/A

18. Open Enrollment – Reduced Paychecks Page

This page only displays if the employee clicked '**Click Here**' on the previous page (Continuous Payroll Page).

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Text:

Planning to retire or take leave of absence

If you expect to receive fewer than 26 paychecks due to a planned retirement, leave of absence, or other reason, or if you prefer to condense your annual election over fewer pay periods, please indicate the number of paychecks from which you expect to receive deductions in 2016.

Adjunct teaching schedule

If you expect to receive fewer than 26 paychecks due to an adjunct teaching schedule, please indicate the number of paychecks you expect to receive during the spring semester so that your entire annual election can be deducted by the time you leave the payroll in June.

If you entered a reduced number of paychecks, deductions will begin on either 1/7/2016 or 1/13/2016 and continue consecutively.

If you select a reduced number of payroll deductions, that number will apply to both the Health Care Spending Account and the Dependent Care Advantage Account. You are not permitted to select a different number of payroll deductions for each account.

Drop Down List:

A drop down list will allow the employee to select the number of reduced paychecks.

Drop Down List Logic:

For most employees, the drop down list will be 1-24.

If the Pay Basis Code is 21P, the employee can only select up to 19 deductions for reduced number of paychecks.

The reduced # payrolls drop down list would be 1-19 in this case (instead of 1-24).

The value selected on this page will display on the Main Enrollment Page.

When the user changes the number of payroll deductions on the Reduced Number of Payrolls page add a pop-up message to clearly advise employees that changing # of Deductions after selecting plan participation will result in the recalculation of their biweekly deduction amounts for both the HCSA and DCAA.

"Changing your selected number of payroll deductions here will result in the recalculation of your biweekly deduction amounts for both the HCSA and DCAA."

- o If the user clicks the 'OK' button in the pop-up message the HCSA and DCAA will be recalculated when they click the Next Page button.
- o If the user clicks the 'Cancel' button the Number of reduced Payrolls will be restored to the previous value and the original calculations will be retained.

Navigation Buttons:

- o **Next Page** will navigate the user to the **Main Enrollment page** and display the reduced number of paychecks that the employee selected.
- o **Previous Page** will navigate the user back to the **Continuous Payroll page**.

Validations:

If the user clicks Next Page but they have not indicated a reduced number of paychecks:

Please select the reduced number of paychecks.

19. Open Enrollment – Main Page

Text:

To enroll in the Health Care Spending Account or the Dependent Care Advantage Account, or to change your enrollment, click on the appropriate link below. Link: [Health Care Spending Account](#)

Logic:

If the employee is not eligible for HCSA (based on the NPAY571 information), the employee will not be allowed to enroll and a message will appear instead of the HCSA link and text.

o **Work Percentage less than 50% and not Negotiating Unit 08**

If the **Negotiating** Unit is **not** 08 and if the Employee Work Percentage is **less than** 50%, then the employee is **not eligible** for HCSA.

o **Work Percentage less than 100% and is Negotiating Unit 08**

If **Negotiating** Unit is 08, and **Work Percentage less than 100%**, and **salary is less than \$14,430**, then allow the enrollment but pend for manual review by SoNY.

If **Negotiating** Unit is 08, and **salary is equal to or greater than \$14,430** or if **Employee Work Percentage is 100%**, employee is **eligible** for HCSA.

Note: For NU 08, if the salary is equal to or greater than **\$14,430** or the Employee Work Percentage is 100%, then employee is eligible for HCSA and the HCSA portion should not pend.

o **Seasonal Or Session Employee**

If the Regular/Temp is S, then the employee is **not eligible** for HCSA

Message:

You are not eligible to enroll in the Health Care Spending Account at this time.

Exceptions:

The following employees should **not** receive an error message. These employees should be allowed to submit an application.

UUP (NU 08) Salary Below Minimum and Work Percentage < 100% For HCSA

If the Negotiating Unit is 08 and the calculated Annual Salary is less than the minimum allowed (**\$14,430** for 2016, and the Employee Work Percentage is less than 100%, then the employee's eligibility for the HCSA requires a manual review by SoNY. SoNY wants to allow the employee to enroll anyway and the HCSA portion of the enrollment should be **pended**.

Note: The salary value changes every year for Annual Enrollment.

Static Text: HCSA Annual Contribution:

Logic:

Based on the action taken by the employee, the dynamic text after the **HCSA Annual Contribution:** will be one of the following:

Not yet enrolled

OR the annual amount selected, for example: \$2,000.00

19.2 Link: Dependent Care Advantage Account

Static Text (bold black):

Employee Contribution:

Employer Contribution:

DCAA Total Annual Contribution:

Logic:

Based on the action taken by the employee, the dynamic text after the **DCAA Annual Contribution:** will be one of the following:

Not yet enrolled

OR

the annual amount selected, for example: \$2,000.00

and/or the Employer Contribution, for example \$300.00.

Text (bold red)

After you make your elections, you must Continue to the Summary page to Submit your application.

19.3 Navigation Button Logic for Previous Page:

The Previous Page button will take the user to the Employee Demographics page.

19.4 Navigation Button Logic for Continue To Summary Page:

- Eligibility logic: Annual Salary **Does Not** Support Elections

SoNY requires that the 'Navigation Button Logic for Continue to Summary Page'. The business rule was to not allow an employee to enter an annual HCSA or DCAA election amount that after it was divided by the number of total deductions is greater than the employees' biweekly salary

For the OE application the calculation is:

First you must determine the employee's annual salary. (we'll call this value A)

Once the annual salary is known, divide that by the number of biweekly deductions expected (the 24 or 19 paychecks). This gives you the calculation of the employee's maximum possible contribution per paycheck. (we'll call the value B)

$$B = (A/24) \text{ OR } B = (A/19)$$

We already calculate the biweekly amount of the election. (we'll call this value E)

Now you need to compare B and E.

IF $E > B$

THEN display message: Your annual salary cannot support biweekly deductions for your elected amount. Please reduce your elected amounts or call the vendor at 1-800-358-7202 (press 1) for

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further assistance. If you are a new state employee and your salary has not yet been entered into the State payroll system, you will not be able to complete your application at this time. Please apply after your HR office confirms that the payroll system has been updated.

IF $E \leq B$

THEN. Let the election move forward through the rest of the enrollment process

- If the employee elects a number of bi-weekly deductions less than the total number of bi-weekly deductions, then the biweekly election amount for HCSA + biweekly election amount for DCAA can salary calculation **cannot** be greater than the total biweekly salary of the employee. If the product of both account's biweekly election is greater than the total bi-weekly salary amount display a message.

Error Message (do not allow employee to go to the Summary page):

Your salary per paycheck cannot support biweekly deductions for your elected amount. Please reduce your elected amounts, increase the number of payroll deductions or call the vendor at 1-800-358-7202 (press 1) for further assistance.

- If the elected DCAA annual amount + the elected HCSA annual **is greater** than the calculated Annual Salary, then the employee is **not eligible** for either HCSA or DCAA

Error Message (do not allow employee to go to the Summary page):

Your annual salary cannot support biweekly deductions for your elected amount. Please reduce your elected amounts or call FBWW at 1-800-358-7202 (press 1) for further assistance.

- If the employee has completed their enrollment session and the annual salary **does** support the elections, then the Continue To Summary Page button takes the user to the Summary page. **Note** that it is possible that an employee may not want to enroll in either HCSA or DCAA because they want to cancel a previous enrollment submission.

- o **Pop Up:**

If the employee has **enrolled in HCSA but not in DCAA**, a Pop Up box appears with this text:

You have not made an election for DCAA for 2016. If you do not wish to enroll in the DCAA, select the Continue button and you will be taken to the Summary Page.

If you wish to apply for DCAA for 2016, select Cancel and complete the DCAA application.

Pop Up Buttons:

The user will click OK or Cancel.

OK routes the user to the Summary page. Cancel leaves the user on the current page.

- o **Pop Up:**

If the employee has **enrolled in DCAA but not in HCSA**, a Pop Up box appears with this text:

You have not made an election for HCSA for 2016. If you do not wish to enroll in the HCSA, select the Continue button and you will be taken to the Summary Page. If you wish to apply for the HCSA for 2016, select Cancel and complete the HCSA application.

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Pop Up Buttons:

The user will click OK or Cancel.

OK routes the user to the Summary page. Cancel leaves the user on the current page.

o **Pop Up:**

If the employee's elections are any combination of **Not Yet Enrolled** (have not tried to enroll) or \$0.00 (went to either the HCSA page or the DCAA page and clicked No to participate), a Pop Up box appears with this text:

You have not made any elections for 2016 and will not be enrolled for the HCSA or the DCAA. Click OK to continue to the Summary Page to submit your application, which will erase all previous FSA elections for the 2016 plan year. Cancel to make your enrollment elections.

Pop Up Buttons:

The user will click OK or Cancel.

OK routes the user to the Summary page. Cancel leaves the user on the current page.

- If the employee has enrolled in HCSA and DCAA, the Continue To Summary Page button takes the user to the Summary page.

NOTE: The Continue To Summary Page button will recalculate if there is data to recalculate and it is not pending (for DCAA)

No additional or different text or logic when application is pending mode.

20. Open Enrollment – Health Care Spending Account Page

Open Enrollment HCSA Page Specifics

Text:

Do you wish to apply for enrollment in the Health Care Spending Account to help pay for your and your eligible dependents' un-reimbursed health care expenses with pre-tax dollars?

Radio buttons: Yes, No

Pop Up and Text: If the answer is No, a message will pop up:

By selecting NO, you will not be enrolled in the HCSA for 2016 and any previous HCSA elections you made during the Open Enrollment period will be erased.

If you do not wish to enroll in the HCSA, select the Continue button and you will be returned to the Open Enrollment Main Page.

If you wish to enroll in the Health Care Spending Account for 2016, select Cancel and then answer YES to complete the remainder of this page.

Pop Up Buttons:

The user will click OK or Cancel.

- OK leaves the user on the current page.
- Cancel routes the user to the Main Open Enrollment page (works just like Previous Page navigation button, except that a \$0.00 amount will appear in the HCSA Annual Contribution area).

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Text:

For the 2016 plan year, I elect the following amount as my HCSA account total annual contribution:

You must elect at least \$100, but no more than \$2,550. Remember to include amounts for eligible dental, vision, hearing, prescription drug, hospital and physician expenses that you expect to incur during the plan year. Make sure that you do not overestimate your expenses. **Text Box: Annual Election Amount**
An empty text box for the employee to enter the amount is displayed. A dollar sign will appear in front of the box.

- Validate the entry for no more than 4 numeric digits.
- Warning message if the employee enters a number less than the minimum or greater than the maximum.
 - The minimum election amount for 2016 is \$100 and the maximum election amount for 2016 is \$2,550.

Number of Payrolls (display):

The Number of Payrolls is 24 (or 19) if the employee clicked the Continue Button on the Main Open Enrollment page. Otherwise, this will be the value from 1-24 that the employee selected,

Button: Calculate Deduction and Annual Amount

The page contains a calculation button. Upon clicking the button, the application will perform the following calculations:

Estimated Biweekly Deduction

This will be the Annual Amount entered by the employee, divided by 1-24 (based on the employee's previous selection and the business rules for the Pay Basis Code).

Estimated Annual Amount (# of payrolls X Biweekly Deductions)

This will be 1-24 (based on the employee's previous selection and the business rules for the Pay Basis Code), multiplied by the **Estimated Biweekly Deduction**, calculated above.

Open Enrollment HCSA Page Validations/Messages

- One of the two radio buttons must be selected:
You must either elect the Health Care Spending Account or waive coverage.
- If the radio button has been selected to Elected, then an Annual Contribution amount is required. Please enter the Annual Election Amount.

Annual Election Amount

- Cannot be less than \$100.
- Cannot be greater than the annual maximum (\$2,550).
- Must be a whole number.

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- If the user enters a value containing a decimal (indicating cents)
Please enter the Annual Election Amount in whole dollars.
- If the user enters a value less than the minimum contribution
The Annual Election Amount cannot be less than \$100.
- If the user enters a value greater than the maximum contribution
The Annual Election Amount cannot exceed \$2,550.
- If these fields contain invalid characters or are entered in an unacceptable format:
Please enter a valid Annual Election Amount.

Open Enrollment HCSA Page Button Navigation

Navigation Buttons:

- Previous Page: Takes the user back to the main Open Enrollment page.
- Next Page: Takes the user back to the main Open Enrollment page.

Note: Estimated Biweekly Deduction and Estimated Annual Amount (# of payrolls X Biweekly Deductions) are calculated if the user does not click the Calculate Button and directly clicks Next Page.

No additional or different text or logic when application is pending mode.

21. Open Enrollment – Dependent Care Advantage Account Application Page

Open Enrollment DCAA Page Specifics

Text:

Do you wish to apply for enrollment in the Dependent Care Advantage Account to help pay for custodial child care, elder care, or disabled care expenses with pre-tax dollars in order for you and your spouse, if married, to be at work?

Radio buttons: Yes, No

Pop Up and text: If the answer is No, a pop up appears:

By selecting NO, you will not be enrolled in DCAA for 2016 and any previous DCAA elections you made during the Open Enrollment period will be erased.

If you do not wish to enroll in the DCAA, select the Continue button and you will be returned to the Open Enrollment Main Page. If you wish to enroll in the DCAA for 2016, select Cancel and then answer YES to complete the remainder of this page.

Pop Up Buttons:

The user will click OK or Cancel.

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- OK routes the user to the Main Open Enrollment page (works just like Previous Page navigation button, except that a \$0.00 amount will appear in the DCAA Employee Contribution, Employer Contribution and Total Annual Election area).
- Cancel leaves the user on the current page.

Text:

Please select your tax filing status below.

Drop down list:

Single, not Head of Household or Married – Max election \$2,500

Single, Head of Household – Max election \$5,000

Married, Filing Separate – Max election \$2,500

Married, Filing Separate, Maintaining Separate Residence for July 1–Dec. 31 – Max Election \$5,000

Married, Filing Jointly – Max election \$5,000

Text:

If your spouse is also a New York State employee, and intends to enroll in the DCAAccount as well, then remember that both elections cannot total more than \$5,000 for the calendar year.

If your spouse is a full-time student or incapable of self-care, your maximum contribution to the DCAAccount is \$3,000 per year for one dependent and \$5,000 per year for two or more dependents.

The maximum is \$5,000, *including* any Employer Contribution for which you may be eligible.

For the 2016 plan year, you are eligible for an Employer Contribution (EC) of [\$nnn.nn].

For the 2016 plan year, I elect the following amount as my TOTAL ANNUAL Dependent Care Advantage Account contribution:

Logic:

The Employer Contribution Amount is determined by DCAA salary calculation business rules.

Display the Employer Contribution amount and the Employee's contribution amount unless the application is in pending mode.

When the application is an NU08 pend, all calculations need to be done and displayed. This is because when an Admin approves a NU08 pending enrollment, the application is not walking the admin through the enrollment and therefore not going through all the Validations and Annual Salary checks.

For **pending mode (Except NU08 pend enrollments)**, the Employer Contribution displays Unknown.

Text box for the employee to enter the amount is displayed.

- A dollar sign will appear in front of the box.
- Validate the entry for no more than 4 numeric digits.
 - Warning message if the employee enters a number less than the minimum or greater than the maximum.
- Accept any full dollar value up to the maximum (based on tax-filing status). Zero is NOT a valid entry.
- There will be an edit check for the annual amount entered against selected tax filing status.

Text Box: Total DCAA Election Amount

An empty text box for the employee to enter the amount is displayed. A dollar sign will appear in front of the box.

- Validate the entry for no more than 4 numeric digits.

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- Warning message if the employee enters nothing or \$0.
 - You must enter an amount. If you wish to enroll just for the amount of the Employer Contribution for which you are eligible, enter that amount in this box.

Employer Contribution

This will be the Employer Contribution Amount (based on business rule calculations).

In pending mode (Except NU08 pend enrollments), **this will be Unknown.**

Employee Contribution

This will be the Employee Contribution Amount (the Total Annual DCAA Election Amount minus the Employer Contribution Amount).

- The calculation for this value will take place when the employee clicks the **Calculate Employee Contribution, Deduction and Annual Amount** button.

In pending mode (Except NU08 pend enrollments) **the Employee Contribution will not display at all.**

Number of Payrolls (display):

This will be 1-24(based on the employee's previous selection and the business rules for the Pay Basis Code).

Button: Calculate Employee Contribution, Deduction and Annual Amount

The page contains a calculation button. Upon clicking the button, the application will perform the following calculations:

- Warning message if the employee has entered a Total DCAA Election Amount that is less than the amount of the EC for which he/she is eligible.
 - You have elected an amount less than the Employer Contribution amount for which you are eligible.
 - You may change this amount up until November 9, 2015. After the Open Enrollment deadline, your Employer Contribution amount cannot be increased, even if you experience a Change in Status event.

Estimated Biweekly Deduction

This will be the Total DCAA Election Amount entered by the employee minus the Employer Contribution (if applicable), divided by 1-24 (based on the employee's previous selection and the business rules for the Pay Basis Code).

Estimated Annual Amount (# of payrolls X Biweekly Deductions)

This will be 1-24 (based on the employee's previous selection and the business rules for the Pay Basis Code), multiplied by the **Estimated Biweekly Deduction** (calculated above), **plus the Employer Contribution** (if applicable).

Text:

Please select the type of care. You may select all that apply.

Check boxes:

Child Care

Elder Care

Disabled Care

Open Enrollment - DCAA Validations:

These validations occur when the user clicks Next Page.

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- One of the two radio buttons must be selected:
You must either select the Dependent Care Advantage Account or waive coverage.
- If a required drop-down list has not been selected, the error message is Please select the [field name].
Please select the Tax-Filing Status.
- If a check box list does not have at least one check box selected, the error message is Please identify a [field name].
Please identify a Type of Care.
- If these fields contain invalid characters or are entered in an unacceptable format:
Please enter a valid Annual Election Amount.

Total DCAA Annual Election Amount

- If the employee is not eligible for an Employer Contribution amount, then this cannot be less than or equal to 0.
- If the employee is eligible for an Employer Contribution amount, then this cannot be less than \$1 (must be at least \$1), if the employee has indicated they wish to elect.
- If the user does not enter an amount or enters \$0
You must enter an amount. If you wish to enroll just for the amount of the Employer Contribution for which you are eligible, enter that amount in this box.
- If the employee enters a number less than the amount of the EC for which he/she is eligible.
You have elected an amount less than the Employer Contribution amount for which you are eligible. You may change this amount up until November 9, 2015. After the Open Enrollment deadline, your Employer Contribution amount cannot be increased, even if you experience a Change In Status event.
- If the user enters a value containing a decimal (indicating cents)
Please enter the Annual Election Amount in whole dollars.
 - If the employee is **not eligible** for an Employer Contribution amount, then the annual election amount minimum is \$1.
The Annual Election Amount cannot be less than \$1.
- If the employee has an Employer Contribution:
 - If the Annual Amount + the Employer Contribution Amount is over \$5000.00 and the tax filing status does not affect the maximum.
The total of your Annual Election Amount and the Employer Contribution Amount cannot exceed \$5000.
 - If the Annual Amount + the Employer Contribution Amount is over \$5000.00 and the tax filing status does affect the maximum.
The total of your Annual Election Amount and the Employer Contribution Amount cannot exceed \$2500 when your tax filing status is 'Single, not Head of Household or Married Filing Separately'.
- If the employee does not have an Employer Contribution:
 - If the maximum is based on tax filing status and the user enters a value that is greater than the maximum contribution for that status and there is no Employer Contribution.
The Annual Election Amount cannot exceed \$2500 when your tax filing status is Married, Filing Separately, or Single Not Head of Household.
 - If the user enters a value greater than the maximum contribution and does not have an Employer Contribution and the tax filing status does not affect the maximum.
The Annual Election Amount cannot exceed \$5000.

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Employer Contribution Amount

- If the Affiliation (Negotiating Unit) that the employee is tied to has ratified for the plan year, then they are eligible for the Employer Contribution. In this case, the Employer Contribution Amount should display an Employer Contribution Amount.
You are eligible for an Employer Contribution of [\$nnn]:
- If the Affiliation (Negotiating Unit) that the employee is tied to has **not** ratified for the plan year, then they are not eligible for the Employer Contribution. Instead, the display should be:
Your affiliation has not negotiated this benefit. You are not eligible for an Employer Contribution at this time.

Open Enrollment – DCAA Page Navigation Buttons:

Navigation Buttons:

- Previous Page: Doesn't save any data. Takes the user back to the Main Open Enrollment page.
- Next Page: Saves data and takes the user back to the Main Open Enrollment page.

22. Open Enrollment – Summary Page

This is a summary page of the employee's HCSA and DCAA Open Enrollment elections.

All fields on this page are display only, with the exception of a question presented when an Employee is completing the enrollment session. The top of the Summary page contains static text:

Open Enrollment Summary Page Specifics

- If enrollment is in pending mode.
This application will be pending until we are able to verify your payroll information.

Text:

IMPORTANT! Please scroll to the bottom of this page, click SUBMIT to COMPLETE your enrollment application. Failure to do so means your enrollment elections/deductions will not occur.

Note: Please make sure that all information is correct before clicking on the Submit button at the bottom of the page.

Please review the following information that you have entered. If you need to change any information, use the Previous Page button to return to a previous page. After you have verified that all information is correct and selected "Yes" at the bottom of the page to agree to the terms and conditions, click on the Submit button at the bottom of the page to submit this application. If you do not click on the Submit button, your application will not be saved and any requested elections in either the Health Care Spending Account or the Dependent Care Advantage Account will not take effect. After you submit this application, you will receive a Thank You page with a confirmation number that indicates your application was submitted successfully.

Text:

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Employee Information

NYS EMPLID: N01234567

Name: John Q. Public III

Day Time Phone: (909) 999-9999

Email: JQP@aol.com

Number of Payrolls: 24

Note: The following section will only appear once on the Summary Page. The three examples below are representative of different selection combinations.

Example 1: Employee who selected both HCSA and DCAA.

Health Care Spending Account (HCSA)

Your HCSA Election Amount is:	\$2,000.00
Your Estimated Biweekly Deduction is:	\$83.33
Your Estimated Annual Amount is:	\$1,999.92

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is:	\$1,700.00
Your Employer Contribution is:	\$ 300.00
Total DCAA Annual Election is:	\$ 2000.00
Your Estimated Biweekly Deduction is:	\$70.83
Your Estimated Annual Amount is:	\$1,999.92

Example 2: Employee who selected HCSA and declined DCAA.

Health Care Spending Account (HCSA)

Your HCSA Election Amount is:	\$2,000.00
Your Estimated Biweekly Deduction is:	\$83.33
Your Estimated Annual Amount is:	\$1,999.92

Dependent Care Advantage Account (DCAA)

You have waived participation in the Dependent Care Advantage Account.
Your total annual election for DCAA is \$0 and you will not be enrolled in the Dependent Care Advantage Account for 2016.

Example 3: Employee who declined HCSA and selected DCAA.

Health Care Spending Account (HCSA)

You have waived participation in the Health Care Spending Account.
Your total annual election for HCSA is \$0 and you will not be enrolled in the Health Care Spending Account for 2016.

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is:	\$1,700.00
Your Employer Contribution is:	\$ 300.00
Total DCAA Annual Election is:	\$ 2000.00
Your Estimated Biweekly Deduction is:	\$70.83
Your Estimated Annual Amount is:	\$1,999.92

If the application is in pending mode (Except a NU08 pend), and the employee has elected DCAA, the Employer Contribution displays Unknown.

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A message appears:

If you are eligible for an Employer Contribution, the amount will be identified in your Confirmation Notice upon approval of your application.

Return to this site to view the status of your pended application. **Open Enrollment Disclaimer Text:**
The bottom of the Summary page contains static text for disclaimer information. The disclaimer text is listed in **Appendix B**.

Radio Buttons and Text:

I agree to the above and verify that all personal information is correct.

- Yes
- No
- There is no default

Open Enrollment - Summary Page Validations

One of the Yes/No radio buttons must be selected:
Please indicate whether or not you accept the agreement.

For the I agree... question, if the No radio button is selected, a pop up message appears:
By selecting No, you will not be enrolled in an FSA Account for 2016.

- The only option at this point is to click OK on the pop up message box.
- The control is returned to the Summary page.
- The employee is not permitted to Submit unless they answer Yes to the "I agree..." question.

Open Enrollment – Summary Page Navigation Buttons

Navigation Buttons:

- Previous Page: Takes the user to the Main Open Enrollment page.
- Submit: When the employee answers Yes to the I agree... question and the enrollment is submitted, this routes the user to the Saved Successfully page

23. Open Enrollment – Saved Successfully Page

Open Enrollment Saved Successfully Page Specifics

- If enrollment is in pending mode.

This application will be pended until we are able to verify your payroll information.

Header area:

The confirmation number will appear in the header area.

Text:

Please print a copy of this page and keep it for your records.

Button:

Print This Page

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Thank you for submitting your application. If you have supplied your email address, you will receive a message acknowledging the receipt of your application. If you have supplied your email address and do not receive a message acknowledging receipt of your application, you may have made an error in the email address you supplied in your application, or your spam blocker has not been adjusted to accept email from fsa@goer.ny.gov. Open enrollment ends on 11/9/2015. You have until midnight at the end of open enrollment to modify your enrollment elections by filling out and submitting a new application. At the end of the enrollment period, the most recently submitted application will be taken as your final election. If you need to make any changes before midnight on 11/9/2015, please return to www.flexspend.ny.gov to complete another application.

If you complete a new application, please be certain you fill out the application completely, including your elections for both the Dependent Care Advantage Account and the Health Care Spending Account. Any prior applications for 2016 for either account will be superseded by your elections in your new application. If there are any problems with your application or if you are ineligible, you will be contacted. You should receive your confirmation notice in the mail at your home address by late November. If you are already participating in one or both of the accounts and have entered the RACE (direct deposit), you do not need to complete a new RACE form for the new plan year. If you do not already have direct deposit set up, you may click on [Enter the RACE](#) to get more information and/or to enter the RACE.

Link (in the text message above):

Enter the RACE

Text:

Employee Information

NYS EMPLID: N01234567

Name: John Q. Public III

Day Time Phone: (909) 999-9999

Email: JQP@aol.com

Number of Payrolls: 24

Note: The following section will only appear once on the Summary Page. The three examples below are representative of different selection combinations.

Example 1: Employee who selected both HCSA and DCAA.

Health Care Spending Account (HCSA)

Your HCSA Election Amount is: **\$2,000.00**

Your Estimated Biweekly Deduction is: **\$83.33**

Your Estimated Annual Amount is: **\$1,999.92**

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is: **\$1,700.00**

Your Employer Contribution is: **\$ 300.00**

Total DCAA Annual Election is: **\$ 2000.00**

Your Estimated Biweekly Deduction is: **\$70.83**

Your Estimated Annual Amount is: **\$1,999.92**

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Example 2: Employee who selected HCSA and declined DCAA.

Health Care Spending Account (HCSA)

Your HCSA Election Amount is: **\$2,000.00**
Your Estimated Biweekly Deduction is: **\$83.33**
Your Estimated Annual Amount is: **\$1,999.92**

Dependent Care Advantage Account (DCAA)

You have waived participation in the Dependent Care Advantage Account.
Your total annual election for DCAA is \$0 and you will not be enrolled
in the Dependent Care Advantage Account for 2016.

Example 3: Employee who declined HCSA and selected DCAA.

Health Care Spending Account (HCSA)

You have waived participation in the Health Care Spending Account.
Your total annual election for HCSA is \$0 and you will not be enrolled
in the Health Care Spending Account for 2016.

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is: **\$1,700.00**
Your Employer Contribution is: **\$ 300.00**
Total DCAA Annual Election is: **\$ 2000.00**
Your Estimated Biweekly Deduction is: **\$70.83**
Your Estimated Annual Amount is: **\$1,999.92**

If the application is in pending mode (Except NU08 pend enrollments) , and the employee has elected DCAA, the Employer Contribution displays Unknown.

A message appears:

If you are eligible for an Employer Contribution, the amount will be identified in your Confirmation Notice upon approval of your application.

Return to this site to view the status of your pending application.

Open Enrollment Disclaimer Text:

Please refer to Appendix B

Open Enrollment – Saved Successfully Page Navigation Buttons

Navigation Button:

- Back To Main Menu: This takes the user to the Employee Main Menu.
- Log Out: This closes the active browser.

Appendix A: NPAY571 File Layout SoNY: Updated mapping for Tax Filing Status in 2016

The attachment represents the most up to date NPAY571 file layout documentation as of the date of this document.

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Appendix B: Disclaimer Text

This text will appear at the bottom of the Summary page when an Employee is completing the Open Enrollment session.

This text will appear at the bottom of the Saved Successfully page after the Employee has submitted the Open Enrollment session.

No additional or different text when application is pending mode.

Open Enrollment Disclaimer Text:

I have read the Flex Spending Account (FSA) enrollment information available to me and have elected to apply for enrollment in either the Dependent Care Advantage Account (DCAAccount), the Health Care Spending Account (HCSAccount), or both accounts. I affirm that the information I have provided for this application is correct and I am eligible to participate in either one or both plans. I understand that the FSA administrator (Fringe Benefits Management Company, a Division of WageWorks) and my employer (New York State) will use the information I have provided in my application to verify my eligibility to participate in either or both of these programs.

If my application for enrollment is approved, I understand that my election(s) will be in effect throughout the 2016 plan year, unless I experience a change in status that would permit me to adjust my allocation or terminate from the plan.

I further understand that by agreeing to these terms, I authorize the State to deduct the applicable DCAAccount and/or HCSAccount contributions in pre-tax dollars from my paycheck. These contributions can only be used to reimburse me for either qualified dependent care expenses under the DCAAccount or qualified health care expenses under the HCSAccount, incurred during the 2016 plan year, and will be forfeited if not used for the 2016 plan year. I understand that my contributions to the DCAAccount cannot be transferred or commingled with my contributions to the HCSAccount and vice-versa.

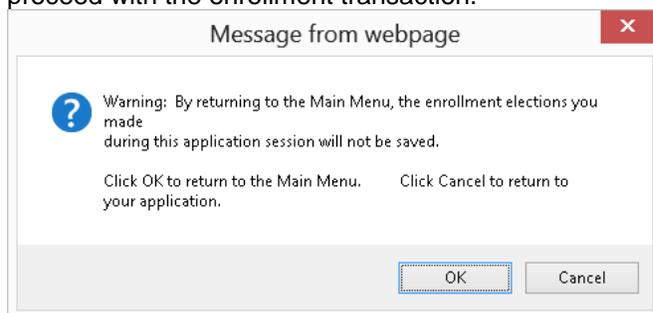
For the DCAAccount, I understand that throughout the plan year reimbursements may not exceed amounts credited to my account. For the HCSAccount, I understand that reimbursements for the plan year may not exceed my annual election amount.

Appendix C:

1. SoNY has requested that the new NY State Banner be added to the top of the existing Flex Spending Account Banner on the SoNY OE and CIS/NH online enrollment application forms
2. All error messages - increased font size to 11 pt and BOLD.
3. Per pay rounding should always be rounded down
4. Remove the "Log Out" link at the top of the HCSA application page, the DCAA application page, and the Summary Page for both the OE and CIS/NH forms. This will prevent employees from accidentally logging out without submitting their applications.
5. Add a pop-up error message if an employee clicks on the "Main Menu" link without submitting their application. This will warn employees that their application has not been submitted.
 - If the user clicks the 'OK' button in the pop-up message they will be returned to the main menu and the enrollment transaction will not be saved.

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- If the user clicks the 'Cancel' button they will be returned to the current page and allowed to proceed with the enrollment transaction.



6. SoNY requires that the Employee Name be added to the left side of the OE pages, under the progress bar.
7. SoNY requires that validation be added to the application to check the NYS EMPLID that is entered on the Employee Demographics page and validate that it matches the NYS EMPLID, Department ID and Negotiating Unit (Pay Stub Page).

If the 2 fields do not match present an error:

NYS EMPLID entered on this page does not match the NYS EMPLID entered on the previous page. If the NYS EMPLID number entered on this page is correct, please click the CANCEL button below, which will take you back to the login screen to correct the information.

8. **CR 6910.003** – Add pop up message when user closes browser while in the middle of an enrollment application to help prevent the user from inadvertently losing enrollment data entered.
“Warning: By clicking your browser button to close, your application for 2016 plan year is incomplete and any HCSA or DCAA elections you made during this Open Enrollment session will be lost. If you do not wish to close out this Enrollment session, select “Cancel.””
 - If the user selects the 'OK' button the browser will close and any data entered in the application will not be saved.
 - If the user selects the 'Cancel' button the pop-up message will close and the user will remain on the current page and allowed to continue the enrollment.
9. In the header at the top of each enrollment screen, delete the phrase “A State employee benefit that puts money in your pocket” and replace with “One Program ~ Two Benefits.”

Appendix D: Email Notification Workflow and Confirmation

D1 Email Notification

When an employee submits their application request, the following fields are passed to workflow:

- Employee Name (First, Middle, Last, Suffix)
- Employee's email address
 - If the email address exists, then a customized email is sent to the employee.
 - If the email address does not exist, then no email notification is sent.
- The originating email address is: **fsa@goer.ny.gov** The Salutation is:
[First Name, e.g., Jane] [Last Name, e.g., Public].

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Each enrollment type will have a different subject line, as follows:

- Annual Enrollment subject line:
 - Acknowledgement of FSA Open Enrollment Application
- Pended Annual Enrollment subject line:
 - Your FSA Open Enrollment Application Is Pending

D2 Annual Enrollment Email Text -

This email acknowledges receipt of your 2016 Flex Spending Account application.

Open enrollment ends on 11/9/2015. You have until midnight at the end of open enrollment to modify your enrollment elections by filling out and submitting a new application. If you need to make any changes before open enrollment ends, please return to www.flexspend.ny.gov to complete another application. At the end of the enrollment period, we will use your most recently submitted application as your final election.

If your enrollment application is approved, you will receive your confirmation notice in the mail by late November. If there are any problems with your application or if you are ineligible, we will contact you.

Thank you for participating in the 2016 Flex Spending Account online application process.

We look forward to serving you in 2016.

D3 Pended - Annual Enrollment Email Text

This email acknowledges receipt of your 2016 Flex Spending Account application, which will be pended until we can verify your payroll information.

Open enrollment ends on 11/9/2015. You have until midnight at the end of open enrollment to modify your enrollment elections by filling out and submitting a new application. If you need to make any changes before open enrollment ends, please return to www.flexspend.ny.gov to complete another application. At the end of the enrollment period, we will use your most recently submitted application as your final election.

If your enrollment application is approved, you will receive your confirmation notice in the mail by late November. If there are any problems with your application or if you are ineligible, we will contact you.

Thank you for participating in the 2016 Flex Spending Account online application process.

We look forward to serving you in 2016.

SoNY CIS-NH 2016 Business Rules and Design Requirements

1. Introduction

1.1 Document Purpose

The purpose of this document is to define the requirements for an online web enrollment facility containing functionality specific to the State of New York (SoNY) for Change In Status and/or New Hire (abbreviated in this document as CIS/NH).

Items for this project include but are not limited to:

- Utilize the NPAY571 file to drive eligibility rules for specific enrollment pages and/or selections that are available when an employee applies for CIS/NH HCSA or DCSA.
- Apply eligibility business rules for CIS/NH according to Negotiating Units
- Apply CIS/NH eligibility business rules according to Action/Reason Codes
- Define the CIS/NH pages and page flow
- Define all CIS/NH page text and error messages
- Accommodate minor changes to the import/export file layout for CIS/NH and current coverage read processes between FBWW and Healthaxis.

Note: The requirements for the Open Enrollment applications have been documented separately in the document named SoNY Open Enrollment Design Specification.doc and in Power Point screen mock-ups.

Therefore, the items listed below have been documented previously and are not included in this document (or the corresponding Power Point screen mock-ups for CIS/NH).

The SoNY Open Enrollment Design Specification.doc document contains specifications for the common pages, including:

- **Login Page**
- **Enter Pay Stub Information Page – Please update paystub graphic**
- **Enter Contact Information Page (Register)**
- **User ID, Password and Security Question Page**
- **Forgot Password – User Search Page**
- **Forgot Password – Security Question & Answer Page**
- **Forgot Password – Reset Password and New Security Question/Answer Page**
- **Employee Main Menu**
- **My Saved Enrollment Application Main Page**
 - **Saved Enrollment Applications**
- **My Current FSA Selections Page**
 - **Current Selections Not Available Page**
- **Links**
- **Manage My User ID and Password**

Additionally, the Open Enrollment Power Point screen mock-ups have documented the following flowcharts:

- **Login Process – Employee Has a Login ID**
- **Login Process - Employee Does Not Have a Login ID (Or Clicks First Time User)**
- **Self-Registration Process**
- **Main Enrollment Menu Flow**
- **Open Enrollment Process**

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1.2 Document Scope

This document includes **only items related to Change In Status/New Hire Enrollment** such as page layout, field specifics, navigation, and business rule logic that will be used as the starting point for the design phase.

1.3 Audience

The audience for this document is the SoNY project acceptance team; the FBWW project acceptance team and the Healthaxis project delivery team.

2. My Saved Enrollment Applications (CIS/NH Only)

This page will display as documented in the Open Enrollment Design Specification.

The differences for CIS/NH are documented in this specification. –

Page level changes for CIS/NH are:

1. CIS/NH applications will be saved separately for HCSA and DCAA. The link names for CIS/NH will include HCSA/DCAA: “HCSA CIS/NH – 11/25/2015 10:14:55 AM” or “DCAA CIS/NH – 11/25/2015 10:14:55 AM”.

2. Pended CIS/NH applications were initially described as “CIS/NH Enrollment – 11/25/2015 10:14:55 AM”. They will not include the word “Enrollment”:

- Note that the pending reason will be displayed, as documented elsewhere in this document.
- The “HCSA” or “DCAA” designation will be present, as documented above.
- There will not be a pended “decline” HCSA or DCAA application.

3. There is a new section “Disapproved Applications” section, with the application type & date/time displayed as a link to the disapproved application.

4. Time Stamp will have the label ET.

2.1 My Saved Enrollment Applications

Note: The following represents examples of the Pended and Non-Pended Saved Enrollment Applications. These pages will look like the CIS/NH Application Summary Page.

Header:

The Confirmation Number will appear in the header area.

The plan year 2016 will appear in the header area.

Text and Data at the top of the page (Pended and Non-Pended):

Employee Information

EMPLID: N01234567

Name: John Q. Public III

Day Time Phone: (909) 999-9999

Email: JQP@aol.com

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2.2 Non-Pended CIS/NH Saved Enrollment Application Examples:

Example 1: Non-Pended Enrollments - Employee who selected both HCSA and DCAA.

Example Page 1A:

Header: HCSA CIS/NH Election Summary - Application ID: [###] – [Date and Time]

Health Care Spending Account (HCSA) - Number of Deductions: [1-24]

Your HCSA Election Amount is: **\$2,000.00**

This annual amount may be reduced slightly due to rounding.

Change Event Date: 11/17/2015

Change Event Reason: Marriage

Example Page 1B:

Header: DCAA CIS/NH Election Summary - Application ID: [###] – [Date and Time]

Dependent Care Advantage Account (DCAA) - Number of Deductions: [1-24]

Your Employee Contribution is: **\$1,700.00**

Your Employer Contribution is: **\$ 300.00**

Total DCAA Annual Election is: **\$ 2,000.00**

This annual amount may be reduced slightly due to rounding.

Change Event Date: 11/17/2015

Change Event Reason: Marriage

Example 2: Non-Pended Enrollment - Employee who declined HCSA and declined DCAA.

Example Page 2A:

Header: HCSA CIS/NH Election Summary - Application ID: [###] – [Date and Time]

Health Care Spending Account (HCSA) - Number of Deductions: N/A

You have waived participation in the Health Care Spending Account.

Your total annual election for HCSA is \$0 and you are not enrolled

in the Health Care Spending Account for 2016. **Change Event Date:** N/A

Change Event Reason: N/A

Example Page 2B:

Header: DCAA CIS/NH Election Summary - Application ID: [###] – [Date and Time]

Dependent Care Advantage Account (DCAA) - Number of Deductions: N/A

You have waived participation in the Dependent Care Advantage Account.

Your total annual election for DCAA is \$0 and you are not enrolled

in the Dependent Care Advantage Account for 2016.

Change Event Date: N/A

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Change Event Reason: N/A

2.3 Pended CIS/NH Saved Enrollment Application Example:

* Pended CIS/NH applications will display the employee description for the pend:

<u>Administrator Description</u>	<u>Employee Description</u>
No Match	Pended for further research
Duplicate Employees	Pended for further research
Negotiating Unit 08 Pend	Pended for further research
New Hires/Return from Leave Without Pay	Pended for NPAY571 update
Unexpected Action/Reason Code	Pended for further research

If the application is in pending mode, and the employee has elected DCAA, the employer contribution displays Unknown.

A message appears: If you are eligible for an Employer Contribution, the amount will be identified in your Confirmation Notice upon approval of your application. Our understanding is that a waived HCSA or DCAA application will not pend.

Example 3: Pended Enrollment - Employee who selected both HCSA and DCAA.

Example Page 3A:

Header:

HCSA CIS/NH Election Summary - Application ID: [###] – [Date and Time]
[Employee Pended Description, see * above]

Health Care Spending Account (HCSA) - Number of Deductions: [1-24]

Your HCSA Election Amount is: **\$2,000.00**
This annual amount may be reduced slightly due to rounding. **Change Event Date:**
11/17/2015

Change Event Reason: **Marriage**

Example Page 3B:

DCAA CIS/NH Election Summary - Application ID: [###] – [Date and Time]
[Employee Pended Description, see * above]

If you are eligible for an Employer Contribution, the amount will be identified in your Confirmation Notice upon approval of your application.

Dependent Care Advantage Account (DCAA) - Number of Deductions: [1-24]

Your Employee Contribution is: **\$1,800.00**
Your Employer Contribution is: **Unknown**
Total DCAA Annual Election is: **\$1,800.00**
This annual amount may be reduced slightly due to rounding.

Change Event Date: **11/17/2015**

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Change Event Reason: Marriage

3. Eligibility Business Rules

There are a series of factors involved in determining each Employee's eligibility. These factors can allow/disallow HCSA, DCAA, Employer Contribution and for CIS/NH, the type of change event reason that can be selected.

The Change In Status menu items will allow or not allow an employee to enroll based on the employee's information in the NPAY571 file, and the corresponding eligibility business rules.

3.1 The Negotiating Unit matrix:

The employee's Negotiating Unit will be one of the selection criteria for eligibility. Only employees who are at least eligible for DCAA will be sent on the NPAY571.

New negotiating units might be added, but not often. However, there are eligibility changes for existing negotiating units from time to time. Healthaxis will maintain the additions/deletions/changes to the negotiating unit matrix for the web enrollment business rules.

The employee is eligible to enroll in HCSA for CIS/NH Enrollment based on the matrix below.

Unless eliminated by another eligibility business rule, all employees on the NPAY571 file are eligible to enroll in DCAA for CIS/NH. Otherwise, the employee is eligible for the HCSA or DCAA Employer Contribution based on the following matrix:

2016 FSA Eligibility for 410, 428, and 420

NEGOTIATING UNIT NAME	ACRONYM	BU Code #	ligible for 410 HCSA	ligible for 428 DCAA	ligible for 420 EC
New York State Correctional Officers & Police Benevolent Association, Inc	NYSCOPBA	01	YES	YES	YES
Civil Service Employees Association	CSEA	02	YES	YES	YES
Civil Service Employees Association	CSEA	03	YES	YES	YES
Civil Service Employees Association	CSEA	04	YES	YES	YES
Public Employees Federation	PEF or PS&T	05	YES	YES	TBD
Management Confidential	MC or M/C	06	YES	YES	YES
Police Benevolent Association – Troopers	PBA (Troopers)	07	YES	YES	Not Eligible
United University Professions	UUP	08	YES	YES	YES
Management Confidential State University of New York	M/C (SUNY)	13	YES	YES	YES
State University of New York Unassigned	None	14	YES	YES	Not Eligible
Police Benevolent Association – Commissioned & Non-Commissioned Officers	PBA (Supervisors)	17	YES	YES	Not Eligible
Management Confidential State Police	M/C (State Police)	18	YES	YES	YES
New York State Correctional Officers & Police Benevolent Association, Inc	NYSCOPBA	21	YES	YES	YES
Communication Workers State University of New York	GSEU	28	Not Eligible	YES	YES
Agency Police Services Unit	APSU	31	YES	YES	Not Eligible
Alfred Ceramics M/C	None	40	Not Eligible	YES	Not Eligible
Alfred Ceramics Prof Svcs	None	41	Not Eligible	YES	Not Eligible
Alfred Ceramics Non Prof Svcs	None	42	Not Eligible	YES	Not Eligible
Military and Naval Affairs Management/Confidential	M/C (DMNA)	46	YES	YES	YES
Military and Naval Affairs Unit	CSEA	47	YES	YES	YES
Management Confidential Commission on Investigation	None	52	YES	YES	YES
Council 82 Security Services Unit	COUNCIL 82	61	YES	YES	YES
New York State Police Investigators Association	NYSPIA or BCI	62	YES	YES	Not Eligible

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Public Employment Relations Board (M/C)	PERB	66	YES	YES	YES
Rent Regulation Services	DC-37 or RRSU	67	YES	YES	YES
Lifeguards	LIF	68	YES	YES	YES-Permanent Part-time in Dept ID 51270 ONLY
Hourly Unassigned	None	71	Not Eligible	YES	Not Eligible
Legislature Ineligible M/C Ins	None	76	Not Eligible	YES	YES
Legislature	None	77	YES	YES	YES
Legislative Commissions	None	79	YES	YES	YES
Agency Law Enforcement Services (non-arbitration eligible)	ALES	81	YES	YES	Not Eligible
Unified Court System Management Confidential and Judges	M/C (Non-judicial)	86	YES	YES	Not Eligible
State Judiciary	CSEA (Judiciary)	87	YES	YES	Not Eligible
Unified Court System Unrepresented	None	88	YES	YES	Not Eligible
Council 82 Security Supervisors Unit (non-arbitration eligible)	COUNCIL 82	91	YES	YES	YES
State University Construction Fund Management Confidential	None	96	YES	YES	Not Eligible
State University Construction Fund	None	97	YES	YES	YES
Temporary State Commissions	None	98	YES	YES	Not Eligible
Not Cov'd Art 14 Civil Service Law	None	99	YES	YES	Not Eligible
Unified Court System New York City Unrepresented	M/C NYC	CT	YES	YES	Not Eligible
Unified Court System Ninth Judicial District	None	G9	YES	YES	Not Eligible
Unified Court System Nassau County	None	DR	YES	YES	Not Eligible
Unified Court System Suffolk County	None	F8	YES	YES	Not Eligible
Unified Court System New York City Senior Court Officers	SCO	SY	YES	YES	Not Eligible
Unified Court System Citywide Law Assistants	LATP	SA	YES	YES	Not Eligible
Unified Court System New York City Administrative Services	CWA	SD	YES	YES	Not Eligible
Unified Court System New York City Court Reporters	None	SG	YES	YES	Not Eligible
Unified Court System New York City Administrative, Librarian, Clerical and Support	DC-37 Local 1070	SK	YES	YES	Not Eligible
Unified Court System New York City Senior Court Attorneys	None	SN	YES	YES	Not Eligible
Unified Court System Court Officers	UCO	SR	YES	YES	Not Eligible
Unified Court System New York City Court Clerks	Clerks	S9	YES	YES	Not Eligible
Environmental Facilities Corporation	EFC	34	YES	YES	YES
Energy Research and Development Authority	ERDA	06	YES	YES	YES
Liquidation Bureau	None	96	YES	YES	Not Eligible
Roswell Park Cancer Institute	RPCI	02,03,04, (05 TBD),06	YES	YES	YES- 05 TBD

Key:

YES = Eligible

410 = Health Care Spending Account

428 = Dependent Care Advantage Account

420 = Employer Contribution for Dependent Care Advantage Account

3.2 Action/Reason Codes Matrix:

These codes have not been used previously to drive business rules. They are only used in CIS/NH for HCSA.

The Action/Reason Code eligibility rules **do not apply to DCAA**. The Action/Reason Code eligibility rules **only apply to HCSA**.

The following Action/Reason Codes on the NPAY571 file will indicate if the Employee is eligible to submit a change in status application for the HCSA for specific event reasons. The attachment represents the most recent spreadsheet as of the date of this document.

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SoNY created the attached CIS matrix to define how the following pieces of information should be programmed for business rules:

- a. event reason
- b. increase/decrease
- c. \$0 or \$1
- d. enroll/term/change/ restart
- e. error message
- f. length of time to be pended (30 days after the event date or the submit date, whichever is later)
 1. Note: The “length of time to be pended” is not applicable for the web enrollment application.

The Action/Reason Codes are utilized to:

- Determine which payroll-related Event Reason(s) are acceptable for an Action/Reason Code combination.
 - Define whether the employee can increase their FSA, decrease or both
 - Define whether the HCSA portion of the enrollment application should be pended for documentation

Note: This business rule was updated on 3/07. HCSA applications are no longer pended for Documentation Due. These applications are marked as completed and a Documentation Due flag is sent on the export. The vendor will manage these applications on the backend. Refer to CR 6533.014 in Appendix F at the end of this document.

Note: There is a difference when the entire application is in pending mode (due to a No Match or Duplicate NPAY571, etc.) versus an Action/Reason Code and Change Event combination that causes the HCSA portion of the enrollment to pend.

When the employee selects a CIS/NH HCSA Event Reason that is **non-payroll related**, the HCSA portion of the enrollment will always be **pending for documentation**. Certain payroll-related Change Event Reasons may also force a HCSA application to pend.

Non-payroll related HCSA Event Reasons are:

- Marriage
- Divorce
- Legal Separation
- Annulment
- Death of spouse or dependent
- Birth/adoption/placement for adoption of child
- Gain of spouse's/dependent's health insurance eligibility due to job change
- Loss of spouse's/dependent's health insurance eligibility due to job change
- Gain of dependent's health insurance eligibility by attaining a specified age, due to a change in marital or student status, or because of other allowable circumstances
- Loss of dependent's health insurance eligibility by attaining a specified age, due to a change in marital or student status, or because of other allowable circumstances

Payroll related HCSA Event Reasons are:

- You are taking an unpaid leave of absence
- You are returning from an unpaid leave of absence
- You are beginning state employment
- You are ending state employment

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New Action/Reason Codes might be added, but not often. However, there are eligibility changes for existing Action/Reason Codes from time to time. The vendor will maintain the additions/deletions/changes to the Action/Reason Code matrix for the web enrollment business rules.

3.3 2016 Annual Salary and Employee Contribution Salary Business Rules

3.3.1 Calculation of the **Annual Salary**

The Annual Salary value is used for these edits:

- UUP (Negotiating Unit 08) Salary Below Minimum For HCSA Eligibility
 - If salary < \$14,430 between 7/2/2015 and 7/1/2016 **and** Employee Work Percentage < 100%, application is pended and SoNY will review eligibility manually.
- Annual Salary Does Not Support Elections
 - Note: This validation takes place on the Main Open Enrollment Page of the Open Enrollment. Refer to that section of this document for details.
 - If elected DCAA annual + elected HCSA annual > calculated Annual Salary, then the employee is **not eligible** for either HCSA or DCAA

To calculate the **Annual Salary** that is used in several edits:

If the **Pay Basis Code is HRY** then the calculated annual salary =
Full Time Annual Salary/Compensation Rate * 2088

If the Pay Basis Code is BIW then the calculated annual salary =
Full Time Annual Salary/Compensation Rate * 26

If the Pay Basis Code is something else, then the calculated annual salary =
Full Time Annual Salary/Compensation Rate * Employee Work Percentage

3.3.2 Calculation of the **Employee Contribution Salary**:

Note: This is not the true annual salary, because it does not take into consideration the work percentage. This value is only used to calculate the Employer Contribution amount.

To calculate the **Employer Contribution Salary**:

If NYS Negotiating Unit is **08** and Pay Basis Code is **HR Y**, then:
Employer Contribution salary =
Full Time Annual Salary/Compensation Rate * 2088

If the NYS Pay Basis Code is BIW then Employer Contribution salary =
Full Time Annual Salary/Compensation Rate * 20

If the NYS Pay Basis Code is something else, then:

- If the Employee Work Percentage <= .25 then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .25
- If the Employee Work Percentage > .25 and <= .50 then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .50
- If the Employee Work Percentage > .50 and <= .74 then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .75
- If the Employee Work Percentage > .75 then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate

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If the NYS Negotiating Unit **is not** 08, then:

If the NYS Pay Basis Code is BIW then the Employer Contribution Salary =

Full Time Annual Salary/Compensation Rate * 26

If Pay Basis Code is HRY Employer Contribution salary =

Full Time Annual Salary/Compensation Rate * 2088

Otherwise, the Employer Contribution Salary =

Full Time Annual Salary/Compensation Rate

3.3.3 Calculation of the **Employer Contribution Amount**:

Note: The values and logic for the Employer Contribution Amount may vary from year to year.

Following are the rules for 2016 as of the date of this document.

The Employer Contribution amount originally calculated at the time of the employee's first enrollment application submission for the plan year will be retained throughout the entire plan year. This is regardless of a salary change.

NOTE regarding Manual Agencies: NU **34** is EFC, Roswell Park employees follow the state's NU codes; ERDA employees are all **06** (M/C).

If NYS Negotiating Unit is, 01, '02', '03', '04', 05= Unknown '06', 08, '13', '18', 21, , 34,'46', '47', '52', 61,'66', 67, '76', '77', '79', 91 and 97. NU 68: only those employees who are permanent part-time in Dept ID 51270 are eligible for the Employer Contribution.

If the calculated Employer Contribution Salary <= 30000 then

the Employer Contribution Amount = 800

If the calculated Employer Contribution Salary is between 30000.01 and 40000 then

the Employer Contribution Amount = 700

If the calculated Employer Contribution Salary is between 40000.01 and 50000 then

the Employer Contribution Amount = 600

If the calculated Employer Contribution Salary is between 50000.01 and 60000 then

the Employer Contribution Amount = 500

If the calculated Employer Contribution Salary is between 60000.01 and 70000 then

the Employer Contribution Amount = 400

If the calculated Contribution Salary is > 70000 then

the Employer Contribution Amount = 300

SoNY Comment: Please Note: Roswell Park Cancer Institute, ERDA, and EFC have chosen to participate in the Employer Contribution for the 2016 plan year.

If NYS Negotiating Unit is 28, then the Employer Contribution amount = 600 regardless of salary

If the Negotiating Unit is something else, then the Employer Contribution amount = 0

3.4 Logic To Determine Rejection or Edit of Eligibility for HCSA or DCAA:

3.4.1 Rules That Apply to both HCSA and DCAA:

APM, FEE or SMS Employee Are Not Eligible

If NYS Pay Basis Code is one of these: 'APM', 'FEE' or 'SMS', then **not eligible** for either HCSA or DCAA.

Note: 'APM', 'FEE' and 'SMS' will not be included on the NPAY571 file.

Employee Not Active Or On Paid Leave

If Employee Status is not "P" nor "A", then **not eligible** for either HCSA or DCAA

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Pay Cycle is not Admin or Inst

If Pay Cycle is not "A", "I", "E", "F", "L" or "R", then **not eligible** for either HCSA or DCAA

Annual Salary Does Not Support Elections

If elected DEPR annual + elected MEDR annual > calculated Annual Salary, then **not eligible** for either HCSA or DCAA

Work Location Not Eligible For Participation

If Department ID is not an active Department ID, then not eligible for either HCSA or DCAA
Active Department IDs are included on the list of active work locations/department IDs.

Negotiating Unit is Not Eligible For Participation

If NYS Negotiating Unit is not an active eligible NYS Negotiating Unit, then not eligible for either HCSA or DCAA

Check the Negotiating Unit matrix (FSA Eligibility for 410, 428, 420).

If the Negotiating Unit is not in the Negotiating Unit matrix, then they are not eligible for either HCSA or DCAA.

3.4.2 Rules Apply to Only HCSA:

Work Percentage less than 50% (Employees not in NU 08)

If Employee Work Percentage < .50, then **not eligible** for HCSA.

This is bypassed if the NYS Negotiating Unit is "08"

UUP (NU 08) Salary Below Minimum and Work Percentage less than 100% For HCSA

If NYS Negotiating Unit = '08' and the calculated Annual Salary is less than the minimum allowed (currently the value is **\$14,430**) and the Employee Work Percentage < 100%, then HCSA portion of the application for manual review by SoNY.

Note: For NU 08, if the salary is equal to or greater than \$14,430 or if the Employee Work Percentage is 100%, then employee **is** eligible for HCSA.

Note: This value changes every year for Annual Enrollment.

Seasonal Or Session Employee

If NYS Regular/Temp = "S" or NYS Pay Basis Code = 'SMS', then **not eligible** for HCSA

Hourly - Could Not Determine The Primary Work Location

If NYS Pay Basis Code = "HRY", then **not eligible** for HCSA

Note: HRY employees are eligible for the DCAA regardless of Negotiating Unit and ineligible for the HCSA in all circumstances.

Hourly, Per Diem or FEE Basis Employee

If NYS Pay Basis Code is one of these: 'HRY', 'APM', 'FEE' or 'SMS', then **not eligible** for HCSA.

Note: APM, 'FEE' or 'SMS' will not be included on the NPAY571 file. OSC's file format eliminates these Pay Basis Codes from the NPAY571 file.

Ineligible Negotiating Unit for HCSA

If NYS Negotiating Unit is **not eligible** for HCSA

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Read the Negotiating Unit matrix (FSA Eligibility for 410, 428, 420). If the spreadsheet indicates ineligible, then they're not eligible for HCSA. Refer to the chart at the beginning of this section of the document.

4. CIS/NH Application Pages – Overview

The application code will determine if the Employee is allowed to apply for a Change In Status or New Hire enrollment, and if so, what page(s) the Employee can access and (if the Employee is eligible for a DCAA), the Employer Contribution amount.

The choices available to the employee and certain text and error messages displayed will vary based on the NPAY571, Action/Reason Codes and Negotiating Unit.

The Change In Status application relies on a back-end read of current coverage from FBWW. At times, the read may not be possible or successful due to:

- Internet connectivity
- The employee entered a NYS EMPLID that is not currently on the FBWW system, for example if a self-registered employee made an error typing the NYS EMPLID.
- When the back-end read of current coverage is not available and the employee clicks on the Change In Status / New Hire menu option, there will be an message:
 - Unfortunately, your current year coverage information is not available at this time or you may not be currently enrolled. Please try again later to access your current coverage information or call FBWW Customer Service at 1-800-358-7202 (press 1) for assistance. We apologize for any inconvenience. Thank you!

When this situation occurs for a **New Hire** Action/Reason Code, the application will display \$0.00 for all current coverage account values. The business rules for New Hires *do not* rely on current coverage.

New Hire Action/Reason Codes are usually one of the action/reason code combinations below. However, there are other action/reason code combinations that could denote a New Hire, but the employee will be required to submit documentation to verify the event in those cases (see Action/Reason Code spreadsheet). If the employee selects “You are beginning state employment” as the Change Event Reason, and none of the three action/reason codes listed below appear in the NPAY571 for the employee, then pend the application and request documentation from the employee.

Note: The Action/Reason Code eligibility rules **do not apply to DCAA**. The Action/Reason Code eligibility rules **only apply to HCSA**.

- PAY/IHR
- PAY/LIH
- PAY/NEW

When this situation occurs for a Change In Status Action/Reason Code, the application will be forced to pending mode. A Change In Status Action/Reason Code is defined as any combination *other* than the New Hire combinations listed above.

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Note:

The vendor will send back a “code 100” if the employee has absolutely no coverage on the FBWW database.

The vendor will provide an “expected annual” node for HCSA and DCAA, for all employees. This will be populated with a value of \$0.00 to identify “no data on file” for the specific FSA. Any value greater than zero means they have coverage.

5. CIS/NH Employee Demographics Page

The application code will determine if the Employee is allowed to apply for a CIS/NH Enrollment, and if so, what page(s) the Employee can access and if the Employee is eligible for a DCAA, the employer contribution amount.

This page allows an Employee who is in process of completing a CIS/NH Enrollment application to change their demographic data, inside of an enrollment application.

The employee must enter demographic information that is required throughout the enrollment application.

Text:

Please enter information in all required (*) fields below and then click Next Page to continue.

Modify ONLY the fields you want to change. Your address will only be used to mail program communications to you, so please enter a residential address where you want to receive this mail. Your email address will only be used to communicate FSA program information or program deadlines. The Manage My User ID and Personal Information page will allow entry of the following information. Note that fields marked with a red asterisks (*) will be required:

- First Name:*
- Middle Initial
- Last Name:*
- Suffix:
 - Drop down list (JR, SR, I, II, III, IV)
- Birthday (MM/DD):* [2n] [2n]
 - Upon entry of the first 2 numbers, the application will automatically tab to the next field.
- NYS EMPLID: [note: on this page, the NYS EMPLID will be display only]
- Day Time Phone: [3n] [3n] [4n]
 - Upon entry of the first 3 numbers, the application will automatically tab to the next field, etc.
- Mailing Address 1:*
- Mailing Address 2:
- City:*
- State:*.
 - Drop down list
- Zip: * [5n]
- Zip + 4: [4n]
- Email Address:
- Confirm Email:

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When Submit is clicked, the following validations take place:

- Non-alpha characters are not allowed in the name, with the exception of hyphen(s), period(s), or apostrophes (e.g. Smith-Jones, St. Clair, O'Malley).
- If any required field is not entered, or the fields contain invalid characters or are entered in an unacceptable format, the error message is: Please enter a valid [field name].
Please enter a valid First Name.
Please enter a valid Last Name.
Please enter a valid Birth Month (2 digits).
Please enter a valid Birth Day (2 digits).
Please enter a valid Mailing Address 1.
Please enter a valid City.
Please enter a valid State.
Please enter a valid Zip Code.
Please enter a valid Day Time Phone.
- The Confirm Password must match the information entered previously.

The Confirm Password does not match the New Password entered. Please re-enter the Confirm Password or change the New Password entered.
- The Confirm email address must match the information entered previously.

The Confirm email address does not match the email address entered. Please re-enter the Confirm email address or change the email address entered.

No additional or different text or logic when application is pending mode.

6. CIS/NH Application – Main Page

Note: There is a difference when the entire application is in pending mode versus an action/reason code and change event combination causes the HCSA portion of the enrollment to pend.

As of the date of this document, following are the pend type descriptions that will be displayed to the Administrator and the corresponding pend type descriptions that will be displayed in the employee interface (My Saved Enrollment Applications):

<u>Administrator Description</u>	<u>Employee Description</u>
No Match	Pended for further research
Duplicate Employees	Pended for further research
Negotiating Unit 08 Pend	Pended for further research
New Hires/Return from Leave Without Pay	Pended for NPAY571 update
Unexpected Action/Reason Code	Pended for further research

NOTE: The Change In Status application will open on 11/10/2016. Change In Status Event Dates will not be allowed prior to 10/5/2015. For New Hires ONLY. Newly hired SoNY employees hired on or after October 5, 2015 may enroll during Open Enrollment or with a Change in Status for the upcoming plan year in accordance with the rules below.

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- Employees hired on or after October 5 who have been assigned a NYS EMPLID must enroll during the 2016 open enrollment period. However, there will be certain exceptions, see second bullet.
- New state employees who are hired during the open enrollment period and are unable to enroll by the November 9 deadline **because they have not been assigned a NYS EMPLID** may enroll for the 2016 plan year by submitting a 2016 change in status application within 60 days of their hire date.

Text:

PLEASE READ CAREFULLY: This application will replace any other currently pending applications for 2016 that you may have submitted.

You only need to complete an application for the FSA account that you wish to change.

Whether you make a change to the Health Care Spending Account, the Dependent Care Advantage Account or both, any prior pending applications for 2016 for that account(s) will be replaced by the elections you indicate in this application. If you do not make a change to one of the accounts, your current elections will be retained.

Text:

You are either NEW to the 2016 plan year OR

Your Current 2016 Coverage is:

HCSA	1/1/2016– 2/28/2016	\$	0.00	Annual
HCSA	3/1/2016 – 5/31/2016	\$	1.00	Biweekly
DCAA	1/1/2016 – 12/31/2016	\$	0.00	Annual

Note: The “Biweekly” label will only display when the HCSA has been changed and reduced to \$1.00 per pay period. If a HCSA account is terminated, biweekly deductions can only be \$0.00. If a HCSA account is changed (reduced), biweekly deductions could become \$1.00 under certain circumstances.)

Read the FBWW system to find the total amount of HCSA deductions for the year-to-date.

- If greater than \$100.00, then the employee can reduce to \$1.00.
- If not greater than \$100.00, then we need to do a calculation to see what the paycheck amount minimum will be.
- Can't reduce below a \$100.00 annual amount in any case.

Text:

ENROLL:

To enroll in the Health Care Spending Account or the Dependent Care Advantage Account, click on the appropriate link below.

CHANGE, TERMINATE or RESTART:

To change, terminate, or restart the Health Care Spending Account or the Dependent Care Advantage Account, click on the appropriate link below.

Static Text: Health Care Spending Account

Logic:

If the employee is not eligible for HCSA (based on the NPA Y571 information), the employee will not be allowed to enroll and a message will appear instead of the HCSA link and text.

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1. Work Percentage less than 50% and not Negotiating Unit 08

If the Negotiating Unit is **not** 08 and if the Employee Work Percentage is **less than** 50%, then the employee is **not eligible** for HCSA.

2. Work Percentage less than 100% and is Negotiating Unit 08

If Negotiating Unit is 08, and **Work Percentage less than 100% and salary is less than \$14,430**, then allow the enrollment but pend the **application** for manual review by SoNY.

If NU is 08, and either **salary is equal to or greater than \$14,430** or **Employee Work Percentage is 100%**, employee is **eligible** for HCSA.

Note: For NU 08, if the salary is equal to or greater than \$14,430 or the Employee Work Percentage is 100%, then employee **is** eligible for HCSA and the HCSA portion should **not** pend.

3. Seasonal Or Session Employee

If the Regular/Temp is S, then the employee is **not eligible** for HCSA

Message:

You are not eligible to enroll in the Health Care Spending Account at this time.

Exceptions:

The following employees should **not** receive an error message. These employees should be allowed to submit an application.

UUP (NU 08) Salary Below Minimum and Work Percentage < 100% For HCSA

If the Negotiating Unit is 08 and the calculated Annual Salary is less than the minimum allowed (\$14,430 for 2015 and 2016), and the Employee Work Percentage is less than 100%, then the employee's eligibility for the HCSA requires a manual review by SoNY. SoNY wants to allow the employee to enroll anyway and the HCSA portion of the application should be **pending**.

Note: The salary value changes every year for Annual Enrollment.

Note: For all pending applications, the only selections allowed will be for "I want to ENROLL in the HCSA in 2016" or "I want to RESTART my account. A pending application will be a result of one of the following:

- Employee not found on the NPAY571 at all
- Employee information matched on the NPAY571 more than once due to the same Negotiating Unit, Work Location and NYS EMPLID
- In pending mode, the only option available to an employee will be **"I want to ENROLL in the HCSA in 2016" or "I want to RESTART my account"**

When the Employee information matches on the NPAY571 more than once based on employee grouping number, the application will "match" on the NPAY571 record with the same Negotiating Unit / Department ID the Employee entered at login. This application should not pend and it should not be tagged as a duplicate.

Link:

I want to ENROLL in the HCSA in 2016.

This link only displays when:

The employee is eligible to enroll based on the Negotiating Unit **and the back end read of current coverage is successful and does not bring back an HCSA account** for this

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employee. This link should ALWAYS be displayed unless the employee already has a HCSA account. The action/reason codes do not determine the type of Change Event Reason an employee may want to select.

OR

The application is in pending mode.

- All non-New Hire employees who do not have an HCSA in this plan year can select ENROLL.
- New Hires can enroll if they choose “You are beginning state employment” as their Change Event Reason or if they select another Change Event Reason that would also allow them to ENROLL.
 - A New Hire is usually defined as having one of the action/reason code combinations below. However, there are other action/reason code combinations that could denote a New Hire, but the employee will be required to submit documentation to verify the event in those cases (see Action/Reason Code spreadsheet). If the employee selects “You are beginning state employment” as the Change Event Reason, and none of the three action/reason codes listed below appear in the NPAY571 for the employee, then pend the application and request documentation from the employee.
 - PAY/IHR
 - PAY/LIH
 - PAY/NEW

Display for “I want to ENROLL in the HCSA in 2016.”

Not yet enrolled

OR

Enrolled for: [\$nnnn.nn]

Link:

I want to CHANGE my 2016 account.

This link only displays when:

The employee is eligible to enroll based on the Negotiating Unit and the back end read of current coverage **does** bring back an HCSA account for this employee.

Display for “I want to CHANGE my 2016 account”

Not yet changed

OR

Changed to: [\$nnnn.nn]

Link:

I want to TERMINATE my 2016 account.

This link only displays when:

The employee is eligible to terminate their account based on the Action/Reason codes and the back end read of current coverage **does** bring back an HCSA account for this employee. Additionally, the action/reason codes for the employee’s NPAY571 must allow this selection.

Display for “I want to TERMINATE my 2016 account”

Not yet terminated

OR

Terminated to \$0.00

NOTE: Only certain payroll actions – termination of employment, going on leave without pay – will terminate the account altogether. Other CIS situations, for example divorce, death of spouse, or loss of a dependent, could allow the enrollee to Change their annual election to

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\$1.00 Biweekly. That situation is technically not a Termination, since the enrollee is still required to contribute to their account.

Link:

I want to RESTART my 2016 account.

Note: The action/reason codes for the employee's NPAY571 must allow this selection if the employee selects a payroll-related Change Event Reason.

This employee is only allowed to **reactivate their HCSA** and they are not allowed to make any changes to their most recent annual election for the plan year. This link **only** displays when the employee is eligible to enroll based on:

The employee's Negotiating Unit (check the chart)

and

The employee had an HCSA election in this plan year:

and

The employee's Action/Reason code combination is **"return from leave"**:

- **PAY/713**
- **PAY/CMP**
- **PAY/RSP**
- **PAY/RST**
- **PAY/RTS**
- **RFD/713**
- **RFL/713**
- **RFL/CMP**
- **RFL/RDL**
- **RFL/RES**
- **RFL/RLV**
- **RFL/RPS**
- **RFL/RSP**
- **RFL/RWS**
- **RFL/WWP**

or

The employee's Action/Reason code combination is potentially "return from leave" or beginning of employment" (requires documentation from the employee to verify the event):

- **PAY/R54**
- **PAY/RBD**
- **PAY/RCM**
- **PAY/RDR**
- **PAY/RER**
- **PAY/RHS**

or

The employee selects certain non-payroll related events such as marriage, birth of a child, etc. (see HCSA CIS/NH chart prepared by SoNY for a complete list).

Display for "I want to RESTART my 2016 account"

Not yet restarted

OR

Restarted

Text (bold red)

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After you make your elections, click on Continue to the Summary Page to Submit your application.

Static Text: Dependent Care Advantage Account

Link:

I want to ENROLL in the DCAA in 2016.

This link only displays when:

The employee is eligible to enroll based on the Negotiating Unit and the back end read of current coverage **does not** bring back a DCAA account for this employee. The Action/Reason Code eligibility rules **do not apply to DCAA**. The Action/Reason Code eligibility rules **only apply to HCSA**.

OR

The application is in pending mode.

Display for “I want to ENROLL in the DCAAccount for 2016”

Not yet enrolled

OR

Enrolled for: [\$nnnn.nn]

Link:

I want to CHANGE my 2016 account.

This link only displays when:

The employee is eligible to enroll based on the Negotiating Unit and the back end read of current coverage **does** bring back a DCAA account for this employee.

Display for “I want to CHANGE my 2016 account”

Not yet changed

OR

Changed to: [\$nnnn.nn]

Link:

I want to TERMINATE my 2016 account.

This link only displays when:

The employee is eligible to terminate their account based on the Negotiating Unit and the back end read of current coverage **does** bring back a DCAA account for this employee.

Display for “I want to TERMINATE my 2016 account”

Not yet terminated

OR

Terminated

Link:

I want to RESTART my 2016 account.

The employee may be returning from a leave of absence. Apply same business rules as for “I want to CHANGE my 2016 account. Action/Reason codes do not apply.

Display for “I want to RESTART my 2016 account”

Not yet restarted

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OR
Restarted

Text (bold red)

After you make your elections, click on Continue to the Summary Page to Submit your application.

Navigation Button Logic for Previous Page:

The Previous Page button will take the user to the Employee Demographics page.

Navigation Button Logic for Continue To Summary Page:

Eligibility logic: Annual Salary Does Not Support Elections

If the elected DCAA annual amount + the elected HCSA annual is greater than the calculated Annual Salary, then the employee is **not eligible** for either HCSA or DCAA

Error Message (do not allow employee to go to the Summary page):

Your annual salary cannot support biweekly deductions for your elected amount. Please reduce your elected amounts or call FBWW at 1-800-358-7202 (press 1) for further assistance.

If the employee has completed their enrollment session and the annual salary does support the elections, then the Continue To Summary Page button takes the user to the Summary page. Note that it is possible that an employee may not want to enroll in either HCSA or DCAA because they want to cancel a previous enrollment submission.

Pop Up:

If the employee has enrolled in DCAA but not in HCSA, a Pop Up box appears with this text:

You have not made an election for HCSA for 2016. If you do not wish to enroll in the HCSA, select the Continue button and you will be taken to the Summary page. If you wish to apply for the HCSA for **2016**, select Cancel and complete the HCSA application.

Pop Up Buttons:

The user will click Continue or Cancel.

Continue routes the user to the Summary page. Cancel leaves the user on the current page.

Pop Up:

If the employee has enrolled in HCSA but not in DCAA, a Pop Up box appears with this text:

You have not made an election for DCAA for 2016. If you do not wish to enroll in the DCAA, select the Continue button and you will be taken to the Summary page. If you wish to apply for DCAA for 2016, select Cancel and complete the DCAA application.

Pop Up Buttons:

The user will click Continue or Cancel.

Continue routes the user to the Summary page. Cancel leaves the user on the current page.

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Pop Up:

If the employee's elections are any combination of Not Yet Enrolled (have not tried to enroll) or \$0.00 (went to either the HCSA page or the DCAA page and clicked No to participate), a Pop Up box appears with this text:

You have not made any elections for 2016 and will not be enrolled for the HCSA or the DCAA. Click Yes to continue to the Summary page to submit your application, which will erase all previous FSA elections for the 2016 plan year. Click No to make your enrollment elections.

Pop Up Buttons:

The user will click Yes or No.

Yes routes the user to the Summary page.

No leaves the user on the current page.

If the employee has enrolled in HCSA and DCAA, the Continue To Summary Page button takes the user to the Summary page.

No additional or different text or logic when application is pending mode.

7. CIS/NH Application– Health Care Spending Account Page

The drop down menu must display ALL CIS/New Hire events allowed by the HCSA plan. If the employee selects a payroll-related CIS event, verify against action/reason codes and effective dates provided on the NPAY571. In some cases, the HCSA portion of the application may need to be pended until EE's agency updates payroll records. If the employee selects a non-payroll-related CIS event, pend the application and display a pop-up message requesting documentation.

There will be minor differences in these pages based on which option the employee selected to get to this page:

The Action/Reason Code chart will drive the eligibility for each of the payroll-related enrollment actions. Exceptions and/or further business rules included below.

- **ENROLL**

Note: A specific "Hire Date" is not included on the NPAY571. The Effective Date for the Action/Reason code on the NPAY571 will be used for the Hire Date.

- If the employee selects "ENROLL", Change Event Reason is "You are beginning state employment", has a valid **New Hire** action/reason code combination, and their hire date (effective date) is 60 days or less in the past, then their application will be approved, not be pended.
- If the employee selects "ENROLL" and Change Event Reason is "You are beginning state employment", but NPAY571 does not reflect a valid New Hire action/reason code combination, then application should be pended and employee should receive a message to submit documentation of their event to FBWW.
- If the employee selects "ENROLL", Change Event Reason is "You are beginning state employment", and has a valid **New Hire** action/reason code combination (identified above) but their hire date (effective date) is more than 60 days in the past, then the application should be disapproved, not pended. Need to program an error message for this situation.
- If the employee selects "ENROLL", Change Event Reason is "You are returning from an unpaid leave of absence", has a valid Return from Leave of Absence action/reason code

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combination (see page 16), and effective date is 60 days or less in the past, then their application will be approved, not pended.

- If the employee selects “ENROLL”, Change Event Reason is “You are returning from an unpaid leave of absence”, but NPAY571 does not reflect a valid Return from Leave of Absence action/reason code combination (see page 16), then application should be pended and employee should receive a message to submit documentation of their event to FBWW.
- If the employee selects “ENROLL”, Change Event Reason is “You are returning from an unpaid leave of absence”, and has a valid Return from Leave of Absence action/reason code combination (see page 16), but their effective date is more than 60 days in the past, then the application should be disapproved, not pended. Need to program an error message for this situation.
- If the employee selects “ENROLL” and chooses one of the Change Event Reasons below, then their application will be pended and they will receive a message to submit documentation of the event to FBWW.
 - Marriage
 - Divorce
 - Legal Separation
 - Annulment
 - Death of spouse or dependent
 - Birth/adoption/placement for adoption of child
 - Gain/loss of spouse's/dependent's health insurance eligibility due to job change
 - Dependent loses qualifying child/relative status
 - Dependent's marital/student status change

- **CHANGE**

- All non-New Hire employees who have an HCSA in this plan year can CHANGE if they have an eligible CIS event.
- New Hires cannot CHANGE or TERMINATE.
 - A New Hire is usually defined as having one of the action/reason code combinations below. However, there are other action/reason code combinations that could denote a New Hire, but the employee will be required to submit documentation to verify the event in those cases (see Action/Reason Code spreadsheet). If the employee selects “You are beginning state employment” as the Change Event Reason, and none of the three action/reason codes listed below appear in the NPAY571 for the employee, then pend the application and request documentation from the employee.
 - PAY/IHR
 - PAY/LIH
 - PAY/NEW

- **TERMINATE**

Only employees who have an HCSA in this plan year and select either “You are ending state employment” or “You are taking an unpaid leave of absence” can TERMINATE their HCSA account. The action/reason codes for the employee’s NPAY571 must substantiate the selected Change Event Reason in order for the application to be processed. Otherwise the application should be

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pending until the NPAY571 data is updated by the employee's agency.

- **RESTART**

The action/reason codes for the employee's NPAY571 or certain non-payroll related Change Event Reasons must allow this selection. This application will only allow the employee to **reactivate their current plan year HCSA** and they are not allowed to make any changes to their original selections for the plan year.

Text: 2016 = \$100 and \$2,550

The Health Care Spending Account (HCSA) helps you pay for your and your dependents' unreimbursed health care expenses with pre-tax dollars.

If you are enrolling, terminating your enrollment, restarting your account, or making a change to your annual election amount, you must specify the Event Reason and the Event Date. Depending on the nature of your Change in Status event, you may also be required to provide documentation of the event before your application can be approved. Your deductions will not begin, end, restart, or change, and your new period of coverage will not be implemented, until the requested documentation is received. If you are a new hire, your period of coverage will begin on your 61st consecutive calendar day of employment. For all other Change in Status applications, your new period of coverage will be based on the date your application is received or the date of your Change in Status event, whichever is later.

You must elect at least \$100, but no more than \$2,550. Remember to include amounts for eligible dental, vision, hearing, prescription drug, hospital and physician expenses that you expect to incur during the plan year. Make sure that you do not overestimate your expenses.

If you are enrolling as a new employee, you will be able to submit claims for health care services that are provided after your 60th consecutive calendar day of employment. Health care services that are provided prior to the date your period of coverage begins will not be eligible for reimbursement and therefore should not be included in your annual election amount.

If you were previously or are currently enrolled in the Health Care Spending Account, your total annual election for ***all periods of coverage*** must be at least \$100, and cannot exceed \$2,550.

If you have already contributed at least \$100 to your account and are completing a Change In Status to decrease your account, you must contribute a minimum of \$1.00 per payroll for the remainder of the plan year. **Text:**

Do you want to contribute your annual election amount through the end of this plan year? If you would like to contribute your deductions over a *reduced* number of paychecks, you must answer "No" to this question.:*

Radio Buttons: Yes, No

Logic:

If the employee answers "No", then the employee must enter a date in the three text boxes to identify the date closest to the paycheck from which to have last deductions taken.

The date entered will appear on the confirmation page.

Validations:

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The Employee must identify if they want to contribute their annual election amount equally over the remainder of the plan year (Y/N)

“Please indicate if you want to contribute your annual election amount through the end of the plan year.”

Text:

If you would like to contribute your deductions for the full annual elected amount over a *reduced* number of paychecks, please indicate when you would like your deductions to end. Your deductions cannot begin or be adjusted until after the qualifying Change In Status event has occurred, and any documentation (if needed) is submitted.

Text:

Take my last deduction from the payroll date closest to: *

Text Boxes:

Three text boxes will allow the employee to enter the month and date and year from which to take the last deduction.

The application will auto tab from the MM box to the DD box.

The application will auto tab from the DD box to the YYYY box.

Validations: Payroll Deduction Date Closest To

If the answer to the “distribute deductions over the year” is No, then the employee must answer the “payroll deduction date closest to” date.

- Alpha-numeric entries are not accepted
- The date entered must be a valid date (i.e., 12/33/1990 will not be accepted)
- Input must be in the format of the standardized date fields: 2 boxes (2n, 2n, 4n)
- This date cannot be less than two weeks from the date the enrollment application is being done.
- This date has to be within current plan year.

Error Messages (initiated when clicking Next Page):

If any of the above validations are not met, then the error message is:

"You have indicated that you want to contribute your annual election amount over a reduced number of payrolls. Please enter a valid date for the closest Payroll Deduction Date."

- Last Payroll Deduction Date (for CIS/NH 2016):
 - Cannot be less than two weeks from today.
“The Payroll Deduction Date cannot be less than two weeks from today.”
 - Cannot be greater than 11/30/2016
“The Payroll Deduction Date cannot be greater than 11/30/2016.”

Pended Logic:

If the employee was not found on the NPAY571 and is a NH or Return from LWOP, the entire application will be forced to pending mode.

In all cases where the application is in pending mode, the following text will display:

Text:

Your current Health Care Spending Account Annual Election Amount is in pended status.

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Non-Pended Logic:

The CIS employee's current Medical FSA election (the Annual Amount) will be read from the Current Coverage record on the FBWW back-end system and displayed.

The **Text** will be:

Your current HCSA Annual Election Amount is: \$[Annual Amount].

If the employee does not currently have a HCSA election on file (CIS or NH), there will not be any coverage on the FBWW back-end system.

In this case, the **Text** will be:

Your current Health Care Spending Account Annual Election Amount is: \$0.00.

FBWW will be responsible for ensuring the HCSA Current Coverage information is accurate on their back-end system.

- Current coverage information will be read from the FBWW back-end system each time the employee logs in to the WebAxis Enroll application, for employee enrollment.
- Current coverage information will be read from the FBWW back-end system each time the Administrator searches for and selects an employee to edit via the "Manage Primary Insured" functionality, for Administrator enrollment on behalf of an employee.

Text Box: New Annual Election Amount

This is a required field. There will be a dollar sign in front of the text box.

Text (after the text box, to the right):

(Whole Dollars, No Cents).

The application will validate for appropriate maximum and minimum.

Note: Allow the employee to reduce their annual election to less than what they've contributed already. For example, if somebody has already contributed \$2000, they can change their annual election to \$1000, etc.

The maximum and minimum amounts are as follows:

ENROLL –

2016: \$100 minimum and \$2,550 maximum

CHANGE –

2016: \$100 minimum and \$2,550 maximum

TERMINATE – The only entry allowed is \$0.00. TERMINATES are only allowed for employees who either go on leave without pay or end employment.

RESTART – The amount of the most recent election will only be displayed, not editable

Validations:

Refer to the Action/Reason Code + Change Event Reason chart. Some Event Reasons will only allow an increase; a decrease or both.

A New Annual Election amount is required (except for RESTART)

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“Please enter the New Annual Election Amount.”

Must be a whole number. If the user enters a value containing a decimal (indicating cents)
"Please enter the Annual Election Amount in whole dollars."

Annual Election Amount for **2016**

- When ENROLL or CHANGE coverage, cannot be less than \$100, and must be at least \$1.00 per paycheck for CHANGE requests if the employee has already contributed at least \$100 during the plan year.
 - If the user enters a value less than the minimum election
"The Annual Election Amount cannot be less than \$100."
- When ENROLL or CHANGE, cannot be greater than the annual maximum, \$2,550, and must be at least \$1.00 per paycheck for CHANGE requests if the employee has already contributed at least \$100 during the plan year.
 - If the user enters a value greater than the maximum election
"The Annual Election Amount cannot be over \$2,550."

Annual Contribution Amount for **2016**

- When TERMINATE coverage, must be \$0.00.
 - If the user enters a value other than \$0.00
"When terminating your account, the Annual Election Amount entered must be \$0.00."

Three Text Boxes: Change Event Date

The application will auto tab from the MM box to the DD box.

The application will auto tab from the DD box to the YYYY box.

Validations: Change Event Date:

- Alpha-numeric entries are not accepted
- The date entered must be a valid date (i.e., 12/33/1990 will not be accepted)
- Input must be in the format of the standardized date fields: 2 boxes (2n, 2n, 4n)
- If the user enters an invalid date or invalid characters in the date or does not fill data in all three date fields
"Please enter a valid Change Event Date."
- A change event date is required.
"Please enter a valid Change Event Date."
- If the HCSA Change Event Date is more than 60 days in the past or 60 days in the future:
"The Change Event Date cannot be more than 60 days in the past."
"The Change Event Date cannot be more than 60 days in the future."

Drop Down List: Change Event Reason

Refer to Page 8 for a full explanation of the Action/reason Codes and Event Reason business rules for HCSA.

Non-payroll related HCSA Event Reasons are:

- Marriage
- Divorce
- Legal Separation
- Annulment
- Death of spouse or dependent

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- Birth/adoption/placement for adoption of child
- Gain of spouse's/dependent's health insurance eligibility due to job change
- Loss of spouse's/dependent's health insurance eligibility due to job change
- Gain of dependent's health insurance eligibility by attaining a specified age, due to a change in marital or student status, or because of other allowable circumstances
- Loss of dependent's health insurance eligibility by attaining a specified age, due to a change in marital or student status, or because of other allowable circumstances

Payroll related HCSA Event Reasons are:

- You are taking an unpaid leave of absence
- You are returning from an unpaid leave of absence
- You are beginning state employment
- You are ending state employment

All Change Event Reasons will be displayed for the employee to select the most appropriate one for their situation. Then, if their requested change is not consistent with their event (for example they want to ENROLL due to the loss of a dependent), or If the employee selects a New Annual Election Amount that is not consistent with the Change Event Reason, they should receive an error message or the application should be disapproved. The error message should appear in a pop-up box with two (navigation) buttons at the bottom of the box that say "Return to Main Menu" and "Return to HCSA Page".

ENROLL –

- Marriage
- Birth/adoption/placement for adoption of child
- Loss of spouse's/dependent's health insurance eligibility due to job change
- Loss of dependent's health insurance eligibility by attaining a specified age, due to a change in marital or student status, or because of other allowable circumstances
- You are returning from an unpaid leave of absence
 - Note – This is only OK if there is no HCSA account in current plan year.
- You are beginning state employment

ENROLL Error message:

- When the Event Reason does not allow an enrollment:
You are not permitted to enroll in the HCSA for the Change Event Reason you indicated.

CHANGE –

- Marriage
 - Allow an increase
- Divorce
 - Only allow a decrease
- Legal Separation
 - Only allow a decrease
- Annulment
 - Only allow a decrease
- Death of spouse or dependent
 - Only allow a decrease
- Birth/adoption/placement for adoption of child
 - Only allow an increase

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- Gain of spouse's/dependent's health insurance eligibility due to job change
 - Only allow a decrease
- Loss of spouse's/dependent's health insurance eligibility due to job change
 - Only allow an increase
- Gain of dependent's health insurance eligibility by attaining a specified age, due to a change in marital or student status, or because of other allowable circumstances
 - Only allow a decrease
- Loss of spouse's/dependent's health insurance eligibility due to job change
 - Only allow an increase

CHANGE Error messages:

- When the Event Reason only allows an increase and the employee tries to decrease:
You are not permitted to decrease your HCSA election amount for the Change Event Reason you indicated.
- When the Event Reason only allows a decrease and the employee tries to increase:
You are not permitted to increase your HCSA election amount for the Change Event Reason you indicated.
- When the employee elects a \$0 annual election amount:
You must contribute a minimum of \$100 for the plan year. If you have already contributed \$100, you may elect \$1 biweekly for the remainder of the plan year.
- When the Event Reason does not permit a change to the annual election:
You are not permitted to change your HCSA for the Change Event Reason you indicated.

TERMINATE –

- You are taking an unpaid leave of absence
- You are ending state employment

TERMINATE Error message:

- When the Event Reason does not allow a termination:
You are not permitted to terminate your HCSA for the Change Event Reason you indicated.

RESTART –

- You are returning from an unpaid leave of absence
- You are beginning state employment
- Marriage
- Birth/adoption/placement for adoption of child
- Loss of spouse's/dependent's health insurance eligibility due to job change
- Loss of dependent's health insurance eligibility by attaining a specified age, due to a change in marital or student status, or because of any other circumstance

RESTART Error message:

- When the Event Reason does not allow a restart:
You are not permitted to restart your HCSA for the Change Event Reason you indicated.
- If the employee enters an amount other than the previous election:
You are only permitted to restart your HCSA for the same election that you had previously.

Validations:

A change event reason is required.

“Please select a valid Change Event Reason.”

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Pop Up:

If the employee selects a non-payroll Change Event (identified above) or a payroll-related Change Event that can't be verified from NPAY571 data, then a pop up message will appear advising the employee that documentation must be submitted to verify the Change Event.

The HCSA portion of the application will be marked as completed with a Documentation Due Flag.

“The Change Event Reason you selected requires that you submit documentation before we can approve your application. Please submit documentation to the vendor’s State of New York CIS Specialist for the Change Event Reason indicated above.”

HCSA – SoNY Type of application for CIS (for Export)

Behind the scenes, the application code will identify and record the “type” of application for HCSA as follows:

	“Type” of application for HCSA CIS only
CHGNEW	HCSA: Has a valid CIS action/reason code and the current coverage read brings back a value less than or equal to \$1.00 (does not have an HCSA). Selected HCSA in this enrollment session.
CHGCUR	HCSA: Has a valid CIS action/reason code and the current coverage read brings back a value of more than \$1.00 (has an HCSA). Selected HCSA in this enrollment session of at least \$1.00 per paycheck.
CHGTRM	HCSA: Has a valid CIS action/reason code and current coverage read brings back a value of more than \$1.00 (has an HCSA). Terminated HCSA in this enrollment session (now amount is equal to \$0.00).
NOCHG	Has a valid CIS action/reason code and did not make a change to their HCSA amount.
	“Type” of application for HCSA NH only
NEW	Has a valid NH action/reason code and does not have an HCSA. Selected HCSA in this enrollment session.
NOCHG	Has a valid NH action/reason code and did not make a change to their HCSA amount.

Navigation Buttons:

Previous Page: Routes the user to the CIS/NH Application Main Page

Next Page: Routes the user to the appropriate page, as follows:

- A New Hire is usually defined as having one of the action/reason code combinations below. However, there are other action/reason code combinations that could denote a New Hire, but the employee will be required to submit documentation to verify the event in those cases (see Action/Reason Code spreadsheet).
 - PAY/IHR
 - PAY/LIH
 - PAY/NEW

ENROLL:

RESTART:

Go to the CIS/NH Application Main Page. If RESTART, the card page does not appear.

CHANGE:

Go to the CIS/NH Application Main Page. If CHANGE, the card page does not appear.

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TERMINATE:

Go to the CIS/NH Application Main Page. If TERMINATE, the card page does not appear.

8. CIS/NH Application– Dependent Care Advantage Account Page

No documentation is required for DCAA CIS/NH events. There is no need to verify against Action/Reason codes provided on the NPAY571 or the Event Reason selected.

Text:

The Dependent Care Advantage Account (DCAA) helps you pay for custodial child care, elder care or disabled care expenses with pre-tax dollars in order for you and your spouse, if married, to be at work.

If your spouse is also a New York State employee and intends to enroll in the DCAAccount as well, then remember that both elections cannot total more than \$5,000 for the calendar year.

If your spouse is a full-time student or incapable of self-care, the maximum allowable contribution to the DCAAccount is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

Display: Negotiating Unit: [corresponding Negotiating Unit Code]

This value will be read from the NPAY571 file “negotiating unit”. It is display only, not editable.

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2016 FSA Eligibility for 410, 428, and 420

NEGOTIATING UNIT NAME	ACRONYM	BU Code #	ligible for 410 HCSA	ligible for 428 DCAA	ligible for 420 EC
New York State Correctional Officers & Police Benevolent Association, Inc	NYSCOPBA	01	YES	YES	YES
Civil Service Employees Association	CSEA	02	YES	YES	YES
Civil Service Employees Association	CSEA	03	YES	YES	YES
Civil Service Employees Association	CSEA	04	YES	YES	YES
Public Employees Federation	PEF or PS&T	05	YES	YES	TBD
Management Confidential	MC or M/C	06	YES	YES	YES
Police Benevolent Association – Troopers	PBA (Troopers)	07	YES	YES	Not Eligible
United University Professions	UUP	08	YES	YES	YES
Management Confidential State University of New York	M/C (SUNY)	13	YES	YES	YES
State University of New York Unassigned	None	14	YES	YES	Not Eligible
Police Benevolent Association – Commissioned & Non-Commissioned Officers	PBA (Supervisors)	17	YES	YES	Not Eligible
Management Confidential State Police	M/C (State Police)	18	YES	YES	YES
New York State Correctional Officers & Police Benevolent Association, Inc	NYSCOPBA	21	YES	YES	YES
Communication Workers State University of New York	GSEU	28	Not Eligible	YES	YES
Agency Police Services Unit	APSU	31	YES	YES	Not Eligible
Alfred Ceramics M/C	None	40	Not Eligible	YES	Not Eligible
Alfred Ceramics Prof Svcs	None	41	Not Eligible	YES	Not Eligible
Alfred Ceramics Non Prof Svcs	None	42	Not Eligible	YES	Not Eligible
Military and Naval Affairs Management/Confidential	M/C (DMNA)	46	YES	YES	YES
Military and Naval Affairs Unit	CSEA	47	YES	YES	YES
Management Confidential Commission on Investigation	None	52	YES	YES	YES
Council 82 Security Services Unit	COUNCIL 82	61	YES	YES	YES
New York State Police Investigators Association	NYSPIA or BCI	62	YES	YES	Not Eligible
Public Employment Relations Board (M/C)	PERB	66	YES	YES	YES
Rent Regulation Services	DC-37 or RRSU	67	YES	YES	YES
Lifeguards	LIF	68	YES	YES	YES-Permanent Part-time in Dept ID 51270 ONLY
Hourly Unassigned	None	71	Not Eligible	YES	Not Eligible
Legislature Ineligible M/C Ins	None	76	Not Eligible	YES	YES
Legislature	None	77	YES	YES	YES
Legislative Commissions	None	79	YES	YES	YES
Agency Law Enforcement Services (non-arbitration eligible)	ALES	81	YES	YES	Not Eligible
Unified Court System Management Confidential and Judges	M/C (Non-judicial)	86	YES	YES	Not Eligible
State Judiciary	CSEA (Judiciary)	87	YES	YES	Not Eligible
Unified Court System Unrepresented	None	88	YES	YES	Not Eligible
Council 82 Security Supervisors Unit (non-arbitration eligible)	COUNCIL 82	91	YES	YES	YES
State University Construction Fund Management Confidential	None	96	YES	YES	Not Eligible
State University Construction Fund	None	97	YES	YES	YES
Temporary State Commissions	None	98	YES	YES	Not Eligible
Not Cov'd Art 14 Civil Service Law	None	99	YES	YES	Not Eligible
Unified Court System New York City Unrepresented	M/C NYC	CT	YES	YES	Not Eligible
Unified Court System Ninth Judicial District	None	G9	YES	YES	Not Eligible
Unified Court System Nassau County	None	DR	YES	YES	Not Eligible
Unified Court System Suffolk County	None	F8	YES	YES	Not Eligible
Unified Court System New York City Senior Court Officers	SCO	SY	YES	YES	Not Eligible
Unified Court System Citywide Law Assistants	LATP	SA	YES	YES	Not Eligible
Unified Court System New York City Administrative Services	CWA	SD	YES	YES	Not Eligible
Unified Court System New York City Court Reporters	None	SG	YES	YES	Not Eligible
Unified Court System New York City Administrative, Librarian, Clerical and Support	DC-37 Local 1070	SK	YES	YES	Not Eligible
Unified Court System New York City Senior Court Attorneys	None	SN	YES	YES	Not Eligible
Unified Court System Court Officers	UCO	SR	YES	YES	Not Eligible

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Unified Court System New York City Court Clerks	Clerks	S9	YES	YES	<i>Not Eligible</i>
Environmental Facilities Corporation	EFC	34	YES	YES	YES
Energy Research and Development Authority	ERDA	06	YES	YES	YES
Liquidation Bureau	None	96	YES	YES	<i>Not Eligible</i>
Roswell Park Cancer Institute	RPCI	02,03,04, (05 TBD),06	YES	YES	YES- 05 TBD

Key:

YES = Eligible

410 = Health Care Spending Account

428 = Dependent Care Advantage Account

420 = Employer Contribution for Dependent Care Advantage Account

Please use updated matrix

Pended Logic:

If there was not a match for the employee on the NPAY571 file, the negotiating unit value will not be available. In this case, the display will be "Unknown".

Text and Display:

Your current Employee Election Amount for the DCAA is: \$ [value from FBWW]

Your current Employer Contribution Amount for the DCAA is: \$ [value from FBWW]

Your current DCAA Total Annual Amount is: \$ [value from FBWW]

You are eligible for an Employer Contribution of \$ [value from eligibility calculation].

Pended Logic:

If the employee was not found on the NPAY571 and is a NH or Return from LWOP, the application will be forced to pending mode.

In all cases where the application is in pending mode, the following text will display:

Text:

Your current Employee Election Amount for the DCAA is: \$ **Unknown.**

Your current Employer Contribution Amount for the DCAA is: \$ **Unknown.**

Your current DCAA Total Annual Amount is: \$ **Unknown.**

You are eligible for an Employer Contribution of \$ **Unknown.**

Text:

Do you want to distribute your annual election amount equally over the remainder of this plan year?*

Radio Buttons: Yes, No

Logic:

If the employee answers "No", then the employee must enter a date in the three text boxes to identify the date closest to the paycheck from which to have last deductions taken.

The date entered will appear on the confirmation page.

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Validations:

The Employee must identify if they want to distribute the annual election amount equally over the remainder of the plan year (Y/N)

“Please indicate if you want to contribute your annual election amount through the end of this plan year.”

Text:

If you would like to contribute your deductions for the full annual elected amount over a reduced number of paychecks, please indicate when you would like your deductions to end. Your deductions cannot begin or be adjusted until after the qualifying Change In Status event has occurred.

Text:

Take my last deduction from the payroll date *closest to*: *

Text Boxes:

Three text boxes will allow the employee to enter the month, date and year from which to take the last deduction.

The application will auto tab from the MM box to the DD box.

The application will auto tab from the DD box to the YYYY box.

Validations: Payroll Deduction Date Closest To

If the answer to the “distribute deductions over the year” is No, then the employee must answer the “payroll deduction date closest to” date.

- Alpha-numeric entries are not accepted
- The date entered must be a valid date (i.e., 12/33/1990 will not be accepted)
- Input must be in the format of the standardized date fields: 3 boxes (2n, 2n, 4n)
- This date cannot be less than two weeks from the date the enrollment application is being done.

Error Messages (initiated when clicking Next Page):

If any of the above validations are not met, then the error message is:

"You have indicated that you want to contribute your annual election amount over a reduced number of payrolls. Please enter a valid date for the closest Payroll Deduction Date."

- Last Payroll Deduction Date (for CIS/NH **2016**):
 - Cannot be less than two weeks from today.
“The Payroll Deduction Date cannot be less than two weeks from today.”
 - Cannot be greater than **11/30/2016**
“The Payroll Deduction Date cannot be greater than 11/30/2016.”

Text:

The IRS allows only the Qualifying Events for Change In Status (CIS) listed below and requires that you maintain legal documentation of the changes in your personal records. Examples of documentation include marriage, birth or death certificates; divorce decrees; notices of legal separation; proof of change in spouse's employment; adoption papers; verification of change of care provider or rate charged for services. You do not have to submit documentation for a DCAA CIS, but you should maintain these records in the event the IRS audits you.

Three Text Boxes: Change Event Date

The application will auto tab from the MM box to the DD box.

The application will auto tab from the DD box to the YYYY box.

Validations: Change Event Date:

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- Alpha-numeric entries are not accepted
- The date entered must be a valid date (i.e., 12/33/1990 will not be accepted)
- Input must be in the format of the standardized date fields: 3 boxes (2n, 2n, 4n)
- If the user enters an invalid date or invalid characters in the date or does not fill data in all three date fields
 “Please enter a valid Change Event Date.”
- A change event date is required.
 “Please enter a valid Change Event Date.”
- If the DCAA Change Event Date is more than 60 days in the past or 60 days in the future:
 “The Change Event Date cannot be more than 60 days in the past.”
 “The Change Event Date cannot be more than 60 days in the future.”

Drop Down List: Change Event Reason

The valid Change Event Reasons for DCAA are:

- Marriage
- Divorce or separation
- Death of a spouse or dependent
- Birth or adoption of a child
- Beginning/End of employment: you/spouse
- Dependent disability
- Change from part-time to full-time or vice versa: you/spouse
- Beginning/Return from leave of absence: you/spouse
- Change in work schedule: you/spouse
- Change in custody of a dependent
- Change in rate paid
- Change in care provider
- Dependent reaches age 13 (reduce or terminate only)
- Loss of another Dependent Care Assistance Program (DCAP) plan's coverage (Increase or enrollment only)
 - When the Event Reason only allows a decrease or termination and the employee tries to start or increase:
 You are not permitted to start a DCAA election or increase your current DCAA election amount for the Change Event Reason you indicated.
 - When the Event Reason only allows an increase or enrollment and the employee tries to terminate or decrease:
 You are not permitted to terminate a DCAA election or decrease your current DCAA election amount for the Change Event Reason you indicated.

ENROLL – CHANGE – TERMINATE - RESTART

Any of the Change Event Reasons listed above can be selected.

Validations:

A change event reason is required.

“Please enter a valid Change Event Reason.”

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Drop Down List: Tax Filing Status

The drop down list will require selection of one of these tax filing statuses:

- Single, Not Head of Household or Married
- Single, Head of Household
- Married, Filing Separately
- Married, Filing Separate, Maintaining Separate Residence for July 1–Dec. 31 – Max Election \$5,000
- Married, Filing Jointly

Validation:

If a drop-down list value has not been selected:
“Please select a Tax-Filing Status.”

Text:

Type of Care (you may select more than one):*

Check Boxes:

- Child Care
- Elder Care
- Disabled Care

Validations:

Type of Care is a required field.
“Please indicate a Type of Care.”

DCAA – FBWW/SoNY Type of application for CIS (for Export)

Behind the scenes, the application code must be able to identify and record the “type” of application for DCAA as follows:

	“Type” of application for DCAA CIS only
CHGNEW	DCAA: Has a valid CIS and current coverage read brings back a value equal to \$0.00 (does not have a DCAA). Selected DCAA in this enrollment session.
CHGCUR	DCAA: Has a valid CIS and current coverage read brings back a value of more than \$0.00 (has a DCAA). Selected DCAA in this enrollment session of more than \$0.00.
CHGTRM	DCAA: Has a valid CIS and current coverage read brings back a value of more than \$0.00 (has a DCAA). Terminated DCAA in this enrollment session (now amount is equal to \$0.00).
NOCHG	Has a valid CIS and did not make a change to their DCAA amount.

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	“Type” of application for DCAA NH only
NEW	Is a valid NH and does not have a DCAA. Selected DCAA in this enrollment session.
NOCHG	Is a valid NH and did not make a change to their DCAA amount.

Text:

The maximum is \$5000, including the Employer Contribution for which you may be eligible. If **you have an existing** DCAA account with an Employer Contribution and are making a change, remember to **include** your Employer Contribution amount (if eligible) as indicated below in your New DCAA Annual Elected Amount. If **you are applying for a new** DCAA account, **include** your Employer Contribution (if eligible) in your New DCAA Annual Elected Amount. If you are enrolling for solely the Employer Contribution (if eligible) enter that amount.

Text Box: New DCAA Election Amount

This is a required field. There will be a dollar sign in front of the text box.

This text: (Whole Dollars, No Cents) will be after the box, to the right.

The application will validate for appropriate maximum and minimum:

ENROLL –

- **2016:** No minimum and \$5,000.00 maximum

CHANGE –

- **2016:** No minimum and \$5,000.00 maximum

TERMINATE – No entry is allowed (set to \$0.00 behind the scenes)

- There will not be a place on this page to enter an annual amount, type of care, child care center or number of payrolls for deductions, etc.
- The current Annual Election Amount displays.
- The current Employer Contribution Amount (if any) displays.
- The Total Annual Election Amount displays.
- The employee is required to indicate the Event Date and Event Reason of the CIS event.

RESTART –

- **2016:** No minimum and \$5,000.00 maximum

Validations:

The Event Reason is required.
“Please select the Event Reason.”

The Event Date is required.
“Please enter the Event Date.”

- If these fields contain invalid characters or are entered in an unacceptable format:
“Please enter a valid Event Date.”

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A New DCAA Annual Election Amount is required.

“Please enter the New DCAA Annual Election Amount.”

The DCAA Annual Election Amount must be a whole number. If the user enters a value containing a decimal (indicating cents)

"Please enter the New DCAA Annual Election Amount in whole dollars."

- The minimum annual election amount is \$1 (regardless of the employer contribution).
 - When the employee is **eligible** for an Employer Contribution, then the annual election amount minimum is \$1. (They can't leave the page without entering something).
Warning message if the employee has entered a Total DCAA Annual Election Amount that is less than the amount of the EC for which he/she is eligible:
You have elected an amount less than the Employer Contribution amount for which you are eligible. You may change this amount up until the Office of the State Comptroller has processed your first paycheck with this change in status/new hire application. After that, your Employer Contribution cannot be increased even if you experience another change in status event.
- If the employee is **not eligible** for an Employer Contribution amount, then the annual election amount minimum is \$1.
 - If the user enters a value less than the minimum contribution
"The New DCAA Annual Election Amount cannot be less than \$1."
- If the employee has an Employer Contribution, the user enters a value that is greater than the maximum contribution for that status when the Employer Contribution is added and the tax filing status does not affect the maximum.
"The total of your New DCAA Annual Election Amount and the Employer Contribution Amount cannot exceed \$5,000."
- If the maximum is based on tax filing status, the employee has an Employer Contribution and the user enters a value that is greater than the maximum contribution for that status when the Employer Contribution is added.
"The total of your New DCAA Annual Election Amount and the Employer Contribution Amount cannot exceed \$2,500 when your tax filing status is 'Single, not Head of Household or Married Filing Separately'."
- If the maximum is based on tax filing status and the user enters a value that is greater than the maximum contribution for that status and there is no Employer Contribution.
"The New DCAA Annual Election Amount cannot exceed \$2,500 when your tax filing status is Married, Filing Separately or Single Not Head of Household."
- If the user enters a value greater than the maximum contribution and does not have an Employer Contribution and the tax filing status does not affect the maximum.
"The New DCAA Annual Election Amount cannot exceed \$5,000."

Display: Employer Contribution

The application will display the value from the eligibility calculation.

Employer Contribution Amount

- If the employee is not currently a participant in the DCAA (has not yet received an Employer Contribution in this plan year), and if the Negotiating Unit that the employee is tied to allows an Employer Contribution, then the employee is eligible for the Employer Contribution. In this case, the Employer Contribution Amount should display an Employer Contribution Amount.
"You are eligible for an Employer Contribution of [\$nnn]."

**–The Employer Contribution Amount should show for new Enrolls, Changes, and Restarts
this is not dependent on Action/Reason Codes**

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- If the employee currently has an Employer Contribution Amount, then they are not eligible for another Employer Contribution for the plan year.
“Your DCAAccount has previously been credited with the Employer Contribution Amount”
- If the employee is not currently a participant in the DCAA, and if the Negotiating Unit that the employee is tied to does not allow an Employer Contribution, then they are not eligible for the Employer Contribution. Instead, the display should be:
“You are not eligible for an Employer Contribution at this time.”

Pending Mode:

The application will display “Unknown” in the Employer Contribution.

Display: Employee Contribution

When the page is first displayed, this value will be one of the following:

- New Hire Action/Reason Code Employees:
 - \$0.00
- CIS Action/Reason Code Employees:
 - \$0.00 if the Employee did not previously have a DCAA account, or is not eligible for an Employer Contribution
 - The current Employer Contribution Amount
- **Pending Mode:** The application will display “Unknown” in the Employer Contribution.

After the employee enters the New DCAA Annual Election Amount, the application will display the **results** of this calculation for the Employee Contribution Amount.

New DCAA Annual Election Amount
(subtract) Employer Contribution Amount
Employee Contribution Amount

Note: The application needs to allow the employee to enter an amount in “New DCAA Annual Election Amount” that is less than the “Employer Contribution Amount”. Typically this would occur if the employee was allowed a specified Employer Contribution Amount, but didn’t want to accept the full amount. In this case, the Employee Contribution Amount would never be displayed as less than \$0.00.

Pending Mode:

The application will display “Unknown” in the Employer Contribution and in the Employee Contribution.

9. CIS/NH Application – Summary Page

If the enrollment is in a pending mode, this message appears at the top of the page

This application will be pended until we are able to verify your payroll information.

This is a summary page of the employee’s HCSA and DCAA CIS/NH Application elections.

All fields on this page are display only, with the exception of a question presented when an Employee is completing the enrollment session. The top of the Summary page contains static text:

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Text:

IMPORTANT! Please scroll to the bottom of this page, click SUBMIT to COMPLETE your enrollment application. Failure to do so means your enrollment elections/deductions will not occur.

Note: Please make sure that all information is correct before clicking on the "Submit" button at the bottom of the page.

Text:

Please review the following information that you have entered. If you need to change any information, use the Previous Page button to return to a previous page. After you have verified that all information is correct and selected "Yes" at the bottom of the page to agree to the terms and conditions, click on the Submit button at the bottom of the page to submit this application. If you do not click on the Submit button, your application will not be saved and any requested elections in either the Health Care Spending Account or the Dependent Care Advantage Account will not take effect. After you submit this application, you will receive a page with a confirmation number that indicates your application was submitted successfully.

The bottom of the Summary page contains static text for disclaimer information. The disclaimer text is listed in **Appendix D**.

9.1 CIS/NH Application - Summary Page Specifics

Text:

Employee Information

NYS EMPLID: N01234567

Name: John Q. Public III

Day Time Phone: (909) 999-9999

Email: JQP@aol.com

Note: The following section will only appear once on the Summary Page. The three examples below are representative of different election combinations.

Example 1: Employee who selected both HCSA and DCAA.

Health Care Spending Account (HCSA)

Date For Last Deduction (Payroll Closest To Date): [mm/dd/yyyy or N/A]

Your HCSA Election Amount is: **\$2,000.00**

This annual amount maybe reduced slightly due to rounding.

Change Event Date: 11/17/2015

Change Event Reason: Marriage

Dependent Care Advantage Account (DCAA)

Date For Last Deduction (Payroll Closest To Date): [mm/dd/yyyy or N/A]

Your Employee Contribution is: **\$1,700.00**

Your Employer Contribution is: **\$ 300.00**

Total DCAA Annual Election is: **\$ 2,000.00**

This annual amount maybe reduced slightly due to rounding.

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Change Event Date: 11/17/2015
Change Event Reason: Marriage

Example 2: Employee who selected HCSA and declined DCAA.

Health Care Spending Account (HCSA)

Date For Last Deduction (Payroll Closest To Date): [mm/dd/yyyy or N/A]

Your HCSA Election Amount is: **\$2,000.00**

This annual amount maybe reduced slightly due to rounding.

Change Event Date: 11/17/2015
Change Event Reason: Marriage

Dependent Care Advantage Account (DCAA)

You have waived participation in the Dependent Care Advantage Account.

Your total annual election for DCAA is \$0 and you will not be enrolled in the Dependent Care Advantage Account for 2016.

Change Event Date: 11/17/2015
Change Event Reason: Marriage

Example 3: Employee who declined HCSA and selected DCAA.

Health Care Spending Account (HCSA)

You have waived participation in the Health Care Spending Account.

Your total annual election for HCSA is \$0 and you will not be enrolled in the Health Care Spending Account for 2016.

Change Event Date: 11/17/2015
Change Event Reason: Marriage

Dependent Care Advantage Account (DCAA)

Date For Last Deduction (Payroll Closest To Date): [mm/dd/yyyy or N/A]

Your Employee Contribution is: **\$1,700.00**

Your Employer Contribution is: **\$ 300.00**

Total DCAA Annual Election is: **\$ 2,000.00**

This annual amount maybe reduced slightly due to rounding.

Change Event Date: 11/17/2015
Change Event Reason: Marriage

Example 4: Employee who only changed HCSA and did not change DCAA election.

Health Care Spending Account (HCSA)

Date For Last Deduction (Payroll Closest To Date): [mm/dd/yyyy or N/A]

Your HCSA Election Amount is: **\$2,000.00**

This annual amount maybe reduced slightly due to rounding.

Change Event Date: 11/21/2015
Change Event Reason: Marriage

Dependent Care Advantage Account (DCAA)

You have made no changes to your current DCAA annual election amount.

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If the application is in pending mode, and the employee has elected DCAA, the Employer Contribution displays “Unknown”. A message appears: If you are eligible for an Employer Contribution, the amount will be identified in your Confirmation Notice upon approval of your application.

Any additional or different text when application is pending mode?

Any additional or different logic when application is pending mode?

CIS/NH Application Summary Page Disclaimer Text:
Please refer to Appendix D

Radio Buttons and Text:

I agree to the above and verify that all personal information is correct.

Yes, No (no default)

9.2 CIS/NH Application- Summary Page Validations

One of the Yes/No radio buttons must be selected:
“Please indicate whether or not you accept the agreement.”

For the “I agree...” question, if the “No” radio button is selected, a pop up message appears:
“Selecting No will not enroll you in an FSA account.”

- The only option at this point is to click OK on the pop up message box.
- The control is returned to the Summary page.
- The employee is not permitted to Submit unless they answer Yes to the “I agree...” question.

9.3 CIS/NH Application – Summary Page Navigation Buttons

Navigation Buttons:

- **Previous Page:** Takes the user to the Main CIS/NH Enrollment page.
- **Submit:** When the employee answers Yes to the “I agree...” question and the enrollment is submitted, this routes the user to the Saved Successfully page.

10. CIS/NH Application – Saved Successfully Page

Header area:

The confirmation number will appear in the header area.

Text:

Please print a copy of this page and keep it for your records.

If the enrollment is in a pending mode, this message appears at the top of the page

This application will be pended until we are able to verify your payroll information.

Button:

Print This Page

Text:

Thank you for submitting your application. If you have supplied your email address, you will receive a message acknowledging the receipt of your application. If you have supplied your email address and do not receive a message acknowledging receipt of your application, you may have made an error in

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the email address you supplied in your application or your spam blocker has not been adjusted to accept email from fsa@goer.ny.gov. If my Change in Status application is approved, I understand that my election(s) will be in effect from the beginning of my eligibility period through the end of this plan year, unless I experience another Change in Status that would permit me to adjust my allocation, or that would require my termination from the plan.

I further understand that by completing and signing this form, I authorize the State to deduct the applicable DCAAccount and/or HCSAccount contributions in pre-tax dollars from my paycheck. These contributions can only be used to reimburse me for qualified dependent care expenses under the DCAAccount or for qualified health care expenses under the HCSAccount, incurred during my 2016 period(s) of coverage, and will be forfeited if not used for that plan year. I understand that my contributions to the DCAAccount cannot be transferred or commingled with my contributions to the HCSAccount and vice-versa.

For the DCAAccount, I understand that throughout the plan year reimbursements cannot exceed amounts credited to my account. For the HCSAccount, I understand that reimbursements cannot exceed the annual election amount for my new period of coverage.

If you are already participating in one or both of the accounts and have entered the RACE (direct deposit), you do not need to complete a new RACE form for the new plan year. If you do not already have direct deposit set up, you may click on Enter the RACE to get more information and/or to enter the RACE.

The bottom of the Saved Successfully page contains static text for disclaimer information. The disclaimer text is listed in **Appendix D**.

10.1 CIS/NH Application – Saved Successfully Page Specifics

The CIS/NH Application Saved Successfully page specifics are the same as the CIS/NH Enrollment Summary page, with these exceptions:

- Text at the top of each page varies
- The Saved Successfully page does not have “I accept” radio buttons
- The Saved Successfully page has navigation buttons for “Back To main” and “Log Out”

Navigation Button:

For Employees

Back To Main Menu: This takes the user to the Employee Main Menu.

Log Out: This takes the user to the SoNY login page.

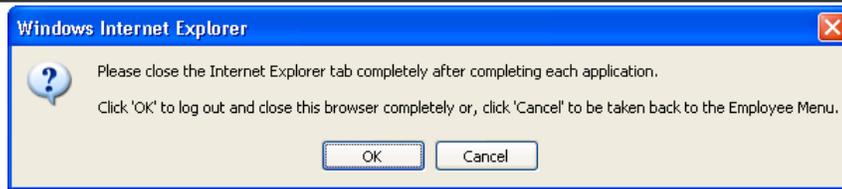
For Client Admins and Employees

Back To Main Menu: Displays a pop-up to remind the admin to close the browser after each enrollment.

Log Out: This takes the user to the SoNY login page.

NOTE: An issue was identified at the end of the 2009 OE with Internet Explorer 7.0 and above in that if the user opened multiple browsers or tabs IE treats it as the same session and employee demographics in the second window was overwritten with the employee demographics in the first window. SoNY requires a business rule/pop up to remind the user to close their browser after each enrollment. to resolve this issue

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Navigation Button:

- If the user clicks the 'OK' button in the pop-up message they will be logged out of the application and the browser will be closed.
- If the user clicks the 'Cancel' button they will be returned to the main menu.

Appendix A: Changes to Application (By Client)

1. SoNY requires that the new NY State Banner be added to the top of the existing Flex Spending Account Banner on the SoNY OE and CIS/NH online enrollment application forms. The new NY State Banner will not be added to the admin screens
2. All error messages - increased font size to 11 pt and BOLD.
3. Per pay rounding should always be rounded down.
4. Remove the "Log Out" link at the top of the HCSA application page, the DCAA application page, and the Summary Page for both the OE and CIS/NH forms. This will prevent employees from accidentally logging out without submitting their applications.
5. Add a pop-up error message if an employee clicks on the "Main Menu" link without submitting their application. This will warn employees that their application has not been submitted.
 - If the user clicks the 'OK' button in the pop-up message they will be returned to the main menu and the enrollment transaction will not be saved.
 - If the user clicks the 'Cancel' button they will be returned to the current page and allowed to proceed with the enrollment transaction.



1. SoNY requires that the Employee Name be added to the left side of the OE pages, under the progress bar.
2. Add the ET label after the time on all pages.
3. **CR 6910.003** – Add pop up message when user closes browser while in the middle of an enrollment application to help prevent the user from inadvertently losing enrollment data entered.

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“Warning: By clicking your browser button to close, your application for the 2016 plan year is incomplete and any HCSA or DCAA elections you made during this Open Enrollment session will be lost. If you do not wish to close out this Enrollment session, select “Cancel.”

- If the user selects the ‘OK’ button the browser will close and any data entered in the application will not be saved.
- If the user selects the ‘Cancel’ button the pop-up message will close and the user will remain on the current page and allowed to continue the enrollment.

9. In the header at the top of each enrollment screen displays: “One Program ~ Two Benefits.”

Appendix D: Email Notification Workflow and Confirmation

D1 Email Notification

When an employee submits their application request, the following fields are passed to workflow:

- Employee Name (First, Middle, Last, Suffix)
- Employee’s email address
 - If the email address exists, then a customized email is sent to the employee.
 - If the email address does not exist, then no email notification is sent.
- The originating email address is: **fsa@goer.ny.gov**
- The Salutation is:
[First Name, e.g., Jane] [Last Name, e.g., Public].

Each enrollment type will have a different subject line, as follows:

- CIS/NH subject line:
 - Acknowledgement of FSA Change in Status/New Hire Application
- Pended CIS/NH subject line:
 - Your FSA Change in Status/New Hire Application Is Pending

D2 Change In Status/New Hire Email Text -

This email acknowledges receipt of your Change in Status or New Hire 2016 Flex Spending Account application.

When your Change in Status/New Hire application is approved, you will receive your confirmation notice in the mail.

If there are any problems with your application or if you are ineligible, we will contact you.

If you are enrolling or changing your current annual election for the Health Care Spending Account due to a Change in Status, you may be required to provide documentation of the Change in Status event. Your deductions and new eligibility period will not begin or change until your documentation is received.

You do not have to submit documentation for the Dependent Care Advantage Account, but you should maintain these records in the event the IRS audits you. The IRS requires that you maintain legal documentation of the changes in your personal records. Examples of documentation include marriage, birth, or death certificates; divorce decrees; notices of legal separation; proof of change in spouse's employment; adoption papers; verification of change of care provider or rate charged for services.

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Thank you for participating in the 2016 Flex Spending Account Change in Status/New Hire application process.

We look forward to serving you in 2016.

D3 Pended - Change In Status/New Hire Email Text

This email acknowledges receipt of your Change in Status or New Hire 2016 Flex Spending Account application. Your application will be pended until we can verify your payroll information or we receive your required documentation, if applicable.

When your Change in Status/New Hire application is approved, you will receive your confirmation notice in the mail. If there are any problems with your application or if you are ineligible, we will contact you.

If you are enrolling or changing your current annual election for the Health Care Spending Account due to a Change in Status, you may be required to provide documentation of the Change in Status event. Your deductions and new eligibility period will not begin or change until your documentation is received.

You do not have to submit documentation for the Dependent Care Advantage Account, but you should maintain these records in the event the IRS audits you. The IRS requires that you maintain legal documentation of the changes in your personal records. Examples of documentation include marriage, birth, or death certificates; divorce decrees; notices of legal separation; proof of change in spouse's employment; adoption papers; verification of change of care provider or rate charged for services.

Thank you for participating in the 2016 Flex Spending Account Change in Status/New Hire application process.

We look forward to serving you in 2016.

Appendix E: Change In Status/New Hire Disclaimer Text

This text will appear at the bottom of the Summary page and the Saved Successfully page when an Employee is completing the enrollment session.

Change In Status Disclaimer Text:

I have read the Flex Spending Account (FSA) enrollment information available to me and have elected to enroll, make a change to, or terminate my enrollment in either the Dependent Care Advantage Account (DCAAccount), the Health Care Spending Account (HCSAccount), or both accounts. I affirm that the information I have provided for this application is correct and I am eligible to participate in either one or both plans. I understand that the FSA administrator (Fringe Benefits Management Company, a Division of WageWorks) and my employer (New York State) will use the information I have provided in my application to verify my eligibility to participate in either or both of these benefits. If my Change in Status/New Hire application is approved, I understand that my election(s) will be in effect from the beginning of my eligibility period through the end of this plan year, unless I experience

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another Change in Status that would permit me to adjust my allocation, or that would require my termination from the plan.

I further understand that by agreeing to these terms, I authorize the State to deduct the applicable DCAAccount and/or HCSAccount contributions in pre-tax dollars from my paycheck. These contributions can only be used to reimburse me for qualified dependent care expenses under the DCAAccount or for qualified health care expenses under the HCSAccount, incurred during my 2016 period of coverage, and will be forfeited if not used for that plan year. I understand that my contributions to the DCAAccount cannot be transferred or commingled with my contributions to the HCSAccount and vice-versa.

For the DCAAccount, I understand that throughout the plan year reimbursements may not exceed amounts credited to my account. For the HCSAccount, I understand that reimbursements cannot exceed the annual election amount for my new period of coverage.

Appendix F: Documentation Due Workflow Changes

Reason for Change:

During testing of the SoNY CIS/NH export process it was discovered that the HCSA transactions with the pend type of Documentation Due were not being sent on the export file. There was email correspondence stating these transactions would be sent on the export with the doc due flag set to 'Y'. This correspondence did not get updated into the CIS/NH Specification document and was not implemented in the CIS/NH functionality delivered to AT for client user acceptance testing.

The current workflow process for the Documentation Due transactions are:

- 1) Transactions submitted through the online CIS/NH application that require documentation are set to a 'pend' status and placed in the Manage Group Pended Queue with a pend type of Doc Due.
- 2) Once documentation is received, the client pulls the transaction up in the pended queue and enters the date the doc was received, comments and then submits the transaction which is then saved to the database as a completed transaction.

The issue is that these documents are not considered true 'pends' as are the transactions pended for as No Match, Duplicate, NU08 or Unexpected A/R Code. These transactions are completed transactions that should be sent on the export file with the doc due flag set to 'Y' so that FBWW can send out a Documentation Due Letter to the employee.

The new workflow process for the Documentation Due transactions will be:

- 1) Transactions submitted through the online CIS/NH application that require documentation will be marked as completed and sent on the Export file with the Doc Due flag set to 'Y'.
- 2) The vendor will keep track of those transactions in a spreadsheet and send Documentation Due letters to the employee.
- 3) The vendor will create a new menu item on the Group Menu called 'Manage HCSA Doc Due Information' that will allow FBWW to enter the Date Received for the documentation and any associated comments for the transaction.
- 4) The vendor will also change the Doc Due Flag from 'Y' to 'N' in the backend Common Remitter system.

Description of Change:

1. Change the CIS/NH application logic to not pend the documentation due transactions, set the DOC DUE flag to 'Y' for the export and mark the transaction as completed.

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2. Remove the HCSA Doc Due selection from the drop down box on the Group Manage Pended Transactions and View Pended Transaction Reports.
3. The vendor will create a new menu link and application process to allow the client to go in the online system, search on an employee, pick the appropriate application and enter the documentation received date and any associated comments.
4. Add 'Documentation Due' display to View My Saved Enrollment Applications on the employee menu for transactions that have outstanding documentation due.
5. Add logic in the application that once the admin enters the Date Received for a transaction with documentation due the 'Documentation Due' statement will no longer display for that transaction in the View My Saved Enrollment Applications on the employee menu.

NOTE:

The functionality to not pend the Doc Due transactions and send the Doc Due flag on the export was part of the original requirements for CIS/NH and the changes described above will be made at no cost to the client.

Assumptions: Once the transaction is marked as completed and the DOC DUE flag set to 'Y' in the database the DOC DUE flag will not be changed to 'N'. When the admin user searches on an employee with HCSA Doc Due transactions all HCSA Doc Due transactions saved in the database for that employee will be returned. The admin user will need to select to which HCSA Doc Due transactions they want to manage.

SoNY Group Administrator Manage Pended Applications Specification

Introduction

Document Purpose

The purpose of this document is to define the requirements for the Group Administrator functionality to review, select/match or delete pending enrollments. This functionality is specific to the State of New York (SoNY).

Items for this portion of the project include but are not limited to:

- A Group Administrator Menu Item: Manage Pending Enrollments
- A new page: Search For Pending Enrollments/Applications
- A new page: Search Results For Pending Enrollments/Applications
- A new page: Match NPAY571
- A new page: Disapprove Reason/Other Comments
- A new page: View NPAY571 and Application (Negotiating Unit 08 Pends)
- A new page: Negotiating Unit 08 – Approve
- A new page: Negotiating Unit 08 - Disapprove
- A new page: Enter date HCSA Documentation Received – Approve
- A new page: Enter date HCSA Documentation Due – Disapprove

Document Scope

This document includes items such as page layout, field specifics, navigation and business rule logic that will be used for the design phase.

Audience

The audience for this document is the SoNY project acceptance team.

1. Group Administrator Main Menu - Manage Pending Enrollments/Applications – New Menu Item

The Group Administrator will be given access to a new menu item in the Manage Enrollment section. The new menu option will be named Manage Pending Enrollments/Applications.

The vendor will grant the menu access to the Client Administrators and the Client Administrators will grant the menu access to the Group Administrators.

2. Search For Pending Enrollments/Applications Page

Open Enrollment and CIS/NH applications may be pending because full business rules could not be applied for one of these reasons:

- No Match:
 - The employee's information could not be found on the NPAY571 file.
 - This pending reason requires an Administrator's review and decision to either disapprove the application or select a matching NPAY571 record and complete the application.
 - This could be for an Open Enrollment or a CIS/NH Application.
- Negotiating Unit 08 Pending:
 - A SoNY specific business rule forces the HCSA portion of the application to pending.
 - **Note:** this is **not** the same as "HCSA pending for documentation" based on the Change Event selected by the employee.
 - This pending reason requires an Administrator's review and decision to either disapprove the application or accept the application.
 - This could be for an Open Enrollment or a CIS/NH Application.

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- HCSA Documentation Due:
 - Some HCSA Change in Status applications require documentation to be sent in by the employee before it can be approved. Based on the HCSA CIS/NH Chart provided by SoNY, a specific event reason could cause the HCSA portion of the application to be pended for documentation.
 - This is only for a CIS/NH Application.
 - This pend reason requires an Administrator's review and decision to either approve or disapprove the application. There should also be a data entry field for the Administrator to enter the date the documentation was received for the application.
- Unexpected Action/Reason Code:
 - This pend reason is assigned when the employee attempts to enroll in HCSA. The Action/Reason code combination in the NPAY571 is checked against the entire chart supplied by SoNY. If the Action/Reason code combination in the employee's NPAY571 does not exist in the list, then the employee is allowed to enroll with minimum business rules & they will pend for this reason.

The Search For Pended Applications page will allow an administrator to enter selection criteria for an enrollment type, a pend type and a date range.

This page will have today's date in the top left hand side of the header bar.

Header:

Search For Pended Enrollments/Applications

Enrollment Type Drop Down List:

Open Enrollment

CIS/NH Application – HCSA and DCAA

CIS/NH – HCSA Only

CIS/NH – DCAA Only (This selection will only have a subset of Pend Types, see below.)

When the Open Enrollment application is submitted, the program will store the "type" of enrollment application(s) included in the application: HCSA, DCAA or Both. This value will be used in the Administrator Manage Pended Enrollment Applications Search Results screens.

The current process requires that the Open Enrollment application must either be approved or disapproved in whole. This is because each enrollment will completely overwrite the previous enrollment.

Pended Type Drop Down List:

These values will display when Open Enrollment has been selected as the Enrollment Type:

- All Records
- No Match
- HCSA Negotiating Unit 08 Pend

These values will display when "CIS/NH - HCSA and DCAA" or "CIS/NH - HCSA Only" has been selected as the Enrollment Type.

- All Records
- No Match
- HCSA Negotiating Unit 08 Pend
- HCSA Documentation Due
 - This selection is for the vendor's internal use only. SoNY would see the "pend" reason in the drop down list, but not ever need to select it.
- Unexpected Action/Reason Code

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These values will display when “CIS/NH - DCAA Only” has been selected as the Enrollment Type.

- All Records
- No Match

Text:

Enter a date range (From Date/To Date) or a NYS Employee ID Number (EMPLID).

Date Text Boxes:

From Date: [mm] [dd] [yyyy]

- Upon entry of the first 2 numbers, the application will automatically tab to the next field, etc.

To Date: [mm] [dd] [yyyy]

- Upon entry of the first 2 numbers, the application will automatically tab to the next field, etc.

Text:

Validations and Error Messages:

An Enrollment Type must be selected.
Please select an Enrollment Type.

A Pended Type must be selected.
Please select a Pended Type.

Either a From/To Date range must be specified **OR** EMPLID must be specified.
If none of the date fields or the EMPLID fields are entered:
Please enter a valid From Date and To Date **or** enter a valid EMPLID.

When a From Date is entered, it must be in the correct MM-DD-YYYY format.
Please enter a valid From Date.

When a To Date is entered, it must be in the correct MM-DD-YYYY format.
Please enter a valid To Date.

When an EMPLID is entered, it must be in the correct 9 character alpha/numeric format.
Please enter a valid EMPLID.

Navigation Buttons:

Cancel: Returns the user to the Group Administrator Main Menu

Search: Validates entries and then initiates the search.

3. Pended Applications Search Results Page – No Items Found

After successful validation of all entries on the Search for Pended Applications page, the application will initiate a search based on the parameters entered.

For all enrollment types and pend types, if the search results do not return any data:
No items were selected based on the search criteria. Please return to the search page and try again.

Navigation Button:

Previous page: Returns the user to the Search For Pended Enrollments/Applications

4. Pended Applications Search Results Page – No Match Pend Types Only

Header:

For Open Enrollment:

Select Pended Enrollments/Applications – Open Enrollment Applications

For CIS/NH Applications:

Select Pended Enrollments/Applications – CIS/NH Applications

For Open Enrollment and CIS/NH Applications and Pend Types “No Match”:

If the search results return data, then these column headings will appear, with corresponding data displayed. The Benefit Type – HCSA and DCAA – will be added as an extra column for Open Enrollment and CIS/NH.

EMPLID
Name
Pend Type
Date
Benefit Type

The page will have an additional column heading (**Action**) that will display the following links:

Match NPAY571

Navigation (button/links):

Previous Page: This button takes the user to the previous page, the Search For Pended Applications page.

Match NPAY571: This link initiates the search for the most recent corresponding NPAY571 records and then takes the user to the Match NPAY571 page.

View NPAY571 and Application: This link is displayed for Negotiating Unit 08 pends only. This link initiates the search for the most recent corresponding NPAY571 records and then takes the user to the View NPAY571 and Application page.

5. Match NPAY571 Page – No Match Pend Types Only – No Search Results

Header:

Match NPAY571

This page displays after the user clicks the link View/Select NPAY571 on the Pended Applications Search Results page and there are no search results.

If the search results do not return any NPAY571 data:

There is no match in the NPAY571 file for this employee.

In this case, Previous Page is the only Navigation Button displayed.

6. Match NPAY571 Page – No Match Pend Types Only

This page displays after the user clicks the link Match NPAY571 on the Pended Applications Search Results page and there are search results.

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Header:

Match NPAY571

These column headings will appear with data retrieved from the database. The Benefit Type – HCSA and DCAA – will be added as an extra column for Open Enrollment and CIS/NH.

EMPLID

Name

Pend Type

Date

Benefit Type

The corresponding NPAY571 record(s) will display these data field headings and data:

9 character alpha/numeric EMPLID

Employee Record Number

Employee Status

Department ID

NYS Bargaining Unit

Employee Work Percentage

NYS Pay Basis Code

FT Annual Salary/Compensation Rate

Action/Reason Code

Effective Date

NYS Regular/Temp

Pay Cycle

Employee Grouping Number

Processing Unit

Radio Button(s):

Each NPAY571 record will have a corresponding radio button. The application will only allow selection of one radio button.

Navigation Buttons:

Cancel: The Cancel button returns the user to the Pended Applications Search Results page.

Approve: Clicking this button will validate that one NPAY571 has been selected and then route the user to the employee's enrollment application. (See Logic below).

Disapprove: Clicking this button routes the user to the Disapprove Reason/Other Comments page.

Validation:

If the user clicks Submit and an NPAY571 has not been selected:

Please select an NPAY571 record.

Logic:

- Upon clicking Approve from the Match NPAY571 page:
 - The Administrator Login ID who made the match is recorded
 - The Date & Time the match was made is recorded
 - The specific NPAY571 FBMC Record Number that the Administrator selected is recorded
- The **employee's enrollment session** will be presented.
 - The Administrator will complete the enrollment with full business rules applied based on the matched NPAY571.
 - Upon submitting the enrollment, the enrollment session is completed and no longer considered pended.
 - The employee's enrollment/application in My Saved Enrollment Applications will display "Completed" (or clear the "Pended..." description?)
 - The next export will pick up this completed application.

- If there are additional Search Results when the Administrator completes the enrollment, the application returns the user to the Pended Applications Search Results page. If there are no additional Search Results when the Administrator completes the enrollment, the application returns the user to the Pended Applications Search page.

7. Disapprove Reason/Other Comments Page – No Match Pend Types Only

Header:

Disapprove Pended Enrollment/Application

This page allows the Administrator to disapprove a pended No Match application. The page requires entry of a disapprove reason description.

Text Box:

Allow entry of up to 500 characters of a reason description.
This text entry is required if the user wants to submit this page.

Text:

Below the text box, in bold red:
You must click Submit to Disapprove this application.

Validation:

If no reason text is entered:
Please enter the Disapprove reason description.

Logic:

Upon a Submit from the Disapprove Pended Application page:

- The Administrator Login ID who made the match is recorded
- The Date & Time the match was made is recorded
- The enrollment session is considered disapproved.
- The employee's enrollment/application in My Saved Enrollment Applications will display "Disapproved"
- The application is considered closed and will never be exported.

Navigation Buttons:

Cancel: If there are additional Search Results, the Cancel button returns the user to the Pended Applications Search Results page. If there are no additional Search Results, the Cancel button returns the user to the Pended Applications Search page.

Submit: This button validates that text has been entered, marks the application as disapproved, and then takes the user to the Pended Applications Search Results page if there are additional Search Results. If there are no additional Search Results, the application takes the user to the Pended Applications Search Page.

The current manual process of sending disapproval letters to the employees will remain in place.
(The vendor has assigned a single individual to manage this part of the process.)

8. Pended Applications Search Results Page – HCSA Documentation Due Only

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Header:

For Open Enrollment:

Select Pended Enrollments/Applications – Open Enrollment Applications

For CIS/NH Applications:

Select Pended Enrollments/Applications – CIS/NH Applications

Note: This page is the same as the previously documented “Select Pended Enrollments/Applications – CIS/NH Applications” page. Although the header bar will change for OE versus CIS/NH, it will not change for the particular pend type displayed. This is because there could be a mixture of pend types in the search results.

For CIS/NH Applications and Pend Type “HCSA Documentation Due”:

If the search results return data, then these column headings will appear, with corresponding data displayed.

EMPLID
Name
Pend Type
Date Submitted

The page will have an additional column heading (**Action**) that will display the following links:

Approve
Disapprove

Navigation (button/links):

Previous Page: This button takes the user to the previous page, the Search For Pended Applications page.

Approve: This link takes the user to the Approve Application - HCSA Documentation Received Date page.

Disapprove: This link takes the user to the Disapprove Application - HCSA Documentation Due page.

9. Approve Application -HCSA Documentation Received Page – HCSA Documentation Due Only

This page allows the Administrator to enter the date that the documentation was received for an HCSA Documentation Due pended application. Additionally, comments may be entered on this page.

Header:

Approve Application - HCSA Documentation Received Date

Date Text Boxes:

Date Documentation Received:* [mm] [dd] [yyyy]

- Upon entry of the first 2 numbers, the application will automatically tab to the next field, etc.
- This entry is required if the user wants to submit this page.

Validation:

If no Date Documentation Received is entered, or if the date format is invalid:

Please enter a valid Date Documentation Received.

Text Box:

Allow entry of up to 500 characters of comments.

This text entry is not required.

Text:

Below the text box, in bold red:

You must click Submit to Disapprove this application.

Logic:

Upon a Submit from the Approve Application -- HCSA Documentation Received page:

- The employee's HCSA enrollment session is changed from "HCSA Documentation Due" to "Approved"
 - The status of the enrollment is displayed in My Saved Enrollment Applications in the employee interface
- The Admin Login ID who released the application is recorded
- The Date & Time the application is released is recorded
- The Comments (if entered) are saved.

Navigation Buttons:

Previous Page: If there are additional Search Results, the Previous Page button returns the user to the Pended Applications Search Results page. If there are no additional Search Results, the Previous Page button returns the user to the Pended Applications Search page.

Submit: This button validates that a Documentation Received Date has been entered and then marks the application as completed. If there are additional Search Results, the Submit button returns the user to the Pended Applications Search Results page. If there are no additional Search Results, the Submit button returns the user to the Pended Applications Search page.

The current manual process of sending letters to the employees will remain in place. (The vendor has assigned a single individual to manage this part of the process.)

10. Disapprove Application - HCSA Documentation Due Page – HCSA Documentation Due Only

This page allows the Administrator to disapprove a pended HCSA Documentation Due application. The page requires entry of a disapprove reason description. An optional date documentation received field is included on the page.

Header:

Disapprove Application - HCSA Documentation Due

Date Text Boxes:

Date Documentation Received:* [mm] [dd] [yyyy]

- Upon entry of the first 2 numbers, the application will automatically tab to the next field, etc.
- This entry is required if the user wants to submit this page.

Validation:

None. This field can remain blank since employees do not always submit documentation.

Text Box:

Allow entry of up to 500 characters of a reason description.

This text entry is required if the user wants to submit this page.

Text:

Below the text box, in bold red:

You must click Submit to Disapprove this application.

Validation:

If no reason text is entered:

Please enter the disapprove reason description.

Logic:

Upon a Submit from the Disapprove Application -- HCSA Documentation Due page:

- The Employee's HCSA enrollment session is changed from "HCSA Documentation Due" to "Disapproved".
 - The HCSA portion of the enrollment will display "Disapproved" in My Saved Enrollment Applications in the employee interface.
- The Admin Login ID who submitted the Disapprove is recorded.
- The Date & Time the Disapprove was made is recorded.
- This HCSA enrollment application is considered "closed"

Navigation Buttons:

Cancel: If there are additional Search Results, the Cancel button returns the user to the Pended Applications Search Results page. If there are no additional Search Results, the Previous Page button returns the user to the Pended Applications Search page.

Submit: This button validates that text has been entered and then marks the application as disapproved. If there are additional Search Results, the Submit button returns the user to the Pended Applications Search Results page. If there are no additional Search Results, the Previous Page button returns the user to the Pended Applications Search page.

The current manual process of sending letters to the employees will remain in place. (The vendor has assigned a single individual to manage this part of the process.)

11. Pended Applications Search Results Page – Negotiating Unit 08 Pended Application Page

Header:

For Open Enrollment:

Select Pended Enrollments/Applications – Open Enrollment Applications

For CIS/NH Applications:

Select Pended Enrollments/Applications – CIS/NH Applications

Note: This page is the same as the previously documented "Select Pended Enrollments/Applications – CIS/NH Applications" page. Although the header bar will change for OE versus CIS/NH, it will not change for the particular pend type displayed. This is because there could be a mixture of pend types in the search results.

The HCSA NU 08 Pend:

Applies to Open Enrollment and CIS/NH applications.

Needs to display the NPAY571 information and the application.

Needs to provide an ability to Approve or Disapprove

For Open Enrollment and CIS/NH Applications with Pend Type "Negotiating Unit 08":

If the search results return data, then these column headings will appear, with corresponding data displayed.

EMPLID
Name
Pend Type

Date Submitted

The page will have an additional column heading (**Action**) that will display the following link:

View NPAY571 and Application

Navigation:

Previous Page: This button takes the user to the previous page, the Search For Pended Applications page.

View NPAY571 and Application: This link takes the user to the View NPAY571 and Application page.

12. Negotiating Unit 08 Pend – View NPAY571 and Application

This page contains the NPAY571 and the summary/submission successful information from the application.

- Please refer to the Open Enrollment and CIS/NH Application specifications for full details of the requirements for the application portion of this page.
- The NPAY571 information will be displayed in the same format as previously described for other pages in the Administrator interface.

This page will always have an HCSA section.

Radio Buttons (no default):

Approve HCSA

Disapprove HCSA

Validation:

If no radio button is selected for HCSA:

You must either approve or disapprove the HCSA application.

Text Box label “Approve/Disapprove Reason Comments”:

Allow entry of up to 500 characters of comments.

This text entry is required if the user wants to submit this page.

Validation:

If no text is entered:

Please enter comments indicating the reason why the HCSA application is being approved/disapproved.

Text:

At the bottom of the page in bold red:

You must click Submit to complete the Approval/Disapproval process for this application.

This page may have a DCAA section when the application is for Open Enrollment.

Radio Buttons (no default):

Approve DCAA

Disapprove DCAA

Validation:

If no radio button is selected for DCAA:

You must either approve or disapprove the DCAA application.

Text Box label “Approve/Disapprove Reason Comments”:

Allow entry of up to 500 characters of comments.

This text entry is required if the user wants to submit this page.

Validation:

If no text is entered:

Please enter comments indicating the reason why the DCAA application is being approved/disapproved.

Text:

At the bottom of the page in bold red:

You must click Submit to complete the Approval/Disapproval process for this application.

Navigation Buttons:

Cancel: If there are additional Search Results, the Cancel button returns the user to the Pended Applications Search Results page. If there are no additional Search Results, the Previous Page button returns the user to the Pended Applications Search page.

Navigation Buttons:

Submit:

Upon clicking Submit, when there is **only an HCSA selection** for the enrollment, and it has been approved on the NU 08 View NPAY571 and Application page:

- The employee’s HCSA enrollment session is changed from “Pended for Further Research” to “Approved”.
- The application is moved from the “Pended” section of My Saved Enrollment Applications in the employee interface to the “Approved” section.
- The next export will pick up this application.

Upon clicking Submit, when there is **only an HCSA selection** for the enrollment, and it has been Disapproved on the NU 08 View NPAY571 and Application page:

- The employee’s HCSA enrollment session is changed from “Pended for Further Research” to “Disapproved”.
- The application is moved from the “Pended” section of My Saved Enrollment Applications in the employee interface to the “Disapproved” section. This application is considered “closed” and will never be exported.

For both Approve and Disapprove:

- The Admin Login ID who submitted the page is recorded.
- The Date & Time the page is submitted is recorded
- The Comments are saved (they are required).

Upon clicking Submit, when there is **both an HCSA selection and a DCAA selection** for the enrollment, and both have been Approved on the NU 08 View NPAY571 and Application page:

- The employee’s entire enrollment session is changed from “Pended for Further Research” to “Approved”. The application is moved from the “Pended” section of My Saved Enrollment Applications in the employee interface to the “Approved” section.
- The next export will pick up this application.

Upon clicking Submit, when there is **both an HCSA selection and a DCAA selection** for the enrollment, and both have been Disapproved on the NU 08 View NPAY571 and Application page:

- The employee’s entire enrollment session is changed from “Pended for Further Research” to “Disapproved”.
- The application is moved from the “Pended” section of My Saved Enrollment Applications in the employee interface to the “Disapproved” section. This application is considered “closed” and will never be exported.

Upon clicking Submit, when there is **both an HCSA selection and a DCAA selection** for the enrollment, and one has been Approved and the other has been Disapproved on the NU 08 View NPAY571 and Application page:

- The employee's entire enrollment session is changed from "Pended for Further Research" to "Approved".
- The application is moved from the "Pended" section of My Saved Enrollment Applications in the employee interface to the "Approved" section
- The next export will pick up this application.

For both Approve and Disapprove:

- The Admin Login ID who submitted the page is recorded.
- The Date & Time the page is submitted is recorded.
- The Comments are saved (they are required).

This button validates that comments have been entered and then marks the application as completed. If there are additional Search Results, the Submit button returns the user to the Pended Applications Search Results page. If there are no additional Search Results, the Submit button returns the user to the Pended Applications Search page.

The current manual process of sending letters to the employees will remain in place. The vendor has assigned a single individual to manage this part of the process.

13. Pended Applications Search Results Page – Unexpected Action/Reason Code Pended Application Page

Header:

Select Pended Enrollments/Applications – CIS/NH Applications

The HCSA NU 08 Pend:

Applies to Open Enrollment and CIS/NH applications.
Needs to display the NPAY571 information and the application.
Needs to provide an ability to Approve or Disapprove

For Open Enrollment and CIS/NH Applications with Pend Type "Unexpected Action/Reason Code":

If the search results return data, then these column headings will appear, with corresponding data displayed.

EMPLID
Name
Pend Type
Date Submitted

The page will have an additional column heading (**Action**) that will display the following link:

View NPAY571 and Application

Navigation:

Previous Page: This button takes the user to the previous page, the Search For Pended Applications page.

View NPAY571 and Application: This link takes the user to the View NPAY571 and Application page.

14. Unexpected Action/Reason Code Pend – View NPAY571 and Application

This page contains the NPAY571 and the summary/submission successful information from the application.

- Please refer to the CIS/NH Application specifications for full details of the requirements for the application portion of this page.
- The NPAY571 information will be displayed in the same format as previously described for other pages in the Administrator interface.

This page will only have an HCSA section.

Radio Buttons (no default):
Approve HCSA
Disapprove HCSA

Validation:

If no radio button is selected for HCSA:
You must either approve or disapprove HCSA.

Text Box label “Approve/Disapprove Reason Comments”:

Allow entry of up to 500 characters of comments.

This text entry is required if the user wants to submit this page.

Validation:

If no text is entered:
Please enter comments indicating the reason this application is being approved.

Text:

At the bottom of the page in bold red:

You must click Submit to complete the Approval/Disapproval process for this application.

Navigation Buttons:

Cancel: If there are additional Search Results, the Cancel button returns the user to the Pended Applications Search Results page. If there are no additional Search Results, the Previous Page button returns the user to the Pended Applications Search page.

Upon clicking Submit and the HCSA has been Approved on the Unexpected Action/Reason Code, View NPAY571 and Application page:

- The employee’s HCSA enrollment session is changed from “Pended for Further Research” to “Approved”.
- The application is moved from the “Pended” section of My Saved Enrollment Applications in the employee interface to the “Approved” section.
- The next export will pick up this application.

Upon clicking Submit and the HCSA has been Disapproved on the Unexpected Action/Reason Code, View NPAY571 and Application page:

- The employee’s HCSA enrollment session is changed from “Pended for Further Research” to “Disapproved”.
- The application is moved from the “Pended” section of My Saved Enrollment Applications in the employee interface to the “Disapproved” section.

This application is considered “closed” and will never be exported.

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For both Approve and Disapprove:

- The Admin Login ID who submitted the page is recorded.
- The Date & Time the page is submitted is recorded.
- The Comments are saved (they are required).

The current manual process of sending disapproval letters to the employees will remain in place.
(The vendor has assigned a single individual to manage this part of the process).