

**REQUEST FOR PROPOSALS
FOR
Third Party Administration of Pre-Tax Flexible Spending and Transportation
Programs**

Issued on December 14, 2009 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
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Schedule of Key Events

RFP Release Date	December 14, 2009
Written Questions Due	December 31, 2009
Submit Bidders' Conference Planning to Attend Form	December 31, 2009
Bidders' Conference and Response to Written Questions Received Prior to Bidders' Conference	January 25, 2010
Deadline to Submit Notice of Intent to Bid	January 28, 2010
Response to Questions Received at Bidders' Conference Posted	February 9, 2010
Proposal Due Date	February 26, 2010
Selection Review Begins	March 5, 2010
Notification of Award	April 27, 2010
Contract is Executed	July 1, 2010

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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(s) (TPA) that can provide the New York State Governor's Office of Employee Relations (GOER) complete administrative services to successfully operate New York State's two pre-tax programs: the NYS Flex Spending Account (FSA), a flexible spending account plan for health care and dependent care expenses authorized by the Internal Revenue Code Sections 125 and 129; and *NYS-Ride*, a qualified transportation fringe benefit (QTB) plan authorized by Internal Revenue Code Section 132.

The purpose of the FSA and *NYS-Ride* programs is to enable eligible State employees to set aside payroll deductions on a pre-tax basis for eligible health care and dependent care expenses and for qualified transit 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 Programs are also offered to employees of the Unified Court System and Legislature, both of which currently participate in the FSA and *NYS-Ride*.

Bidders are invited to submit proposals for *any* or *each* of three discrete components: FSA Component: TPA services for the NYS Flex Spending Account (FSA) program; *NYS-Ride* Component: TPA services for the pre-tax transit program, *NYS-Ride*; and FSA and *NYS-Ride* Combined Component: TPA services for both the FSA program and *NYS-Ride* program. Each component is fully described in Section B of this RFP. GOER reserves the right to award either a single contract or separate contracts for the FSA and *NYS-Ride* based on the best value to New York State.

The term of the contract will be defined in the Contract Agreement, but is anticipated to begin up to six months prior to January 1, 2011 and end on December 31, 2017. The start date of the contract will be negotiated with the selected vendor(s).

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 or qualified transportation benefits.

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 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.

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 five functional divisions: one responsible for negotiations and contract administration; another for legal matters; another for information technology; a fourth that oversees the joint labor-management initiatives, statewide training, employee development, and organizational consulting; and the fifth which is our internal division for administration. Additional information about GOER can be found on the agency's website at www.goer.state.ny.us.

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(s) and maintain primary communication with the chosen bidder.

Funding for the FSA program outlined in the FSA Component of this RFP will come from Labor/Management negotiated funds as well as funds for employees designated Management/Confidential, and may include other New York State agency funds if requested by a state agency and subsequently approved by GOER.

Funding for the *NYS-Ride* program outlined in the *NYS-Ride* Component of this RFP will come from funds appropriated for this purpose, and may include other New York State agency funds if requested by a state agency and subsequently approved by GOER.

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 eight unions that participate in the Joint Committees are:

- The 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

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

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 unions that participate on the Work-Life Services Advisory Board are:

- The 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 to better balance work and life. The FBP was established through collective bargaining in the early 1980s. Initially created to address employees' childcare issues, 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-eight not-for-profit child care centers, provided with rent-free space at State worksites, that give priority to children of NYS employees;
- Pre-retirement planning seminars held around the State for employees eligible to retire within five years; and
- NYS-Balance, a confidential resource and referral service designed to save eligible employees time and help them better balance work and life.

FBP has assigned a single Program Manager to oversee both the DCAAccount and *NYS-Ride*.

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

4. Terms Used in this RFP

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

- **Masked Social Security Numbers** - all but the last four digits of a participant's Social Security Number (SSN) shall be hidden in any report or correspondence.

- **Customization** - shall include modification of the selected vendor's products to meet the specific requirements of NYS's pre-tax programs. Bidders should note that such customization will usually entail using GOER's logo and established branding on publications, websites, correspondence, etc., but will often entail much more extensive modifications (e.g., payroll interface, online enrollment systems, annual survey).
- **Mail (*verb*)** – shall include 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 bad email addresses will be the responsibility of the selected vendor.
- **Mac/PC Compatibility** – all web pages and applications for the FSA and *NYS-Ride* programs must be designed for use on Macs and PCs.
- **GOER** – indicates the agency or staff of either the Employer Benefits Management Unit (EBMU) or the Work-Life Services Unit (WLS).

B. DESCRIPTION OF SERVICES SOUGHT

Bidders may submit separate proposals for any or all of the three Components.

B.1 FSA Component – pages 11 - 53

B.2 *NYS-Ride* Component – pages 54 - 83

B.3 FSA and *NYS-Ride* Combined Component – pages 84 - 140

Flex Spending Account (FSA) Component

**FSA Component
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B.1 Services Requested in this RFP – FSA Component

B.1.1 Intent of the Request

The intent of this Component of the 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) complete administrative services for the NYS Flex Spending Account program, which includes the Dependent Care Advantage Account (DCAA) and the Health Care Spending Account (HCSA).

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 work force. 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 NYS Flex Spending Account program.

The NYS Flex Spending Account program 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 public benefit corporations (a.k.a. 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 vendor. The vendor is responsible for billing these manual agencies directly, and the manual agencies are responsible for paying the vendor for all costs associated with their participation in the NYS Flex Spending Account program. The vendor will be responsible for coordinating with each manual agency all activities required under this RFP. Employees of the manual agencies are eligible for the HCSA, DCAA, and the DCAA Employer Contribution.

The selected vendor will be responsible for complete administrative services in the following areas: 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; 2) a paperless process to include a secure Internet-based and telephone process to handle Open Enrollment and Changes In Status; 3) Debit Card Implementation; 4) Account Management and Reimbursement in accordance with the Section 125 Plan; 5) Payroll Interface for the transfer of information to and from the New York State payroll system; 6) Customer Service; 7) Communications and Marketing; 8) Appeals Procedure; 9) Reporting; 10) Website Hosting and Maintenance; 11) COBRA Administration; 12) HIPAA

Compliance; 13) Compliance; 14) Information Security and Emergency Procedures; 15) Turnover Plan; 16) Performance Standards and Penalties; and 17) Samples.

In developing a response to this RFP, the bidder must demonstrate what makes its organization particularly qualified to serve NYS employees, including a mission consistent with excellence in service and any formal recognition for industry leadership. The bidder must also demonstrate its ability to accommodate the customized plan design and unique needs of the NYS Flex Spending Account.

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

	FSA TOTAL	DCAA	HCSA
Plan Year	Jan 1 - Dec 31		
2009 Plan Year Enrollments	20,719 ¹	8,089	15,967
Total 2009 Annual Elections	\$40,632,829	\$19,017,590	\$21,615,239
Contribution Limits		\$5,000 max.	\$100 min. \$4,000 max.
DCAA Employer Contribution		variable	none
Typical Annual Payments Authorized	105,300	28,200	77,100
Typical Annual Reimbursement Checks/Wire Transfers Annually	97,000	25,500	71,500
Total Enrollees Using Direct Deposit	5,275	Not broken down by specific account	
Changes in Status Processed Annually	1,500	1,200	300
Typical Annual Customer Service Calls Received	40,000	Not broken down by specific account	
Eligibility Waiting Period for New Hires		None	60 days

B.1.2 Scope of Work

Note to Bidders: This RFP is arranged in three discrete components: FSA Component, *NYS-Ride* Component, and FSA and *NYS-Ride* Combined Component. The services requested for each of the three components of this RFP were developed to stand alone – you are allowed to submit a proposal for any or each of the components. We have intentionally placed the FSA Component and the *NYS-Ride* Component first as a foundation for you to better understand the Combined Component.

¹ Reflects employees enrolled in both the DCAA and HCSA.

Bidders will find a Table of Contents prefacing each component, with the major deliverables arranged consistently among the three separate components. To facilitate comprehension of the FSA and *NYS-Ride* Combined Component, we have organized the requirements common to both the FSA and *NYS-Ride* programs at the beginning of each major deliverable, followed by requirements specific to the FSA program and the *NYS-Ride* program respectively. We hope that you will find the organization of the RFP clear and easy to understand.

The Technical Portion of the bidders' proposals for the FSA Component will be evaluated using the Scope of Work criteria found on pg. 14-53. Bidders must describe in detail how they will conform to the scope of work requested in this RFP.

B.1.2.a Mandatory Requirements

Any bidder must attest in their proposal and demonstrate through current valid documentation to the satisfaction of GOER that it meets the prerequisites stated below. **Bidders who do not meet these requirements will be considered non-responsive and their proposals will be removed from consideration.**

- The bidder must demonstrate that it has significant experience and expertise in the administration of Section 125 and Section 129 Cafeteria Plan benefit programs.
- The bidder must demonstrate that it has experience providing third party administration services to large (minimum of 75,000 employees), multi-site employers and be capable of serving a geographically diverse employee population. It is *desirable* but not mandatory for the selected vendor to have experience providing services to a unionized public employee population.
- It is required for the selected vendor to have the capability to record, retrieve, and archive telephone calls, including enrollment and change in status applications, which satisfies the New York State Finance Law requirements of obtaining employee authorization to take payroll deductions.
- For the term of the contract, the selected vendor must assign an account manager to oversee all matters arising in the administration and management of the NYS Flex Spending Account program. The account manager should be fully authorized in writing by the contracting bidder 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 NYS Flex Spending Account program. The account manager will be responsible for coordinating and leading weekly conference calls between the vendor's appropriate departments and GOER to discuss and resolve both client 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.

- The bidder must agree to implement a debit card system for HCSA claims.
- The bidder must agree to mask all but the last four digits of the participants' SSNs in all correspondence and reports, and FSA reimbursements and FSA account statements.
- The bidder must guarantee that daily checkwrites and wire transfers will take place every business day.
- The bidder must agree to post salary deductions by close of business on the day the file is received from OSC. OSC will send the file to the vendor before the start of the business day.
- The bidder must agree to same day processing of faxed reimbursement claims that are received by 12 noon ET.
- The bidder must certify its ability to meet the payroll interface with the Office of the State Comptroller as defined by Section B.1.2.e of the FSA Component.
- The bidder must guarantee that the customer service operations that serve the NYS Flex Spending Account and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States.
- The bidder must guarantee that the information technology

operations that serve the NYS Flex Spending Account and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States.

- The bidder must guarantee that it will obtain a \$700,000 Performance Surety Bond that meets the requirements of Section F.3 of this RFP.

B.1.2.b Plan Document Review and Update

The selected vendor 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 vendor will also 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.

Due to the size and complexity of the New York State plan, the vendor 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.

B.1.2.c This Section Left Blank Intentionally.

B.1.2.d Paperless Open Enrollment and Change in Status

Using the attached business rules as a reference, the selected vendor will be responsible for providing a convenient, readily available, customized, user-friendly, completely paperless process for open enrollment and changes in status (see *Attachments 1.5.a and 1.5.b*). The process must include both an online and telephone process, and interface with the State's payroll office, the Office of the State Comptroller (OSC). The paperless open enrollment and change in status systems must be fully tested and completely operational no later than January 1, 2011. The current vendor will be responsible for 2011 plan year open enrollment and change in status applications that are received prior to January 1, 2011. The selected vendor will be responsible for processing the open enrollment and change in status applications effective January 1, 2011. The current vendor will be responsible for transmitting the payroll files for the first deductions of the 2011 plan year.

OSC will provide a weekly eligibility file containing limited data of all

employees who may be eligible to participate in one or both benefits offered under the NYS Flex Spending Account program (see *Attachment I.1.a NPAY571*). Among the fields included in the file are:

- Last four digits of the employee's Social Security Number (SSN)
- Department ID
- Bargaining Unit Code
- Pay Basis Code
- Pay Rate

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

B.1.2.d.1 Paperless Open Enrollment Process

In developing a response to this section of the RFP, bidders should refer to *Attachment I.5.a, SoNY Open Enrollment Business Rules*, which provide an understanding of the minimum level of customization required to create the open enrollment system for the Flex Spending Account. During open enrollment, the selected vendor must be able 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 NYS Flex Spending Account has established different eligibility criteria for the DCAA and HCSA, and the vendor must be able to apply the different criteria to each DCAA or HCSA enrollment application. For employees whose eligibility information duplicates that of one or more employees, the vendor must establish a process to uniquely identify the employees in order to process their applications (see *Attachment I.5.a SoNY Open Enrollment Business Rules*).
- Determine the amount of Employer Contribution for the DCAA based upon the employee's salary, employee work percentage, and bargaining unit. GOER will provide the Employer Contribution rates and eligible bargaining units to the vendor each plan year.
- Post the amount of the Employer Contribution to participants' accounts by the first business day of the new plan year. The State will deposit the amount of the Employer Contribution necessary to fund the accounts in the NYS Flex Spending Account bank account by December 31 of each year, prior to the start of each new plan year.
- Provide enrollees with real-time 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, NYS Flex Spending Account 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 all telephone enrollment applications **(Mandatory Requirement)**.
- Mail a rejection letter to ineligible employees within two business days after GOER electronically disapproves their applications. The vendor's letter must include the reason for the employee's ineligible status.
- Send email reminders (minimum of three 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 enrollees 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 vendor. Confirmation letters must specify the annual election amount, pro-rated biweekly deduction amount, Employer Contribution amount, and the actual number of pay periods over which the deductions will occur.
- Process enrollees' 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 vendor.
- Exchange test payroll deduction 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 vendor, which will be required to correct its records prior to transmitting the first payroll deduction files for the new plan year.
- For the four manual agencies, whose employees are not paid from the

State payroll system, contact the respective agencies directly to confirm enrollees' employment status, eligibility, and to initiate payroll deductions through their payroll offices.

B.1.2.d.2 Paperless Change In Status Process

In developing a response to this section of the RFP, bidders should refer to *Attachment I.5.b, SoNY Change in Status-New Hire Business Rules and Design Requirements*, which provide an understanding of the minimum level of customization required to create the change in status system for the Flex Spending Account. For the Change In Status process, the selected vendor must be able to:

- Confirm eligibility for new hires and employees newly enrolling with a valid change in status (CIS) event.
- Obtain required documentation of CIS events (HCSA only) prior to processing payroll deduction changes. 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 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 rates and eligible bargaining units to the vendor each plan year. The vendor 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.
- Post the amount of the Employer Contribution to participants' accounts by the payroll date for which the CIS new enrollment takes effect. The State will deposit the amount of the Employer Contribution necessary to fund the accounts in the NYS Flex Spending Account bank account as necessary throughout the year.
- Provide enrollees with real-time 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 requested new

annual election amount, contributions received to-date (including the DCAA Employer Contribution), 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 enrollees who apply online or provide an email address when enrolling by telephone.
- Record, retrieve, and archive all telephone change in status applications (**Mandatory Requirement**).
- Mail a rejection letter to ineligible employees within two business days after GOER provides notification to the vendor indicating the reason for their ineligible status.
- 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 must specify the annual election amount, pro-rated biweekly deduction amount, Employer Contribution amount, and the actual number of pay periods over which the deductions will occur.
- Process the payroll deduction change for the appropriate payroll date for each CIS request.
- Stop processing CIS applications received after GOER-prescribed cutoff date for each plan year.
- For the four manual agencies, whose employees are not paid from the State payroll system, the vendor will be responsible for contacting the respective agencies directly to confirm enrollees' employment status, eligibility, and to initiate payroll deduction changes through their payroll offices.

B.1.2.e Payroll Interface

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

B.1.2.e.1 Interface with the New York State payroll system, in the format

defined by the Office of the State Comptroller (OSC) as outlined below. OSC operates the State payroll system. Because of the size of the State work force, the payroll is split into two 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 vendor must be able to receive and send data electronically every week to the State payroll office and assign participants to the correct payroll group.

A total of 24 deductions per plan year will be taken for each payroll cycle. For the 2011 plan year, the first Administration payroll deduction will occur on January 5, 2011, and the first Institution payroll deduction will occur on January 13, 2011.

Scores for 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 vendor is required to open a TCP/IP account. Instructions on how to do this will be provided to the selected vendor by OSC.
- Eligibility Validation: OSC will create a weekly eligibility file for the vendor to be used during the open enrollment period and throughout the plan year to process change in status enrollments and changes (see *Attachment I.1.a NPAY571*). The file format will contain employees who meet the eligibility criteria for participation in one or both benefits offered under the NYS Flex Spending Account, including the following data:
 - Last 4 digits of SSN
 - 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 vendor 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, based on the established eligibility criteria for each benefit.

Bidders note: New York State will not provide names, full Social Security Numbers, or unique identification numbers on the eligibility file.

The eligibility file will contain duplicate matches among the total eligible employee population of 225,000, based on the fields listed above. When an enrollee has a duplicate match, the vendor's system must be able to uniquely identify the enrollee. This will be accomplished by creating automated methods proposed and mutually agreed upon between the vendor and GOER (*see Attachment I.5.a Open Enrollment and Attachment I.5.b Change in Status-New Hire Business Rules*).

GOER will provide the vendor 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 vendor will be required to submit a weekly interface to OSC no later than 5:00 p.m. ET, on each Wednesday for HCSA and DCAA deductions (*see Attachment I.1.d NBEN900*), and by 12:00 noon ET, on each Friday for the DCAA Employer Contribution (*see Attachment I.1.g NBEN906*). The interfaces must contain the following information:
 - Department ID
 - Name
 - SSN
 - Pre-Tax Deduction Code (410 – HCSA; 428 – DCAA; 420 – EC)
 - Effective Date (NBEN900 only)
 - Deduction End Date (NBEN900 only)
 - Deduction Amount (vendor **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 I.2.a-b for sample payroll calendars*). GOER will also provide a listing indicating Department IDs and corresponding pay cycles.

- Testing: To help ensure the success of the file transmission and accurate deduction processing, a three to four week testing period will

be required prior to the first live payroll interface. Testing will include the transmission of and the receipt of an eligibility file, inbound interfaces, and outbound reconciliation files.

B.1.2.e.2 Reconcile expected and actual payroll deductions on a weekly basis. OSC will provide the vendor with two outbound reconciliation files. The first file, the Outbound Deduction Detail File (see *Attachment I.1.b NPAY518*) will contain employee deduction detail information, employee name, deduction amount, etc. The second file, the Change File (see *Attachment I.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 also mail to the vendor a weekly Error Report (see *Attachments I.1.e NBEN900A and I.1.f NBEN900 Error Messages*) that identifies payroll transactions that are unable to be processed for a particular payroll cycle. The vendor will be responsible for making the results available to the HCSA and DCAA Program Managers, respectively on a weekly basis, and taking appropriate payroll action based on GOER's resolution.

- Report unresolved discrepancies (missed or unexpected deductions) to GOER DCAA and HCSA staff on the defined weekly schedule for resolution in a timely manner.
- GOER will send to the vendor's secure FTP site a written resolution, which the vendor 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 vendor's secure FTP site a written resolution, which the vendor must use to immediately update the affected participants' Employer Contribution.

B.1.2.e.3 Bidders should note that each of the four manual agencies listed in this section will create and send separate weekly eligibility files to the vendor to be used during the open enrollment period and throughout the plan year to process change in status enrollments and deduction changes. The vendor will be responsible for establishing procedures to process separate automated or manual payroll files from each of the four 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 NYS Flex Spending Account bank

account is sent to the current vendor's FTP site. An announcement email is also sent to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2009 plan year, 195 employees participate in the NYS Flex Spending Account.

- For the Energy Research and Development Authority, an automated payroll file and copy of the payroll deduction deposit to the NYS Flex Spending Account bank account is sent to the current vendor's FTP site. An announcement email is also sent to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2009 plan year, 101 employees participate in the NYS Flex Spending Account.
- For the Environmental Facilities Corporation (EFC), there are two processes. Certain employees are paid through the State payroll system, and their deductions are processed in the same manner as other NYS Flex Spending Account participants. For employees who are not paid through the State payroll system, a manual payroll deduction process has been established whereby the agency sends a payroll listing and copy of the payroll deduction deposit to the NYS Flex Spending Account bank account to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2009 plan year, 9 employees on EFC's manual payroll participate in the NYS Flex Spending Account.
- 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 NYS Flex Spending Account bank account to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2009 plan year, 21 employees participate in the NYS Flex Spending Account.
- 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.
- Reconcile payroll deduction deposits to the NYS Flex Spending Account bank account with the automated or manual payroll files received from each manual agency.

B.1.2.e.4 Process participant refunds for deductions taken in error, as

approved by GOER. GOER will be responsible for initiating refunds through the NYS payroll system and notifying the vendor of the date and amount of such refunds. The vendor will be responsible for updating the participant's account and eligibility information.

B.1.2.e.5 Perform DCAA Employer Contribution quarterly comparisons (see *Attachment I.1.h NPAY570*) to compare vendor election files with OSC 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 vendor. W-2s will be prepared by the State.

B.1.2.e.6 Possess demonstrated expertise in database system management, programming, and a variety of electronic media.

B.1.2.e.7 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.

B.1.2.e.8 Possess ability and proven experience, flexibility, and creativity in dealing with large, complex systems.

B.1.2.f Account Management

For the term of the contract, the selected vendor must assign an account manager to oversee all matters arising in the administration and management of the NYS Flex Spending Account program (**Mandatory Requirement**). The account manager should be fully authorized in writing by the contracting bidder 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 NYS Flex Spending Account program. The account manager will be responsible for coordinating and leading weekly conference calls between the vendor's appropriate departments and GOER to discuss and resolve both client 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 HCSA and the DCAA.

B.1.2.f.1 Assign a technical expert to whom GOER has direct access when needed.

B.1.2.f.2 Enter, track, and manage account information in an electronic database to monitor compliance within the FSA annual maximums or

increases in the maximum as designated by the Internal Revenue Code. In addition, bidders are expected to monitor FSA annual plan minimums and maximums.

B.1.2.f.3 Provide GOER with online access to participants' accounts to view payroll deduction, account history, and customer service call records.

B.1.2.g This Section Left Blank Intentionally.

B.1.2.h Debit Card Implementation (HCSA Only)

It is the State's intention to offer a debit card for participants enrolled in the HCSA for the 2012 plan year. The selected vendor will 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. In addition, the **cost** portion of the bidder's proposal must 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 vendor (see Summary Budget Sheet) will exclude debit card costs, because GOER intends to negotiate a separate monthly administrative debit card fee with the vendor based on a later implementation date for the card.

Debit card implementation is a mandatory requirement of this RFP, and bidders who are unable to meet this criterion will not be considered for further review.

Bidders must address each item below:

B.1.2.h.1 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.

B.1.2.h.2 Fully describe the 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.1.1 of this RFP; (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 vendor, and will be paid in accordance with the voucher and audit procedures established by OSC. GOER will work with the selected vendor to meet the requirements of OSC's voucher procedures.

- B.1.2.h.3 The State reserves the right 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 during the annual open enrollment period. The selected vendor must be able to use the information provided by GOER to identify HCSA participants by bargaining unit.
- B.1.2.h.4 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.
- B.1.2.h.5 Ensure that the debit card can be used for automatic claim substantiation of copayments or multiples of copayments. 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 vendor with a list of acceptable copayment amounts, which is subject to change during the term of the contract. The vendor must be able to auto adjudicate copayment claims using the information provided by GOER by matching each debit card participant's bargaining unit code and benefit program enrollment with the specific copayment schedules associated with such bargaining units and/or benefit programs.
- B.1.2.h.6 Establish procedures, subject to GOER approval, to recoup improper payments made using a debit card. The procedures must include an agreed upon timeframe and process for disabling a participant's debit card if repayment is unsuccessful. If requested by GOER, the procedures must also include a post-tax paycheck payback process to recoup ineligible or undocumented expenses.
- B.1.2.h.7 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 vendor when such employment changes take place.
- B.1.2.h.8 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.

B.1.2.h.9 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.

B.1.2.h.10 Issue quarterly statements to debit card participants that list their debit card transactions for that time period. Statements must be mailed to the participant's address of record. Bidders should include a sample debit card quarterly statement in their proposals.

Bidders who propose to issue monthly debit card statements to participants will receive additional points.

B.1.2.h.11 The selected vendor's debit card system must use a MasterCard, Visa, or other widely accepted credit card network. The bidder's proposal must specify the network that it proposes to use.

B.1.2.h.12 The State reserves the right to charge participants for costs associated with debit card use. The bidder must demonstrate 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 must also propose a process for charging such fees to participants, which would be subject to GOER approval.

B.1.2.i Reimbursement

It is the State's intention that participants will submit reimbursement requests for appropriate expenses directly to the selected vendor, 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. For the 2011 plan year, the State does not intend to offer an extended runout period as permitted under IRS Notice 2005-42. The selected vendor must agree to and be capable of meeting the following requirements:

B.1.2.i.1 Mask all but the last four digits of the participants' SSNs in all correspondence, reimbursements, account statements, and reports (***Mandatory Requirement***).

B.1.2.i.2 Provide DCAA and HCSA reimbursement request forms, HCSA letter of medical need forms, and direct deposit forms to employees upon their request. Bidders must also provide fillable PDF reimbursement request forms that can be downloaded by employees. Maintain an adequate supply of check stock and direct deposit receipt stock. GOER requires prior approval on the content of all forms distributed to NYS Flex Spending Account participants. To view forms currently in use, visit <http://www.flexspend.state.ny.us/>.

Bidders who can offer an online claim submission process will receive additional points.

B.1.2.i.3 Be solely responsible for receiving and verifying reimbursement requests and issuing reimbursements to plan participants as allowed by IRS regulations and the Plan. The bidder must demonstrate its ability and indicate its willingness to customize its adjudication process for HCSA claims to accommodate, at a minimum, Plan limitations on categories of eligible expenses by bargaining unit.

B.1.2.i.4 Establish and successfully test a fully operational reimbursement request processing system no later than three weeks prior to the plan year beginning on January 1, 2011. Ensure that 95 percent of all claims are processed within three business days after submission, and that 100 percent of all claims are processed within five business days.

- Faxed reimbursement requests received by 12:00 noon ET must be processed on the same day (**Mandatory Requirement**).

B.1.2.i.5 Guarantee that checkwrites and wire transfers will take place each business day (**Mandatory Requirement**).

B.1.2.i.6 Establish and maintain procedures with the banking institution designated by the State for daily checkwrites and direct deposit wire transfers of participants' reimbursements.

B.1.2.i.7 Mail a written notification to a participant within two 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.

B.1.2.i.8 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 must be easy to read and understand. In the event that a participant is enrolled in both accounts, the vendor shall issue a single check stub that includes the aforementioned information for both accounts.

B.1.2.i.9 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 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 must 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 weeks after the posting of the final payroll deduction for the calendar quarter.

Bidders who can send electronic quarterly statements to enrollees who elect this method and provide email addresses will receive additional points.

B.1.2.i.10 By February 15 following the end of the previous plan year, mail letters to all participants who have balances of at least \$25 to remind them to submit claims by the end of the runout period. Each reminder letter must be customized with the participant’s name and account balance. Throughout the runout period, the vendor will provide reports of outstanding account balances for all participants upon the request of GOER.

B.1.2.i.11 Establish a toll-free fax number to be used solely by NYS Flex Spending Account participants for faxing reimbursement requests. Provide a sufficient number of high-capacity fax machines, 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 NYS Flex Spending Account participants for faxing reimbursement requests. Upon receipt of the monthly billing for the toll-free fax telephone lines, GOER will remit payment to the vendor.

- B.1.2.i.12 Accept faxed reimbursement requests as originals.
- B.1.2.i.13 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.
- B.1.2.i.14 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 three weeks prior to the plan year beginning on January 1, 2011.
- B.1.2.i.15 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 and 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 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.
- B.1.2.i.16 Establish a process to adjudicate HCSA claims after the fact to substantiate the eligibility of expenses reimbursed through a debit card (see *B.1.2.h Debit Card Implementation*).
- B.1.2.i.17 Establish procedures for issuing refunds in appropriate situations as approved by GOER.
- B.1.2.i.18 Establish stop-pay, void, and stale-date check procedures as approved by GOER.
- B.1.2.i.19 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.
- B.1.2.i.20 Provide the GOER Program Managers a monthly reconciliation of the NYS Flex Spending Account's bank account with the vendor's accounting records, due within 30 days of receipt of the bank statement.

B.1.2.i.21 Provide a yearly third-party audit of the vendor'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.*

B.1.2.i.22 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.

B.1.2.j Appeals Procedure

The State established the NYS Flex Spending Account to provide a valuable benefit for its employees. It is expected that the program will be administered in compliance with IRS regulations and the NYS Flex Spending Account 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 procedure. The bidder's technical proposal should fully describe how they will:

B.1.2.j.1 Establish, subject to GOER approval, a procedure 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; and any other grievances against the vendor or Plan.

B.1.2.j.2 Notify the HCSA and DCAA Program Managers, respectively, prior to issuing a decision on each appeal.

B.1.2.j.3 Notify the HCSA and DCAA Program Managers, respectively, immediately in the event that any participant appeal or request cannot be handled within the day-to-day scope of the vendor's customer service department.

B.1.2.j.4 Report quarterly to the HCSA and DCAA Program Managers, respectively, on the status of all appeals submitted for the plan year.

B.1.2.k COBRA Administration

The bidder's technical proposal should fully describe how they will administer and ensure compliance with all aspects of the Consolidated Omnibus Budget

Reconciliation Act (COBRA) that pertain to the NYS Flex Spending Account. The selected vendor's responsibilities include, but are not limited to:

B.1.2.k.1 Mailing COBRA notices to COBRA-eligible participants. As part of the payroll discrepancy reconciliation process, GOER will send a transaction summary to the vendor each week that includes a list of HCSA participants who experienced a COBRA-qualifying event during the current payroll cycle.

Bidders who propose to create customized COBRA notices for NYS Flex Spending Account participants will receive additional points.

B.1.2.k.2 Processing and accounting for COBRA payments received from participants.

B.1.2.k.3 Ensuring that HCSA eligibility period information is promptly updated for participants who elect COBRA and make timely COBRA payments.

B.1.2.k.4 Promptly transmitting processed COBRA payments to GOER for deposit to the NYS Flex Spending Account bank account.

B.1.2.k.5 Providing a weekly COBRA report to GOER (*see B.1.2.o Reporting*).

B.1.2.l HIPAA Compliance

By submitting a proposal, the selected vendor 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 vendor will be responsible for ensuring that the NYS Flex Spending Account is in compliance with Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. The selected vendor's responsibilities will include, but are not limited to:

- Training of vendor staff on HIPAA requirements.
- Establishing procedures for ensuring the confidentiality of participants' personal, enrollment, and claims information.
- Ensuring compliance with HIPAA privacy and security rules, including breach notification requirements.

- Monitoring staff adherence to HIPAA policies and procedures.
- Preparing and entering into a Business Associate Agreement with GOER prior to contract execution.
- Advising GOER on the requirements of and changes to the HIPAA regulations.

B.1.2.m Customer Service

Bidders must agree to the following deliverables:

B.1.2.m.1 Provide accurate, efficient, courteous, and high quality customer service to all participants and prospective enrollees. 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 vendor, 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 vendor's secure website.

B.1.2.m.2 GOER has established a toll-free telephone number for the NYS Flex Spending Account program. Calls to the hotline will be routed to the vendor's phone system. The selected vendor 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 points.

B.1.2.m.3 By January 1, 2011, ensure the toll-free customer service hotline and Telecommunications Devices for the Deaf (TDD) line is 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 a.m. through 5 p.m. ET, Monday through Friday, excluding legal holidays observed by the State. The hotline should be completely tested and fully operational by December 1, 2010 so that the selected vendor can begin answering calls beginning on January 1, 2011.

Bidders who propose to provide extended hours of accessibility,

and/or propose to provide a dedicated team to answer New York State calls will receive additional points.

B.1.2.m.4 Provide multiple modes of participant access to customer service (telephone, U.S.P.S. mail, email, Internet, etc.), including the ability to communicate effectively with Spanish speaking employees.

Bidders who can provide customer service in languages other than English and Spanish will receive additional points.

B.1.2.m.5 Provide a guarantee that at least 99 percent of incoming calls to the vendor's voice response unit (VRU) will be answered within 7 seconds (*Performance Guarantee – not rated*).

B.1.2.m.6 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 120 seconds, calculated on an annual basis, and that the percentage of incoming calls in which the caller disconnects before the call is answered will not exceed 5 percent. The measurement will not include calls abandoned in less than 20 seconds (*Performance Guarantee – not rated*).

B.1.2.m.7 Ensure that customer service representatives are knowledgeable and properly trained in program rules and regulations specific to the NYS Flex Spending Account. The selected vendor 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.

B.1.2.m.8 Assign an adequate number of customer service representatives to handle the volume of NYS Flex Spending Account participant calls. In 2008, the current vendor received an average of 3,216 calls per month from NYS participants.

B.1.2.m.9 Develop an email system whereby employees may ask questions and be responded to in free form and pre-developed responses. This email system must also allow for responses back to the selected vendor.

B.1.2.m.10 Document in the vendor's main database each incoming telephone call or request received from participants at the time it is received in the individual participant's account record. Telephone calls received from State employees who are non-participants shall also be documented in a similar fashion. **Proposals must reflect the ability to record, retrieve,**

and archive all customer service calls (*Mandatory Requirement*).

Archived records must be available for retrieval for a period of not less than seven years in accordance with federal and state regulations.

- B.1.2.m.11 On a weekly basis, review a random sample of each of the customer service representatives' recorded calls and emailed responses to ensure the accuracy of the information being provided. Customer service representatives who fail the training standard must receive appropriate coaching.
- B.1.2.m.12 Respond 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.
- B.1.2.m.13 Establish and maintain a system to provide responses to telephone and email inquiries (including forms requests) within one business day and resolve problems within two business days.

Bidders who can provide personalized email responses to address individual inquiries that do not fit the pre-approved template formats will receive additional points.

- B.1.2.m.14 Provide an analysis identifying the number of incoming calls received from employees and type of inquiries, and deliver this analysis to GOER within fifteen business days of the close of each month (*see B. 1.2.o, Reporting*).
- B.1.2.m.15 Provide a means of formal review (appeals procedure) of administrative decisions that participants believe are inconsistent with the provisions of the Plan or applicable law. GOER requires final review and approval of any recommendations before action is taken on individual participant's requests (*see B. 1.2.j, Appeals Procedure*).

It is desirable for the selected vendor to establish a position in the Customer Service department that is directly responsible for reviewing and/or adjudicating claims when participants call Customer Service for assistance with claim problems. The position must be qualified to adjudicate claims and authorized to approve them for payment, if applicable. **Bidders who propose to provide such a service will receive additional points.**

- B.1.2.m.16 During the first quarter of each plan year, provide an annual survey of participant satisfaction with the NYS Flex Spending Account,

using an adequate random sampling of participants. The survey results will be summarized and compared to results of prior years, and are expected to meet a 90% participant satisfaction rate for each year surveyed (***Performance Standard – will not be rated***). The survey instrument requires GOER's approval prior to distribution to the participants.

Bidders who can conduct the survey online, with hard copy surveys for a proportionate number of participants without email addresses, will receive additional points.

B.1.2.m.17 Provide a system to return 100% of calls and answer 100% of emails, within one business day and resolve 99% of routine problems within five working days (***Performance Guarantee – will not be rated***)

B.1.2.m.18 Guarantee that the customer service operations that serve the NYS Flex Spending Account and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States.

This requirement is mandatory and proposals that do not meet this requirement will be disqualified from further consideration.

B.1.2.n 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. Vendor flexibility, creativity, and diligence in promoting the program are expected on an ongoing basis. 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 vendor must mask participants' SSNs in all communications, unless otherwise requested by GOER. The selected vendor must also:

B.1.2.n.1 Assist GOER with an annual marketing campaign targeted to increase participation among State employees.

B.1.2.n.2 Develop, design, print, and distribute all marketing materials customized for the NYS Flex Spending Account. 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 GOER's logo and copyright. GOER requires prior approval on the design and contents of all promotional material.

Produce, annually in sufficient quantity:

- A detailed enrollment booklet to fulfill hotline requests and for distribution at employee information meetings;
- Payroll stuffers to be distributed to each State employee via 240 agency payroll offices;
- Posters to distribute to 260 agency work sites; and
- Small brochures for GOER to distribute at employee health fairs and union-sponsored functions.

For the purposes of this RFP, bidders should assume that the following approximate quantities will be printed: 2,500 32-page enrollment booklets; 214,000 payroll stuffers, 4,100 posters, 7,500 brochures, and approximately 500 one-page cover letters. However, 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 vendor 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 each cost proposal for specified quantities of materials, the actual quantities will have to be authorized annually by GOER. GOER reserves the right to reduce the cost paid per participant based on the savings from reduced printing and mailing costs as identified on the selected vendor's budget sheets. For purposes of this RFP, bidders should also assume that the postage costs associated with distributing marketing materials to employees and state agencies are part of the contract costs, and will not be billed separately. GOER requires prior approval on the design and contents of all promotional material. The selected vendor will be required to mail or ship all marketing materials using U.S.P.S. first-class (non-bulk) postage or ground delivery service (such as UPS, FedEx, DHL, or the equivalent) as appropriate for the type of material. Proposals should indicate the location from which vendors plan to ship the materials, as well as the expected delivery time from the location to New York State.

Over the course of the seven-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.

- B.1.2.n.3 Provide 2,500 low-cost (not to exceed \$2.50 per unit) promotional giveaway 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 must include the NYS Flex Spending Account's customized program branding on each item, and must be approved by GOER. All promotional items are expected to be made in the U.S.A.

B.1.2.n.4 Print and mail an annual 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.

B.1.2.n.5 Provide a supply of separate reimbursement request forms for the DCAA and HCSA, direct deposit forms, and letter of medical need 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.

B.1.2.n.6 Produce and mail confirmation letters to participants at the end of the annual open enrollment period, or after approval of a new hire or change in status request. The confirmation notice should include the participant's name and address as well as the amount of the annual election, biweekly deduction amount, and DCAA Employer Contribution for each benefit in which the participant has enrolled. GOER requires prior approval of the contents of the confirmation letter.

B.1.2.n.7 Mail a letter to any employee whose change in status or new hire request has been disapproved, or whose request requires additional information or documentation prior to being processed, within two business days of processing the request.

B.1.2.n.8 Mail COBRA notices to each participant who experiences a COBRA qualifying event and is eligible to elect COBRA to continue his or her HCSA coverage.

B.1.2.o Reporting

Monthly, quarterly, annual, and other periodic reporting will be a condition of payment for services rendered. GOER staff will meet with the selected vendor to finalize reporting details including the format, number of reports needed, and other specifics. Reports shall be provided in electronic format in compliance with NYS security procedures, which include password protection, transmission to GOER through the vendor's secure FTP site, or other mutually agreed upon security measures to protect employee Social Security Numbers (SSNs). The selected vendor must agree to mask employee SSNs in all reports unless otherwise requested by GOER. Bidders

are expected to indicate their ability to provide all of the information required below:

- B.1.2.o.1 Timely provision of any information or forms required by the IRS to each participant.
- B.1.2.o.2 Immediate notification of participant appeals to GOER. This includes appeals regarding claim rejections, disagreement in interpretation of basic IRS regulations, or any written complaint (*see B.1.2.j Appeals Procedure*).
- B.1.2.o.3 Weekly COBRA reports to GOER that include, at a minimum, the name and masked SSN of each participant who experienced a COBRA qualifying event, the date COBRA notices are sent to participants, COBRA elections, and monthly premium amounts. (*see B.1.2.k COBRA Administration*)
- B.1.2.o.4 Weekly unresolved payroll rejection reports to GOER after each payroll is transmitted to OSC via the vendor's secure FTP site.
- B.1.2.o.5 Weekly unresolved payroll discrepancy reports to GOER after each payroll is confirmed by OSC (*see B.1.2.e Payroll Interface*).
- B.1.2.o.6 Weekly reports to GOER reflecting change in status requests processed for HCSA and DCAA participants, respectively.
- B.1.2.o.7 Upon debit card implementation, 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.
- B.1.2.o.8 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 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 must reflect separate data for the HCSA and DCAA.
- B.1.2.o.9 The selected vendor is expected to provide monthly customer service reports to GOER that include the number of NYS 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.).

- B.1.2.o.10 Monthly reconciliation with the NYS Flex Spending Account bank's monthly statements. The monthly reconciliation reports will be due to GOER within thirty days of the vendor's receipt of statements from the bank.
- B.1.2.o.11 Annual stale-dated check report to GOER. All checks outstanding for the previous 12 months will be cancelled and the funds credited against the vendor's next monthly administrative fee. The report should separately identify the stale-dated checks associated with the HCSA and DCAA.
- B.1.2.o.12 Quarterly transaction summaries to GOER showing, by participant, total amount of deposits, total amount of reimbursements, and account balance. The report must reflect separate transaction summary data for the HCSA and DCAA.
- B.1.2.o.13 Quarterly report to GOER containing the results of quarterly comparison tests performed on the DCAA Employer Contribution comparing vendor election files with OSC to ensure error-free W-2s (see *Section B.1.2.e.5*).
- B.1.2.o.14 At GOER's request, produce forfeiture reports with periodic updates throughout the NYS Flex Spending Account runout period. The report shall include, by HCSA and DCAA, run date, participant names, last four digits of their SSNs, Department ID, Bargaining Unit code, election amount, Employer Contribution amount, claims paid amount, and account balance.
- B.1.2.o.15 Provide real-time aggregate and detailed utilization reports (breakdown based on Bargaining Unit; Department ID; participation in DCAA, HCSA, or the DCAA Employer Contribution) from the contractor's database accessible to GOER upon demand. Provide other utilization reports upon GOER's request.
- B.1.2.o.16 HIPAA certification of vendor-administered HCSA coverage if required by law or regulation.
- B.1.2.o.17 Quarterly or periodic review of legislative and IRS updates and other information pertaining to cafeteria plans.
- B.1.2.o.18 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 NYS Flex Spending Account for State audit.

B.1.2.o.19 Annually report on the NYS Flex Spending Account 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.

B.1.2.o.20 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 vendor.

B.1.2.p Website Hosting and Maintenance

The selected vendor is responsible for hosting and maintaining the contents of the NYS Flex Spending Account website. GOER will retain ownership of the domain name and website content. For information purposes, the website may be viewed at <http://www.flexspend.state.ny.us/>. It is the responsibility of the vendor to conform to 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 vendor to provide an understanding of the State's requirements. The vendor is also expected to:

B.1.2.p.1 Provide sufficient space on a server(s) to host the enrollment systems and/or websites. In developing a customized website for employee enrollment, it will be the responsibility of the contractor 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 OFT Technology Policy P08-005, which can be referenced at website <http://www.oft.state.ny.us/policy/NYS-P08-005.PDF>.

B.1.2.p.2 Designate a web master who will be the primary point of contact for all website matters, and who is authorized to post the updates requested by GOER.

B.1.2.p.3 Update the contents of the website annually prior to the annual NYS Flex Spending Account open enrollment period, and on an ongoing basis throughout the plan year upon the request of GOER. Periodic text updates must be posted to the website in a timeframe as directed by GOER. Generally, text updates will be required to be posted within five business days of being requested by GOER. GOER is responsible for drafting and approving all text to be displayed on the website.

B.1.2.p.4 Update the design of the website annually or otherwise at the request of GOER, including changes to color, graphics and layout. Final website design is subject to GOER approval.

B.1.2.p.5 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 vendor 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 during the plan year. GOER is responsible for approving the final contents of all forms.

B.1.2.p.6 Establish an interface between the NYS Flex Spending Account website and the vendor's database to provide participants with real-time access to their account information.

Bidders who propose to customize the interface to match the appearance of the NYS Flex Spending Account website will receive additional points.

B.1.2.p.7 Guarantee that all responsibilities related to website hosting and maintenance will not be subcontracted to a company or operation (including business partners) located outside of the United States (***Mandatory Requirement***).

B.1.2.q Compliance

By submitting a proposal, the selected vendor 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.

B.1.2.q.1 The selected vendor will be responsible for providing 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 must include a preliminary analysis of all associated costs and the anticipated impact of proposed program modifications and contemplated benefit design changes on enrollees.

The selected vendor 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 vendor agrees that its compensation will change only if the selected vendor is able to provide detailed documentation of increased costs to the selected vendor 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 vendor's level of effort or cost, the State reserves the right to renegotiate the monthly administrative fee with the selected vendor.

B.1.2.q.2 State or federal laws enacted, 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 are to be considered within the scope of this RFP.

B.1.2.q.3 GOER must review and approve all forms, marketing materials, and communications produced by the selected vendor prior to distribution to participants, eligible employees, or state agencies. All costs of marketing materials and distribution to participants, eligible employees, or state agencies will be borne by the selected vendor.

B.1.2.q.4 The selected vendor is financially responsible for and will cooperate in any audit requested by the State, including:

- Annual financial or performance audit
- Any special audit ordered by the State

B.1.2.q.5 GOER has established performance standards and penalties and will monitor the selected vendor's performance results against the standards (*see B.1.2.t, Performance Standards and Penalties*).

B.1.2.r 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 four bullet points directly below, which are not considered part of the rating criteria and, therefore, will not be evaluated by the Selection**

Committee:

- Comply with all federal and state security policies, in relation to providing services (see Section F.28, pages 171-173 and Section G, Attachment 5, page 203).
- Share audit reports with the State.
- Allow the State to verify implementation of recommendations resulting from audits.
- In the event of a security breach, the vendor will be responsible for providing identity theft and credit monitoring services to the affected participants. The selected vendor 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).

Bidders are required to submit a protection and risk assessment plan for the management of confidential information. The protection and risk assessment plan must include technology- and non-technology-based approaches to managing the security of such confidential information. Bidders are expected to 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:

B.1.2.r.1 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) will receive additional points.

B.1.2.r.2 System monitoring and intrusion detection.

B.1.2.r.3 Security reviews and audits, including third-party reviews and

audits.

- B.1.2.r.4 Use of security tools and standards (e.g., security software, encryption standards, etc.).

Bidders who have obtained current ISO 27000 certification will receive additional points.

- B.1.2.r.5 Maintaining and enhancing their information security environment and business practices.

Bidders who utilize positive pay procedures will receive additional points.

- B.1.2.r.6 Masking employee SSNs in all correspondence and reports, unless specifically requested by GOER (*Mandatory Requirement*).

In addition, the selected vendor is expected to provide emergency protection for all data, records, forms and data processing operations devoted to the NYS Flex Spending Account. **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:**

- B.1.2.r.7 Establish procedures to ensure its data processing system will be back in at least minimal operation within ten business days of a force majeure occurrence. 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.
- B.1.2.r.8 Ensure complete, accurate, up-to-date documentation of all systems and procedures used to operate the NYS FSA program. This documentation shall include a back-up copy stored off premises.
- B.1.2.r.9 Redundant architectures; Class A data center; regular file back-ups; and continuous 24-hour monitoring.
- B.1.2.r.10 Ensure programs and operational procedures are duplicated with a copy stored off premises.
- B.1.2.r.11 Store check stock in a separate, secure location so that checks are available until a new supply can be printed.
- B.1.2.r.12 Provide emergency recovery procedure training for all new

personnel and refresher training at appropriate intervals for all other personnel.

B.1.2.r.13 Provide procedures for designating back-up personnel to operate the system in the event of a disaster or unanticipated key personnel changes.

B.1.2.s Turnover Plan

As part of the planning for a complete NYS Flex Spending Account program, it is necessary to develop and have on file a turnover plan that provides for the complete transfer of all NYS Flex Spending Account program operations to the State and/or a successor contractor. Such a plan might be used at the end of the contract period or if contractor termination occurs prior to that time. Its purpose would be to minimize any disruption of processing and service to plan participants, and its goal would be continuity of plan operations. Thus, the selected vendor is expected to ensure that any transition to another vendor be done in a way that provides enrollees 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 enrollees 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 vendor, maintain access to online systems and receive data/reports and other information regarding the program(s) after the termination of the contract.

In the event that there is a turnover of the NYS Flex Spending Account program to a successor vendor, the vendor selected under this RFP must 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 claims runout period. It is anticipated that in the event of a turnover, this time period would be no more than six months. As part of their cost proposal for this RFP, the vendor is 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. A turnover plan shall be submitted to GOER as identified below.

Duties and Responsibilities:

By submitting a proposal to this RFP, the bidder certifies agreement with 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.

- B.1.2.s.1 Develop and submit upon request a plan acceptable to GOER to provide for complete turnover of the NYS Flex Spending Account program operations to the State and/or a successor vendor. 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 NYS Flex Spending Account personal, enrollment, claims, payroll deductions, business rules, documentation of policies and procedures, website content, enrollment material files, and other data collected by the current vendor is the property of GOER and shall be turned over to the successor vendor.
- B.1.2.s.2 Review and update, if necessary, the turnover plan at appropriate intervals during the term of the contract and resubmit it to GOER for approval upon request.
- B.1.2.s.3 Help tailor the turnover plan to the requirements of a successor contractor should one be selected.
- B.1.2.s.4 Provide GOER and a successor vendor with any required technical assistance and advice during the turnover period.
- B.1.2.s.5 Cooperate fully with GOER and any successor contractor during a turnover period to ensure the timely, smooth transfer of information necessary to administer the program.
- B.1.2.s.6 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 contractor including, but not limited to, historical enrollee claim data, historical enrollment information, and appeals data as well as other data the successor vendor may request and GOER approves during implementation of the program;
 - Completion of all such vendor-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 vendor's phone lines;
- Development of a training plan on payroll processes and technical issues for successor contractor staff;
- Maintaining enrollee 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.

B.1.2.s.7 Within fifteen (15) business days from receipt of the turnover plan, GOER shall either approve the turnover plan or notify the vendor, in writing, of the changes required to the turnover plan so as to make it acceptable to GOER.

B.1.2.s.8 Within fifteen (15) business days from the vendor's receipt of the required changes, the vendor shall incorporate said changes into the turnover plan and submit such revised turnover plan to GOER.

B.1.2.s.9 Provide routine inventory management during turnover to avoid any shortages of plan supplies.

B.1.2.s.10 Attend (in person or by telephone) weekly or other meetings, as required by GOER, with state representatives or designees.

B.1.2.s.11 The selected vendor shall be responsible for transitioning the program in accordance with the approved turnover plan.

B.1.2.t Performance Standards and Penalties

By submitting a proposal, the bidder certifies agreement to adhere to the following performance standards and penalties. The decision of GOER will be final and controlling as to the dollar amount of penalties assessed in accordance with the performance standards and penalties

listed below. The performance standards and penalties are not considered part of the rating criteria and, therefore, will not be evaluated by the Selection Committee.

Deliverable	Performance Standard	Performance Penalty
2011 Plan Year Implementation	<ul style="list-style-type: none"> Establish systems and processes, including transitional activities with the current vendor (if applicable), required to administer all aspects of the NYS Flex Spending Account, including fully tested and completely operational paperless Open Enrollment and Change in Status systems, by January 1, 2011. All tests should be completed and errors corrected no less than two weeks prior to January 1, 2011. (see Section B.1.2) 	Up to 25% of start-up design and implementation fees.
Call center standards for toll-free hotline	<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 an annual basis. The telephone system availability shall be measured and reported to GOER monthly. At least 99% of incoming calls will be answered by the vendor’s VRU within 7 seconds. At least 90% of incoming calls will be answered by a Customer Service Representative within an average of 120 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. 	Up to \$1,000 annually per 2% variance in each of the five areas.
Unscheduled Internet downtime	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	Up to \$1,000 for each 24 hours after the first 24 hours. The penalty will be

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Deliverable	Performance Standard	Performance Penalty
	will be restored within 24 hours of the commencement of service disruption.	waived if the service disruption is a result of a Force Majeure.
Website text updates including HTML and PDFs	Updates will be posted within the deadline set by GOER (generally five business days), unless otherwise specified.	Up to \$500 for each business day after the selected vendor fails to meet the required deadline.
Maintaining payroll timetables and deadlines	The selected vendor will comply with OSC's timetables and deadlines 100% of the time. <i>(see Attachment 1.3 New York State Payroll Processing Timeline)</i>	Up to \$5,000 for each payroll cycle where the selected vendor fails to meet OSC's timetables and deadlines, unless the failure is solely the fault of the State.
Customer Service	<ul style="list-style-type: none"> • 90% Participant Satisfaction based on Annual Participation Satisfaction Survey. • 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. 	Up to \$1,000 per 2% variance in each of the three areas, measured on an annual basis.
Security Breach	<ul style="list-style-type: none"> • The selected vendor will comply with the information security requirements of <i>Section B.1.2.r</i> of this RFP 100% of the time. 	Up to \$2,000 for each security breach incident.

B.1.2.u Samples

Samples 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 vendor is expected to customize any and all documents for the NYS Flex Spending Account. Provide samples of:

- Marketing materials
- Confirmation letter to participants
- Claim rejection letter
- Reimbursement check stub
- COBRA notice

- Quarterly statements to participants
- Debit card quarterly statement to participants
- Enrollment screen shots
- Reporting documents outlined in Section B.1.2.o
- Website URL(s)

***NYS-Ride* Component**

***NYS-Ride* Component
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B.2 Services Requested in this RFP – NYS-Ride Component

B.2.1 Intent of the Request

The intent of this Component of the 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) complete administrative services to operate the statewide Pre-tax Transportation Program, *NYS-Ride*, for New York State employees.

NYS-Ride, established in 2005, enables eligible state employees to set aside payroll deductions on a pre-tax and post-tax basis for eligible transit expenses. There are approximately 225,000 New York State employees potentially eligible to participate in *NYS-Ride* statewide. The program is also offered to employees of the Unified Court System and to the Legislature. The selected vendor must also be able to enter into joinder agreements with certain public benefit corporations, i.e. manual agencies in the event they are offered the opportunity to participate.

The selected vendor will be responsible for implementing all processes, procedures and systems necessary to provide transit benefits to employees on a pre- and post-tax basis through payroll deduction for the following: transit passes, vouchers, van pooling, rechargeable debit cards, and potentially parking. The bidder must respond to thirteen major areas: 1) Program Implementation; 2) Website Hosting and Maintenance and Employee Enrollment; 3) Payroll Interface 4) Account Management; 5) Customer Service; 6) Benefit Distribution; 7) Communications and Marketing; 8) Reporting; 9) Compliance; 10) Information Security and Emergency Procedures; 11) Turnover plan; 12) Performance Standards and Penalties; and 13) Samples.

In developing a response to this RFP, the bidder is expected to demonstrate what makes its organization particularly qualified to serve NYS employees, including a mission consistent with excellence in service and any formal recognition for industry leadership. The bidder's proposal should also demonstrate an ability to accommodate the customized plan designs and unique needs of the *NYS-Ride* program. The selected vendor must be prepared to implement *NYS-Ride* by December 1, 2010. At sometime during the contract, vouchers for statewide parking may be added. Should this occur, the selected vendor must be prepared to implement this portion of the benefit within three months, assuming an additional 15,000 participants.

Transit limit increases or decreases and state or federal laws mandating benefit changes, enacted during the contract, shall be considered within the

scope of the contract and will not result in additional cost to the State.

The informational chart below will provide bidders with typical *NYS-Ride* data.

<i>NYS-Ride</i> Statistics for August 2009 Benefit Month	
Federal Pre-Tax Transit Limit	\$230
Enrollment	8,104
Number of Passes Ordered	8,487
Total Elections (pre-tax and post-tax)	\$896,661
Typical Monthly Customer Service Calls	825

The current Standby Letter Of Credit (SLOC) value is \$1,750,000.

B.2.2 Scope of Work

Note to Bidders: This RFP is arranged in three discrete components: FSA Component, *NYS-Ride* Component, and FSA and *NYS-Ride* Combined Component. The services requested for each of the three components of this RFP were developed to stand alone – you are allowed to submit a proposal for any or each of the components. We have intentionally placed the FSA Component and the *NYS-Ride* Component first as a foundation for you to better understand the Combined Component.

Bidders will find a Table of Contents prefacing each component, with the major deliverables arranged consistently among the three separate components. To facilitate comprehension of the FSA and *NYS-Ride* Combined Component, we have organized the requirements common to both the FSA and *NYS-Ride* programs at the beginning of each major deliverable, followed by requirements specific to the FSA program and the *NYS-Ride* program respectively. We hope that you will find the organization of the RFP clear and easy to understand.

The Technical Portion of bidders' proposals will be evaluated using the Scope of Work criteria found on pg. 57-83. Bidders must describe in detail how they will conform to the scope of work requested in this RFP.

B.2.2.a Mandatory Requirements

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

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

- The bidder must demonstrate that it has significant experience and expertise in the administration of Section 132(f) pre-tax transportation

programs as defined by the Internal Revenue Code.

- The bidder must demonstrate that it has experience providing third party administration services to large (minimum of 75,000 employees), multi-site employers and be capable of serving a geographically diverse employee population. It is *desirable* but not mandatory for the selected vendor to have experience providing services to a unionized public employee population.
- The bidder must have the capability to record, retrieve, and archive telephone calls, including enrollment, changes, and terminations, which satisfies the New York State Finance Law requirements of obtaining employee authorization to take payroll deductions.
- For the term of the contract, the selected vendor must assign an account manager to oversee all matters arising in the administration and management of *NYS-Ride*. The account manager should be fully authorized in writing by the contracting bidder 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 *NYS-Ride*. The account manager will be responsible for coordinating and leading weekly conference calls between the vendor's appropriate departments and GOER to discuss and resolve both client and employee issues. The decision of the State will be final and controlling as to the meaning of any provision in these specifications.
- Without exception, each bidder's proposal must include a statement that it is committed to providing the required Letter of Credit and a statement as to how it will be provided. This statement must be accompanied by a written commitment from a financial institution to provide GOER with the Letter of Credit no more than 60 days after receipt of a "Letter of Intent" to enter into a contract. The selected vendor, as a condition of the contract resulting from this RFP, must provide GOER with an irrevocable Letter of Credit that must be maintained in force and effect with GOER as required in Section F.2, pg. 158 of this RFP.
- The bidder must certify its ability to meet the payroll interface requirements with the Office of the State Comptroller, as defined by Section B.2.2.e, Payroll Interface.

- The bidder must agree to mask all but the last four digits of the participants' SSNs in all correspondence and reports.
- The bidder must guarantee that the customer service operations that serve *NYS-Ride* and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States.
- The bidder must guarantee that the information technology operations that serve *NYS-Ride* and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States.

B.2.2.b This Section Left Blank Intentionally.

B.2.2.c Program Implementation

Implement *NYS-Ride* for New York State employees, a program that provides transit passes, transportation in a commuter highway vehicle (van pooling), vouchers, smart cards, also known as permanent stored value cards or electronic vouchers, and potentially qualified parking expenses as defined by the Internal Revenue Code Section 132(f). A transit pass is any pass, token, fare card, voucher, or similar item (including an item exchangeable for fare media) that entitles a person to transportation on mass transit facilities or by commuter highway vehicle. As detailed in the federal regulations, restrictions apply for eligibility of commuter highway vehicle expenses. Qualified parking is provided by an employer on or near the employer's business premises or at a location from which the employee commutes to work. Parking on or near the employee's residence is not qualified parking. If a parking benefit is offered by NYS during the term of this contract, bidders must be prepared to provide pre-tax and post-tax purchase of vouchers for qualified parking rather than a reimbursement program for parking expenses.

B.2.2.c.1 In developing a response to this RFP, the bidder must demonstrate what makes its organization particularly qualified to serve NYS employees, including a mission consistent with excellence in service and any formal recognition for industry leadership.

B.2.2.c.2 Produce passes, vouchers, or smart cards that are agreed upon and accepted by the local transit authorities and the State. The bidder must be willing to negotiate the acceptance of fare media including commuter trains, bus lines, ferries, van pools, and parking vendors with local transit authorities and vendors throughout the State and other locations where NYS employees regularly commute, e.g. Connecticut, Massachusetts, New Jersey, Pennsylvania, Washington D.C, etc.

B.2.2.c.3 Assist and advise GOER with respect to the program's qualification under IRC Section 132(f) and any other pertinent federal laws or regulations.

B.2.2.c.4 Provide GOER with any necessary legal advice with respect to administration of the program.

B.2.2.d Employee Enrollment

B.2.2.d.1 The selected vendor will be responsible for providing a convenient, readily available, customized, user-friendly, completely paperless process for enrolling and submitting account changes (see *Attachments I.6.a-b Process Flow, which will provide an understanding of the minimum level of customization required*). This system must include a web-based online option and a telephone option, in accordance with New York State Finance Law and requirements set forth by the Office of the State Comptroller (OSC) and GOER, and customized to meet the needs of the State. The web-based and telephone enrollment process is expected to accurately inform employees when their fare media will be received based on the date of enrollment or change, the pre-tax and post-tax amount of the biweekly deduction, and in what paycheck the deduction will take effect. All information exchanged electronically through the Internet or other electronic exchange mechanisms must be protected with industry-accepted practices for authentication and data encryption.

In developing a customized website for employee enrollment, it will be the responsibility of the contractor to adhere to the NYS policy for website accessibility according to the policy in effect at the time the website is designed. At present, the applicable policy is NYS OFT Technology Policy P08-005, which can be referenced at <http://www.oft.state.ny.us/policy/NYS-P08-005.PDF>. GOER will work with the selected vendor to provide an understanding of accessibility requirements. *Bidders should note that NYS accessibility requirements are more stringent than the federal accessibility requirements.*

B.2.2.d.2 Provide a system for tracking new enrollments, changes, and terminations in accordance with the timeframes established by the NYS Office of the State Comptroller (OSC) and GOER.

B.2.2.d.3 Process new enrollments, changes, and terminations, in accordance with the timeline provided by GOER (see *Attachment I.4*). The current vendor will be responsible for processing new enrollments, changes, and terminations through January 1, 2011 and for fulfilling passes for the January benefit month. The current vendor will also be responsible

for transmitting the payroll files through December 10, 2010, which will include the payroll deductions for the benefit month of January 2011. The selected vendor will be responsible for transmitting the *NYS-Ride* payroll files for payroll deductions beginning with the February benefit month and assume processing all *NYS-Ride* enrollments, changes and terminations effective January 2, 2011 (for the April benefit month).

B.2.2.e Payroll Interface

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

Scores for this portion of bidders' proposals will be weighted to reflect the overall importance of the bidders' ability to interface with NYS payroll system in the formats defined by OSC. The selected vendor must:

B.2.2.e.1 Interface with the NYS payroll system, in the format defined by the Office of State Comptroller (OSC) as outlined below. OSC operates the State payroll system. Because of the size of the State work force, the payroll is split into two 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 vendor must be able to receive and send data electronically every week to the State payroll office and assign participants to the correct payroll group.

The current vendor will be responsible for processing new enrollments, changes, and terminations through January 1, 2011 and for fulfilling passes for the January benefit month. The current vendor will also be responsible for transmitting the payroll files through December 10, 2010, which will include the payroll deductions for the benefit month of January 2011. The selected vendor will be responsible for transmitting the *NYS-Ride* payroll files for payroll deductions beginning with the February benefit month and assume processing all *NYS-Ride* enrollments, changes and terminations effective January 2, 2011 for the April benefit month.

- TCP/IP: Transmission Control Protocol/Internet Protocol—OSC's secure file transfer protocol (FTP). The selected vendor is required to open a TCP/IP account. Instructions on how to do this will be provided to the selected vendor by OSC.

- Eligibility Validation: The selected vendor is expected to validate employee eligibility. OSC will create an eligibility file for the selected vendor (*see Attachment I.1.i NPAY579*) on a weekly basis. The file format will contain employees who meet the eligibility criteria and will contain ONLY the following data, which the selected vendor will use to match eligibility of enrollees:
 - Last 4 digits of SSN
 - Department ID
 - Bargaining Unit Code
 - Location Pay (Pilot Eligible Bargaining Units Only)

Bidders: OSC will not provide names, full Social Security Numbers, or unique identification numbers on the weekly eligibility file.

The selected vendor is expected to validate continued eligibility. GOER will provide the selected vendor with a list of eligible and ineligible Department ID's and Bargaining Unit Codes. For validating continued eligibility, OSC can provide limited eligibility validation once the employee is enrolled. If an employee transfers from an eligible bargaining unit to an ineligible bargaining unit, OSC will automatically terminate the deduction.

- Payroll Data Exchange: To initiate, change, or terminate a deduction, the selected vendor will be required to submit a weekly interface to OSC (*see Attachment I.1.j OSC Inbound Interface File Layout*) on specified dates not later than 6:00 p.m., ET. The interface must contain the following information:
 - Department ID
 - Name
 - SSN
 - Pre-Tax Deduction Code (421)
 - Post-Tax Deduction Code (422)
 - Effective Date
 - Deduction End Date
 - Deduction Amount (vendor **is required** to calculate the employee's election in 2 biweekly increments. In three pay period months, OSC will take deductions from the first two paychecks and no deduction from the third.

OSC will provide payroll processing calendars indicating deduction effective dates, check dates, and file submission dates (*see*

Attachment I.2.a-b for sample calendars).

GOER will also provide a listing indicating Department ID's and corresponding pay cycles.

- Two Pay Period Deduction Deferral: Two biweekly deductions must be taken prior to issuance of the transit pass or voucher to the employee in order to pre-fund the benefit and protect the State from financial liability. The vendor will be responsible for administering this deferral.

Example: An employee on the Administrative Pay Cycle enrolls on September 25, 2009 for the December benefit month. The vendor will send the deduction file to OSC on October 15 for the first payroll deduction from the paycheck of October 28 and another file on October 29 for the second payroll deduction from the paycheck of November 11. The vendor will mail the transit pass or voucher to the employee by November 21, for use by the employee on December 1, 2009.

The State will provide the vendor with an Enrollment Time Line that details weekly deadlines for enrollment and payroll interface deadlines with OSC for use in determining when to mail transit benefits to employees. *(see Attachment I.4 for a sample Enrollment Time Line).*

- Participant Refunds: The refund will be added to the employee's salary on a post-tax basis. The selected vendor is responsible for identifying the employees to whom a refund is owed *(see Attachments I.6.a-b Process Flow)* within one pay cycle and reporting this information to OSC via the inbound File NPAY515 Refund detail file *(see Attachment I.1.o)*. The refund will be identified as a negative deduction on the NPAY518 Outbound detail file from OSC *(see Attachment I.1.m)*.
- Missed Deductions: The vendor is responsible for terminating benefits for employees who miss a deduction *(see Attachments I.6.a-b Process Flow)*. In such cases, the vendor is required to notify the employee of the termination by mail or email if elected by participants, with instructions on how to renew enrollment. The vendor is also responsible for end-dating the deduction in the next interface file *(see Attachment I.1.j NBEN 902U)* submitted to OSC for that payroll cycle.

If the employee resumes participation in *NYS-Ride*, sufficient deductions must be taken before a new pass or voucher can be delivered. It is the responsibility of the vendor to keep track of the

employee's account and restart the benefit timely when the employee has accumulated sufficient deductions, allowing for any credits the employee may have in his or her account.

When through no fault of his or her own, a participant misses the first deduction of a benefit month, the vendor is responsible for taking a double deduction. This double deduction must be taken in the second payroll for that benefit month to ensure that the participant is not erroneously terminated from *NYS-Ride*, resulting in his or her not receiving the fare media.

- Testing: To help ensure the success of the file transmission and accurate deduction processing, a three to four week testing period will be required prior to the implementation of *NYS-Ride*. Testing will include the transmission of and the receipt of an eligibility file, inbound interfaces, and outbound reconciliation files.

B.2.2.e.2 Receive monies weekly by Automated Clearing House (ACH) wire transfer from the State and make proper allocation of such monies to the accounts of *NYS-Ride* participants, including the allocation and payment of such amounts to transit/parking vouchers, and smart cards.

- The State will make a weekly payment to the vendor through direct deposit totaling the amount of actual deductions taken for *NYS-Ride* benefits. The selected vendor must have an ACH account to receive monies.

B.2.2.e.3 OSC will also mail to the vendor a weekly Error Report (see *Attachment I.1.k NBEN902U Rejected Transactions*) that will contain any transaction not processed from the Inbound Interface and an explanation of the error (see *Attachment I.1.I*). GOER will research the rejections and report the resolutions to the vendor to implement in a timely manner.

- The selected vendor will reconcile expected and actual payroll deductions on a weekly basis.
- The selected vendor will report unresolved discrepancies (missed or unexpected deductions) to GOER on the defined weekly schedule. (see *Attachment I.4 Enrollment Time Line*).

- GOER will send in a password protected email or to the vendor's secure FTP site a written resolution, which the vendor is expected to use to immediately update the affected participants' accounts, payroll deduction information, and eligibility information. (see *Attachment I.4 Enrollment Time Line*).
 - OSC will provide the selected vendor with two outbound reconciliation files. The first file, the Deduction Detail File (see *Attachment I.1.m NPAY518*) will contain employee deduction detail information, employee name, deduction amount, etc. The second file, the Change File (see *Attachment I.1.n NBEN 530*) will identify employees who have had a change in employee status, termination, sick leave, etc. These files are created at the end of each payroll cycle.
- B.2.2.e.4 Benefits Received in Error: If an employee receives a payroll deduction for a transit benefit to which he/she is not entitled, OSC will recover the amount from a subsequent vendor payment and notify the selected vendor by identifying a negative deduction on the NPAY518 detail file (see *Attachment I.1.m NPAY518*). The selected vendor is responsible for pursuing reimbursement of these funds from the employee. In addition, the State will not be responsible for vendor or subcontractor errors if a participant receives a benefit or a duplicate benefit to which he/she is not entitled.
- B.2.2.e.5 As part of the monthly invoice procedure, process any unused participant funds (forfeitures) to GOER for distribution to the State.
- B.2.2.e.6 Execute purchase orders with transit/parking vendors on a timely basis and transfer funds accordingly.
- B.2.2.e.7 Possess demonstrated expertise in database system management, programming, and a variety of electronic media.
- B.2.2.e.8 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.
- B.2.2.e.9 Possess ability and proven experience, flexibility, and creativity in dealing with large, complex systems.
- B.2.2.e.10 In the event *NYS-Ride* is extended beyond the current Executive Branch, Legislative Branch, and Unified Court System, the selected vendor must be able to execute piggyback (joinder) agreements. The selected

vendor will be responsible for establishing procedures to process separate automated or manual payroll files from each public benefit corporation or public authority (manual agencies). These manual agencies are responsible for all costs under the joinder agreement, and the selected vendor will invoice the manual agencies directly and:

- Reconcile expected and actual deductions on a weekly basis and report them to the manual agencies for resolution.

B.2.2.e.11 Reconcile payroll deduction deposits to the *NYS-Ride* bank account with the automated or manual payroll files received from each manual agency.

B.2.2.f Account Management

For the term of the contract, it is mandatory for the selected vendor to assign an account manager to oversee all matters arising in the administration and management of *NYS-Ride*. The account manager should be fully authorized in writing by the contracting bidder 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 *NYS-Ride*. The account manager will be responsible for coordinating and leading weekly conference calls between the vendor's appropriate departments and GOER to discuss and resolve both client and employee issues. The decision of the State will be final and controlling as to the meaning of any provision in these specifications. The selected vendor must:

B.2.2.f.1 Assign a technical expert to whom GOER has direct access when needed.

B.2.2.f.2 Enter, track, and manage account information in an electronic database to monitor compliance within the monthly federal maximums or increases in the maximum as designated by the Internal Revenue Code.

B.2.2.f.3 Provide GOER with online access to participants' accounts to view payroll deduction, account history, and customer service call records.

B.2.2.g Benefit Distribution

Proposals are expected to reflect that the bidder is willing and capable of providing each of the following:

B.2.2.g.1 Deliver benefits to employees on a regular monthly basis. The selected vendor will be expected to deliver benefits through direct mailing of

transit passes (where available) rather than vouchers.

- B.2.2.g.2 Deliver benefits through home mailing via first class mail in security (non-see through) envelopes.
- B.2.2.g.3 Print recipient's name on each voucher, when vouchers are used instead of transit passes.
- B.2.2.g.4 Issue transit passes/vouchers after two consecutive payroll deductions have been taken and continue on a regular monthly schedule until the participant misses a payroll deduction or terminates enrollment.
- B.2.2.g.5 Mail monthly transit vouchers no later than the 21st of the month to ensure on-time delivery for employees' use by the first of the following month, where rechargeable electronic fare media are not available.
- B.2.2.g.6 Arrange to have the pass or value selected by an enrolled employee transmitted to the employee's electronic card by the beginning of each new calendar month, and new cards issued at reasonable intervals until the participant misses a payroll deduction or terminates enrollment, where smart cards are available.
- B.2.2.g.7 Provide vouchers that are redeemable by employees for public transit travel at no charge.
- B.2.2.g.8 Provide measures to help ensure secure delivery of fare media, smart cards, or vouchers.
- B.2.2.g.9 Provide a fair procedure for handling lost or stolen vouchers, smart cards, or fare media that will not require the involvement of GOER staff.
- B.2.2.g.10 Provide a benefit delivery system that adheres to the State's time line for processing deductions, thereby minimizing the time between employee enrollment or submitting changes and employee's receipt of benefits or implementation of change.
- B.2.2.g.11 Allow employee deductions of any amount within the federal maximum and any practical constraints (e.g., commuter check denominations).

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B.2.2.m Customer Service

Bidders must demonstrate their ability to:

B.2.2.m.1 Provide accurate, efficient, courteous, and high quality customer service to all participants and prospective enrollees. Customer service should easily be accessible to participants, with customer service representatives having the ability to gain immediate access to a participant's account to verify enrollment information including monthly elections and fare media information. Proposals must also include the capability for participants to have online access to their account information through the selected vendor's secure website.

B.2.2.m.2 By January 1, 2011, ensure the toll-free customer service line and Telecommunications Devices for the Deaf (TDD) line is 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 a.m. through 5 p.m. ET, Monday through Friday, excluding legal holidays observed by the State. The toll-free line should be completely tested and fully operational by December 1, 2010 so that the selected vendor can begin answering calls beginning on January 1, 2011.

Bidders who propose to provide extended hours of accessibility, and/or propose to provide a dedicated team to answer New York State calls will receive additional points.

B.2.2.m.3 Provide multiple modes of participant access to customer service (phone, email, Internet, etc.), including the ability to communicate effectively with Spanish speaking employees.

Bidders who can provide customer service in languages other than English and Spanish will receive additional points.

B.2.2.m.4 Ensure that customer service representatives are knowledgeable and properly trained in rules and regulations specific to *NYS-Ride*. The customer service representatives must be able to inform employees when he or she will receive his or her fare media based on the date of enrollment or change, the pre- and post-tax biweekly deduction amount, and what pay period the deduction will take effect. The selected vendor will develop and provide each customer service representative with a *NYS-Ride* specific training manual that will include, but not be limited to:

- Program Overview
- Highlights of *NYS-Ride*
- Pre-tax Limit
- Eligibility
- User Agreement
- Payroll Timeline

At a minimum, this training manual will be updated annually.

B.2.2.m.5 Develop an email system whereby employees may ask questions and be responded to in free form and pre-developed responses. This email system must also allow for responses back to the selected vendor.

B.2.2.m.6 Document in the vendor's main database each incoming telephone call or request received from participants at the time it is received in the individual participant's account record. Telephone calls received from state employees who are non-participants shall also be documented. **Proposals must reflect the ability to record, retrieve, and archive all customer service calls (*Mandatory Requirement*).** These archived records must be available for retrieval for a period of not less than seven years in accordance with federal and state regulations.

B.2.2.m.7 Respond 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.

B.2.2.m.8 On a weekly basis, review a random sample of each of the customer service representatives' recorded calls and email responses to ensure the accuracy of the information being provided. Customer service representatives who fail the training standard must receive appropriate coaching.

B.2.2.m.9 Provide a system to return 100% of calls and answer 100% of emails, within one business day and resolve 99% of routine problems within five working days (***Performance Guarantee – will not be rated***).

B.2.2.m.10 Allow employees to make changes to their accounts at any time

(i.e., not restricted to specific times of the month).

B.2.2.m.11 Provide good two-way communication with participants about their *NYS-Ride* benefits, including at a minimum: 1) written or electronic confirmation for new enrollees with instructions on how to make future changes to their account, who to contact, when to expect arrival of their benefits, etc; 2) written or electronic confirmation of any elections or account changes made, customized as necessary; (for example, but not limited to, transit fare increases); 3) monthly emails to participants letting them know what fare media was sent; and 4) for participants without email addresses, provide program updates and reminders, in hard copy format, on a quarterly basis.

B.2.2.n Communications and Marketing

Outreach is considered critical, to ensure that employees are aware of how *NYS-Ride* can benefit them. Vendor flexibility, creativity, and diligence in promoting *NYS-Ride* are expected on an ongoing basis. The selected vendor is expected to:

B.2.2.n.1 Assist GOER with a marketing campaign targeted to increase participation among State employees, with the flexibility to respond to the changing policies, needs, populations, etc.

B.2.2.n.2 Develop, design, print and distribute all marketing materials customized for *NYS-Ride*. 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 GOER's logo and copyright. GOER requires prior approval on the design and content of all promotional material. For the period of this contract, at a minimum, the selected vendor will be expected to produce, in sufficient quantity:

- a detailed enrollment booklet to fulfill employee requests and for distribution at employee information meetings,
- payroll stuffers to be distributed to each state employee via 240 agency payroll offices,
- posters to distribute to 260 agency worksites, and small brochures for GOER to distribute at employee health fairs and union sponsored functions.
- over the course of the seven-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.

- For purposes of this RFP, bidders should assume at least one reprint during the contract term. During the contract period the following approximate quantities will be printed: 1,500 24-page enrollment booklets; 214,000 payroll stuffers; 4,100 posters, 7,500 brochures, and 500 one-page letters. 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 vendor will design and develop materials and then provide them in PDF and text-only versions that GOER can email to state agencies. While bidders are requested to include printing and mailing costs in each cost bid for specified quantities of materials, the actual quantities will have to be authorized annually by GOER. GOER reserves the right to reduce the cost paid per participant based on the savings from reduced printing and mailing costs as identified on the selected vendor's budget sheets. Bidders should also assume that the postage costs associated with distributing marketing materials to employees and state agencies are part of the contract costs, and will not be billed separately.

Bidders who can translate these materials, for the website in both PDF and HTML versions, in languages other than English will receive additional points.

B.2.2.n.3 The selected vendor must provide resources to market *NYS-Ride* to NYS employees, including staff to deliver presentations at State worksites, or webinars. Provide all technology and resources to conduct these presentations electronically. Provide all material necessary for delivery and distribution, including laptops, projectors, electronic presentations, and educational and promotional material tailored to NYS's program when the meetings are conducted at the workplace. The State will provide space for employee meetings, when such meetings are necessary.

Employee meetings/webinars during the term of the contract:

- New York City: 4 2 Meetings 2 Webinars
- Albany: 6 3 Meetings 3 Webinars
- Buffalo: 2 1 Meeting 1 Webinar
- Rochester: 2 1 Meeting 1 Webinar

- Syracuse: 2 1 Meeting 1 Webinar
- Binghamton: 2 1 Meeting 1 Webinar

B.2.2.n.4 Provide 2,500 low-cost (not to exceed \$2.50 per unit) promotional giveaway 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 must include the *NYS-Ride* customized program branding on each item, and must be approved by GOER. All promotional items are expected to be made in the U.S.A.

B.2.2.o Reporting

Monthly, quarterly, annual, and other periodic reporting will be a condition of payment for services rendered. GOER staff will meet with the selected vendor to finalize reporting details including the format, number of reports needed, and other specifics. Reports shall be provided in electronic format in compliance with NYS security procedures, which include password protection, transmission to GOER through the vendor's secure FTP site, or other mutually agreed upon security measures to protect employee Social Security Numbers (SSNs). The selected vendor must agree to mask employee SSNs in all reports unless otherwise requested by GOER.

Bidders who can provide these reports on demand through the bidder's secure website; allow only authorized GOER staff to enter the website with a user ID and password; and make the reports downloadable to an Excel 2007 or lower format spreadsheet will receive additional points.

Bidders are expected to include sample-reporting documents (*see Section B.2.2.u*) and indicate their ability to provide all of the information below. The selected vendor should provide:

B.2.2.o.1 The following payroll interface reports on a weekly basis:

- Unresolved Payroll Rejection
- Unresolved Payroll Discrepancy
- Double Deduction
- Refund

B.2.2.o.2 Monthly employee registry including: employee name, masked

social security number, Department ID, bargaining unit code, transit provider, total amount in payroll deductions, monthly and cumulative year-to-date, and total amount of benefits delivered, monthly and cumulative year-to-date.

B.2.2.o.3 Monthly updates regarding the selected vendor's upcoming schedule for worksite presentations and attendance at union events and benefit fairs.

B.2.2.o.4 Monthly report of lost and/or stolen vouchers or fare media, including name, date reported, date compensated, and amount compensated.

B.2.2.o.5 The selected vendor is expected to provide monthly customer service reports to GOER that include the number of *NYS-Ride* 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, complaint of service, request for information, response time, action taken, etc).

B.2.2.o.6 Print and mail quarterly reminders to the *NYS-Ride* participants' home address for whom no email address is on file. This quarterly reminder will include, but is not limited to, updating current participants on transit increases, plan rules, regulations and changes. GOER requires prior approval of the quarterly reminders.

B.2.2.o.7 Develop, distribute, and report the results of an annual Participant Satisfaction Survey from a statistically significant random sampling of participants. The survey must include a proportionate sampling of participants with email addresses and without email addresses and be distributed electronically and via USPS accordingly. The annual survey should be distributed in January with results reported to GOER by March 31.

B.2.2.o.8 Work with GOER as required analyzing cost and savings of *NYS-Ride* and making suggestions regarding efficiency improvements.

B.2.2.p Website Hosting and Maintenance

The selected vendor is responsible for hosting and maintaining the contents of the *NYS-Ride* website. GOER will retain ownership of the domain name and website content. For information purposes, the website may be viewed at www.nysride.com. It is the responsibility of the selected vendor to conform to 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 *the State's accessibility requirements are more stringent than federal accessibility standards*. GOER will work with the selected vendor to provide an understanding of the State's requirements. The selected vendor also must:

B.2.2.p.1 Provide sufficient space on a server(s) to host the enrollment systems and/or websites. In developing customized websites for employee enrollment, it will be the responsibility of the contractor 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 OFT Technology Policy P08-005, which can be referenced at <http://www.oft.state.ny.us/policy/NYS-P08-005.PDF>.

B.2.2.p.2 Designate a web master who will be the primary point of contact for all website matters, and who is authorized to post the updates requested by GOER.

B.2.2.p.3 Update the contents of the *NYS-Ride* website on an ongoing basis throughout the year upon the request of GOER. Periodic text updates must be posted to the website in a timeframe as directed by GOER. Generally, text updates will be required to be posted within five business days of being requested by GOER. GOER is responsible for drafting and approving all text to be displayed on the website.

B.2.2.p.4 Establish an interface between the *NYS-Ride* website and the selected vendor's database to provide participants with real-time access to their account information.

Bidders who propose to customize the interface to match the appearance of the *NYS-Ride* website will receive additional points.

B.2.2.p.5 Provide GOER with the capability of posting its own announcements on the nysride.com homepage.

B.2.2.p.6 Guarantee that all responsibilities related to website hosting and maintenance will not be subcontracted to a company or operation (including business partners) located outside of the United States (***Mandatory Requirement***).

B.2.2.q Compliance

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

The selected vendor will be responsible for providing 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 must include a preliminary analysis of all associated costs and the anticipated impact of proposed program modifications and contemplated benefit design changes on enrollees.

B.2.2.q.1 State or federal laws, or IRS rules and regulations that are proposed or adopted during the term of any resulting Agreement and deemed by the State as necessitating a change in benefits will be incorporated within the scope of this RFP.

The selected vendor 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 vendor agrees that its compensation will change only if the selected vendor is able to provide detailed documentation of increased costs to the selected vendor 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 vendor's level of effort or cost, the State reserves the right to renegotiate the monthly administrative fee with the selected vendor.

B.2.2.q.2 GOER must review and approve all marketing materials and communications produced by the selected vendor prior to distribution to *NYS-Ride* participants or eligible employees. All costs of marketing materials and distribution to *NYS-Ride* participants and eligible employees will be borne by the selected vendor.

B.2.2.q.3 The selected vendor is financially responsible and will 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 vendor's voucher payment procedures performed by the State or independent external auditors.

B.2.2.q.4 GOER has established performance standards and penalties and will monitor the selected vendor's performance results against the standards (*see B.2.2.t, Performance Standards and Penalties*).

B.2.2.r 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 four bullet points directly below, which are not considered part of the rating criteria and, therefore, will not be evaluated by the Selection Committee:

- Comply with all federal and state security policies in relation to providing services (*see Section F.28, pages. 171-173 and Section G, Attachment 5, page 203*).
- Share audit reports with the State.
- Allow the State to verify implementation of recommendations resulting from audits.
- In the event of a security breach, the selected vendor will be responsible for providing identity theft and credit monitoring services to the affected participants. The selected vendor 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).

Bidders are required to submit a protection and risk assessment plan for the management of confidential information. The protection and risk assessment plan must include technology- and non-technology-based approaches to managing the security of such confidential information. Bidders must 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:

B.2.2.r.1 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) will receive additional points.

B.2.2.r.2 System monitoring and intrusion detection.

B.2.2.r.3 Security reviews and audits, including third-party reviews and audits.

B.2.2.r.4 Use of security tools and standards (e.g., security software, encryption standards, etc.)

Bidders who have obtained current ISO 27000 certification will receive additional points.

B.2.2.r.5 Maintaining and enhancing the bidder's information security environment and business practices.

B.2.2.r.6 Masking employee SSNs in all correspondence and reports, unless specifically requested by GOER (***Mandatory Requirement***).

In addition, the selected vendor is expected to provide emergency protection for all data, records, forms, and data processing operations devoted to *NYS-Ride*. **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:**

B.2.2.r.7 Establish procedures to ensure its data processing system will be back in at least minimal operation within ten business days of a force majeure occurrence. 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.

B.2.2.r.8 Ensure complete, accurate, and up-to-date documentation of all systems and procedures used to operate *NYS-Ride*. This documentation shall include a back-up copy stored off premises.

B.2.2.r.9 Redundant architectures; Class A data center; regular file back-ups; and continuous 24-hour monitoring.

B.2.2.r.10 Ensure programs and operational procedures are duplicated with a copy stored off premises.

B.2.2.r.11 Provide emergency recovery procedure training for all new personnel and refresher training at appropriate intervals for all other personnel.

B.2.2.r.12 Provide procedures for designating back-up personnel to operate the system in the event of a disaster or unanticipated key personnel changes.

B.2.2.s Turnover Plan

As part of the planning for a complete program, it is necessary to develop and have on file a turnover plan that provides for the complete transfer of all *NYS-Ride* 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 contractor termination occurs prior to that time. Its purpose is to minimize any disruption of processing and service to *NYS-Ride* participants, and its goal is continuity of program operations. Thus, the selected vendor is expected to ensure that any transition to another vendor be done in a way that provides enrollees with uninterrupted access to their *NYS-Ride* 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 transit orders; verification of enrollment; account management; providing sufficient staffing to ensure enrollees 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 vendor, maintain access to online systems and receive data/reports and other information regarding the program after the termination of the contract.

In the event that there is a turnover of *NYS-Ride* to a successor vendor, the vendor selected under this RFP must 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. It is anticipated that in the event of a turnover, this time period would be no more than six months. As part of their cost proposal for this RFP, the vendor is 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. A turnover plan shall be submitted to GOER as identified below.

By submitting a proposal, 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

- B.2.2.s.1 Develop and submit upon request a plan acceptable to GOER to provide for complete turnover of *NYS-Ride* program operations to the State and/or a successor vendor. For the purposes of this RFP, all *NYS-Ride* personal, enrollment, payroll deductions, process flow documents, documentation of policies and procedures, website content, enrollment material files, and other data collected by the current vendor is the property of GOER and shall be turned over to the successor vendor.
- B.2.2.s.2 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.
- B.2.2.s.3 Help tailor the turnover plan to the requirements of a successor contractor should one be selected.
- B.2.2.s.4 Provide GOER and successor contractor with any required technical assistance and advice during the turnover period.
- B.2.2.s.5 Cooperate fully with GOER and any successor contractor during a turnover period to ensure the timely, smooth transfer of information necessary to administer the program.
- B.2.2.s.6 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 contractor including, but not limited to, historical enrollee payroll deductions, historical enrollment information, as well as other data the successor vendor may request and GOER approves during implementation of the program;
 - Completion of all such vendor-provided services associated with transit orders made on or before the scheduled termination date of the contract;

- Keeping dedicated phone and fax lines open with adequate available staffing, and transferring calls as appropriate to the successor vendor's phone lines;
- Development of a training plan on payroll processes and technical issues for successor contractor staff;
- Continued GOER access to any online payroll deduction 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.

B.2.2.s.7 Within fifteen (15) business days from receipt of the turnover plan, GOER shall either approve the turnover plan or notify the vendor, in writing, of the changes required to the turnover plan so as to make it acceptable to GOER.

B.2.2.s.8 Within fifteen (15) business days from the vendor's receipt of the required changes, the vendor shall incorporate said changes into the turnover plan and submit such revised turnover plan to GOER.

B.2.2.s.9 Provide routine inventory management during turnover to avoid any shortages of program supplies.

B.2.2.s.10 Attend (in person or by telephone) weekly or other meetings as required by GOER, with state representatives and designees, in the event of a turnover.

B.2.2.s.11 The selected vendor shall be responsible for transitioning the program in accordance with the approved turnover plan.

B.2.2.t Performance Standards and Penalties

By submitting a proposal, the bidder certifies agreement to adhere to the following performance standards and penalties. The decision of GOER will be final and controlling as to the dollar amount of the penalties assessed in accordance with the performance standards and penalties below. The performance standards and penalties are not considered part of the rating criteria and, therefore, will not be evaluated by the Selection Committee.

RFP for Third Party Administration of
Pre-Tax Flexible Spending and Transportation Programs

Deliverable	Performance Standard	Performance Penalty
Implementation	Implementation must begin on December 1, 2010.	Up to 10% of start-up implementation fees.
Call center standards	<ul style="list-style-type: none"> • The telephone line, including the TDD line, will be operational and available to employees 12 hours per day, five days per week, Monday – Friday, at least 99.5% of the time, calculated on an annual basis. The telephone system availability shall be measured and reported to GOER monthly. • At least 99% of incoming calls will be answered by the vendor’s VRU within 7 seconds. • At least 90% of incoming calls will be answered by a Customer Service Representative within an average of 120 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. 	Up to \$1,000 per 2% variance in each of the five areas.
Unscheduled Internet downtime	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.	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.
Website text updates including HTML and PDFs	Updates must be posted within the deadline set by GOER, generally within 5 business days, unless otherwise specified.	Up to \$500 for each business day after the first business day the selected vendor fails to

RFP for Third Party Administration of
Pre-Tax Flexible Spending and Transportation Programs

Deliverable	Performance Standard	Performance Penalty
		meet the required deadline.
Maintaining payroll timetables and deadlines	The selected vendor will comply with OSC's timetables and deadlines 100% of the time (<i>See Attachment I.4 for a sample Enrollment Time Line</i>).	Up to \$5,000 for each payroll cycle where the selected vendor fails to meet OSC's timetables and deadlines, unless the failure is solely the fault of the State.
Prompt delivery of fare media	Fare media will be mailed to 100% of participants no later than the 21 st of the month for the following month's transit.	Up to \$1,000 for each monthly occurrence in which the selected vendor fails to mail fare media by the deadline.
Customer Service	<ul style="list-style-type: none"> • 90% Participant Satisfaction based on Annual Participation Satisfaction Survey. • Return 100% of calls and answer 100% of emails within 1 business day. • Resolve 99% of routine problems, such as enrollment, changes, cancellations, missed deductions, undelivered fare media, within 5 working days. 	Up to \$1,000 per 2% variance in each of the three areas, measured on an annual basis.
Security Breach	<ul style="list-style-type: none"> • The selected vendor will comply with the Information Security and Emergency Procedures Section B.2.2.r of this RFP 100% of the time. 	Up to \$2,000 for each security breach incident.

B.2.2.u Required Samples

Samples pertaining to pre-tax transit 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 vendor is expected to customize any and all documents for the *NYS-Ride* program. Provide samples of:

- Marketing materials
- Letters/email communication to participants
- Website URL(s)

- Enrollment screen shots
- Reporting documents outline in Section B.2.2.o

FSA and *NYS-Ride Combined* Component

**FSA and *NYS-Ride* Combined Component
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B.3 Services Requested in the RFP – FSA and *NYS-Ride* Combined Component

B.3.1 Intent of the Request

The intent of this Component of the 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) complete administrative services for the NYS Flex Spending Account program, which includes the Dependent Care Advantage Account (DCAA) and the Health Care Spending Account (HCSA), and the statewide Pre-tax Transportation Program, *NYS-Ride*, for New York State employees.

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 work force. The DCAA was first implemented in January 1991. The HCSA, a flexible spending account program for un-reimbursed health care expenses, was implemented in 2001 as a result of the 1999-2003 negotiated agreements and combined with the DCAA to become the NYS Flex Spending Account program. *NYS-Ride*, established in 2005, enables eligible state employees to set aside payroll deductions on a pre-tax and post-tax basis for eligible transit expenses.

The NYS Flex Spending Account (FSA) and *NYS-Ride* are 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 public benefit corporations (a.k.a. manual agencies) – Roswell Park Cancer Institute, Environmental Facilities Corporation, Energy Research and Development Authority, and Liquidation Bureau – also participate in the FSA through piggyback contracts (hereinafter referred to as joinder agreements) with the current vendor. The selected vendor must also be able to enter into joinder agreements with these public benefit corporations, in the event they are offered the opportunity to participate in *NYS-Ride*. The vendor is responsible for billing these manual agencies directly, and the manual agencies are responsible for paying the vendor for all costs associated with their participation in the FSA and/or *NYS-Ride* programs. The vendor will be responsible for coordinating with each manual agency all activities required under this RFP. Employees of the manual agencies are eligible for the HCSA, DCAA, and the DCAA Employer Contribution; they are not currently eligible for *NYS-Ride*.

The selected vendor will be responsible for complete administrative services for both programs in the following areas: 1) A paperless process to include a secure Internet-based and telephone process to handle FSA Open Enrollment, FSA Changes In Status, and *NYS-Ride* employee enrollment; 2) Account Management;

3) Payroll Interface for the transfer of information to and from the New York State payroll system; 4) Customer Service; 5) Communications and Marketing; 6) Reporting; 7) Website Hosting and Maintenance; 8) Compliance; 9) Information Security and Emergency Procedures; 10) Turnover Plan; 11) Performance Standards and Penalties Plan; and 12) Samples.

In addition, the selected vendor will also be responsible for complete administrative services for the following FSA specific areas: 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; 2) Reimbursement in accordance with the Section 125 Plan; 3) Debit Card Implementation; 4) Appeals Procedure; 5) COBRA Administration; and 6) HIPAA Compliance.

Further, the selected vendor will be responsible for complete administrative services for the following *NYS-Ride* specific areas: 1) Program Implementation: implementing all processes, procedures and systems necessary to provide transit benefits to employees on a pre- and post-tax basis through payroll deduction for the following: transit passes, vouchers, van pooling, rechargeable debit cards, and potentially parking; and 2) Benefit distribution. At sometime during the contract, vouchers for statewide parking may be added. Should this occur, the selected vendor must be prepared to implement this portion of the benefit within three months assuming an additional 15,000 participants. Also, transit limit increases or decreases and State or federal laws mandating benefit changes, enacted during the contract, shall be considered within the scope of the contract and will not result in additional cost to the State.

In developing a response to this RFP, the bidder is expected to demonstrate what makes its organization particularly qualified to serve NYS employees, including a mission consistent with excellence in service and any formal recognition for industry leadership. The bidder's proposal should also demonstrate an ability to accommodate the customized plan designs and unique needs of the NYS Flex Spending Account and *NYS-Ride* programs. The selected vendor must be prepared to implement *NYS-Ride* by December 1, 2010 and the FSA by January 1, 2011.

The following two charts provide typical program-specific data.

Flex Spending Account 2009 Statistical Data			
	TOTAL FSA	DCAA	HCSA
Plan Year	Jan 1 to Dec 31		
2009 Plan Year Enrollments	20,719 ¹	8,089	15,967
Total 2009 Annual Elections	\$40,632,829	\$19,017,590	\$21,615,239
Contribution Limits		\$5,000 max.	\$100 min. \$4,000 max.
DCAA Employer Contribution		variable	none
Typical Annual Payments Authorized	105,300	28,200	77,100
Typical Annual Reimbursement Checks/Wire Transfers Annually	97,000	25,500	71,500
Total Enrollees Using Direct Deposit	5,275	Not broken down by specific account	
Changes in Status Processed Annually	1,500	1,200	300
Typical Annual Customer Service Calls Received	40,000	Not broken down by specific account	
Eligibility Waiting Period for New Hires		None	60 days

NYS-Ride Statistics for August 2009 Benefit Month	
Federal Pre-Tax Transit Limit	\$230
Enrollment	8,104
Number of Passes Ordered	8,487
Total Elections (pre-tax and post-tax)	\$896,661
Typical Monthly Customer Service Calls	825

The current Standby Letter of Credit (SLOC) value is \$1,750,000.

B.3.2 Scope of Work

Note to Bidders: This RFP is arranged in three discrete components: FSA Component, *NYS-Ride* Component, and FSA and *NYS-Ride* Combined Component. The services requested for each of the three components of this RFP were developed to stand alone – you are allowed to submit a proposal for any or each of the components. We have intentionally placed the FSA Component and the *NYS-Ride* Component first as a foundation for you to better understand the Combined Component.

¹ Reflects employees enrolled in both the DCAA and HCSA.

Bidders will find a Table of Contents prefacing each component, with the major deliverables arranged consistently among the three separate components. To facilitate comprehension of the FSA and *NYS-Ride* Combined Component, we have organized the requirements common to both the FSA and *NYS-Ride* programs at the beginning of each major deliverable, followed by requirements specific to the FSA program and the *NYS-Ride* program respectively. We hope that you will find the organization of the RFP clear and easy to understand.

The Technical Portion of bidders' proposals will be evaluated using the Scope of Work criteria found on pages 88-140. Bidders must describe in detail how they will conform to the scope of work requested in this RFP.

B.3.2.a Mandatory Requirements

Any bidder must attest and demonstrate through current valid documentation to the satisfaction of GOER that it meets the prerequisites stated below for both programs. **Bidders who do not meet these requirements will be considered non-responsive and their proposals will be removed from consideration.**

- The bidder must demonstrate that it has significant experience and expertise in the administration of Section 125 and Section 129 Cafeteria Plan benefit and Section 132(f) pre-tax transportation programs as defined by the Internal Revenue Code.
- The bidder must demonstrate that it has experience providing third party administration services to large (minimum of 75,000 employees), multi-site employers and be capable of serving a geographically diverse employee population. It is *desirable* but not mandatory for the selected vendor to have experience providing services to a unionized public employee population.
- It is required for the selected vendor to have the capability to record, retrieve, and archive telephone calls, including FSA enrollment and change in status applications and *NYS-Ride* enrollments, changes, and terminations, which satisfies New York State Finance Law requirements of obtaining employee authorization to take payroll deductions.
- For the term of the contract, the selected vendor must assign an account manager to oversee all matters arising in the administration and management of the FSA and *NYS-Ride* programs. The account manager should be fully authorized in writing by the contracting bidder 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 and *NYS-Ride*. The

account manager will be responsible for coordinating and leading weekly conference calls between the vendor's appropriate departments and GOER to discuss and resolve both client 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, the Dependent Care Advantage Account, and *NYS-Ride*.

- The bidder must agree to mask all but the last four digits of the participants' SSNs in all correspondence and reports, and FSA reimbursements and FSA account statements.
- The bidder must certify its ability to meet the payroll interface requirements with the Office of the State Comptroller, as defined by Section B.3.2.e Payroll Interface.
- The bidder must guarantee that the customer service operations that serve the FSA and *NYS-Ride* and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States.
- The bidder must guarantee that the information technology operations that serve the FSA and *NYS-Ride* and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States

B.3.2.a.1 FSA-Specific Mandatory Requirements

Any bidder must attest and demonstrate through current valid documentation to the satisfaction of GOER that it meets the prerequisites stated below for the FSA program. Bidders who do not meet these requirements will be considered non-responsive and their proposals will be removed from consideration.

- The bidder must agree to implement a debit card system for HCSA claims.
- The bidder must guarantee that daily checkwrites and wire transfers will take place each business day.
- The bidder must agree to post salary deductions by close of business on the day the file is received from OSC. OSC will send the file before the start of the business day.

- The bidder must agree to same day processing of faxed reimbursement claims that are received by 12 noon ET.
- The bidder must guarantee that it will obtain a \$700,000 Performance Surety Bond that meets the requirements of Section F.3 of this RFP.

B.3.2.a.2 NYS-Ride-Specific Mandatory Requirements

Any bidder must attest and demonstrate through current valid documentation to the satisfaction of GOER that it meets the prerequisites stated below for the *NYS-Ride* program. **Bidders who do not meet these requirements will be considered non-responsive and their proposals will be removed from consideration.**

- Without exception, each bidder’s proposal must include a statement that it is committed to providing the required Letter of Credit and a statement as to how it will be provided. This statement must be accompanied by a written commitment from a financial institution to provide GOER with the Letter of Credit no more than 60 days after receipt of a “Letter of Intent” to enter into a contract. The selected vendor, as a condition of the contract resulting from this RFP, must provide GOER with an irrevocable Letter of Credit that must be maintained in force and effect with GOER as required in Section F.2, pg. 158 of this RFP.

B.3.2.b FSA Plan Document Review and Update

The selected vendor 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 vendor will also 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.

Due to the size and complexity of the New York State plan, the selected vendor 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.

B.3.2.c NYS-Ride Program Implementation

Implement *NYS-Ride* for New York State employees, a program that provides

transit passes, transportation in a commuter highway vehicle (van pooling), vouchers, smart cards, also known as permanent stored value cards or electronic vouchers, and potentially qualified parking expenses as defined by the Internal Revenue Code Section 132(f). A transit pass is any pass, token, fare card, voucher, or similar item (including an item exchangeable for fare media) that entitles a person to transportation on mass transit facilities or by commuter highway vehicle. As detailed in the federal regulations, restrictions apply for eligibility of commuter highway vehicle expenses. Qualified parking is provided by an employer on or near the employer's business premises or at a location from which the employee commutes to work. Parking on or near the employee's residence is not qualified parking. If a parking benefit is offered by NYS during the term of this contract, bidders must be prepared to provide pre-tax and post-tax purchase of vouchers for qualified parking rather than a reimbursement program for parking expenses.

B.3.2.c.1 In developing a response to this RFP, the bidder must demonstrate what makes its organization particularly qualified to serve NYS employees, including a mission consistent with excellence in service and any formal recognition for industry leadership.

B.3.2.c.2 Produce passes, vouchers, and smart cards that are agreed upon and accepted by the local transit authorities and the State. The bidder must be willing to negotiate the acceptance of fare media including commuter trains, bus lines, ferries, van pools, and parking vendors with local transit authorities and vendors throughout the State and other locations where NYS employees regularly commute, e.g. Connecticut, Massachusetts, New Jersey, Pennsylvania, Washington D.C., etc.

B.3.2.c.3 Assist and advise GOER with respect to the program's qualification under IRC Section 132(f) and any other pertinent federal laws or regulations.

B.3.2.c.4 Provide GOER with any necessary legal advice with respect to administration of the program.

B.3.2.d FSA Paperless Open Enrollment, FSA Paperless Change in Status, and NYS-Ride Employee Enrollment

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to provide complete third party administrative services required for the FSA Open Enrollment, FSA Change in Status, and *NYS-Ride* Employee Enrollment systems.

Using the attached FSA business rules (*see Attachment I.5*) and the attached *NYS-Ride* process flow documents as a reference (*see Attachment I.6*) to understand the minimum level of customization required, the selected vendor will be responsible for providing a convenient, readily available, customized, user-friendly, completely paperless process for FSA open enrollment, FSA Changes in Status, and *NYS-Ride* Employee Enrollment. The process must include both an online and telephone process, in accordance with New York State Finance Law. The process must also meet the requirements set forth by and interface with the State's payroll office, the Office of the State Comptroller (OSC) and GOER, and be customized to meet the needs of the State. FSA Enrollment and FSA Change in Status systems must be fully tested and completely operational no later than January 1, 2011. The current vendor will be responsible for the FSA 2011 plan year open enrollment and change in status applications that are received prior to January 1, 2011. The selected vendor will be responsible for processing the FSA open enrollment and FSA change in status applications effective January 1, 2011. The current vendor will be responsible for transmitting the payroll files for the first deductions of the FSA 2011 plan year. For *NYS-Ride*, the current vendor will be responsible for transmitting the payroll files through December 10, 2010, which will include the benefit month of January 2011. The selected vendor will be responsible for transmitting the *NYS-Ride* payroll files beginning with the February benefit month and assume processing all *NYS-Ride* enrollments, changes and terminations effective January 2, 2011 for the April benefit month.

OSC will provide weekly eligibility files containing limited data of all employees who may be eligible to participate in the NYS Flex Spending Account program (*see Attachment I.1.a NPAY571*), or *NYS-Ride* (*see Attachment I.1.i NPAY579*). Among the fields included in the files are:

- Last four digits of the employee's Social Security Number (SSN)
- Department ID
- Bargaining Unit Code
- Pay Basis Code
- Pay Rate
- Location Pay (*NYS-Ride* Pilot Eligible Bargaining Units Only)

Bidders: OSC will not provide names, full Social Security Numbers, or unique identification numbers on the weekly eligibility file.

B.3.2.d.1 FSA Paperless Open Enrollment Process

In developing a response to this section of the RFP, bidders should refer to *Attachment 1.5.a, SoNY Open Enrollment Business Rules*, which provide an understanding of the minimum level of customization required to create the open enrollment system for the Flex Spending Account. During open enrollment, the selected vendor must be able 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 NYS Flex Spending Account has established different eligibility criteria for the DCAA and HCSA, and the vendor must be able to apply the different criteria to each DCAA or HCSA enrollment application. For employees whose eligibility information duplicates that of one or more employees, the vendor must establish a procedure to uniquely identify the employees in order to process their applications (*see Attachment 1.5.a SoNY Open Enrollment Business Rules*).
- Determine the amount of Employer Contribution for the DCAA based upon the employee's salary, employee work percentage, and bargaining unit. GOER will provide the Employer Contribution rates and eligible bargaining units to the vendor each plan year.
- Post the amount of the Employer Contribution to participants' accounts by the first business day of the new plan year. The State will deposit the amount of the Employer Contribution necessary to fund the accounts in the NYS Flex Spending Account bank account by December 31 of each year, prior to the start of each year.
- Provide enrollees with real-time 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, NYS Flex Spending Account 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 all telephone enrollment applications. **(Mandatory Requirement)**
- Mail a rejection letter to ineligible employees within two business days after GOER electronically disapproves their applications. The vendor's letter must include the reason for the employee's ineligible status.
- Send email reminders (minimum of three 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 enrollees 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 vendor. Confirmation letters must specify the annual election amount, pro-rated biweekly deduction amount, Employer Contribution amount, and the actual number of pay periods over which the deductions will occur.
- Process enrollees' 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 vendor.
- Exchange test payroll deduction 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 vendor, which will be required to correct its records prior to transmitting the first payroll deduction files for the new plan year.
- For the four manual agencies, whose employees are not paid from the State payroll system, contact the respective agencies directly to confirm enrollees' employment status, eligibility, and to initiate payroll deductions through their payroll offices.

B.3.2.d.2 FSA Paperless Change in Status Process

In developing a response to this section of the RFP, bidders should refer to *Attachment I.5.b, SoNY Change in Status-New Hire Business Rules and Design Requirements*, which provide an understanding of the minimum level of customization required to create the change in status system for the Flex Spending Account. For the Change In Status process, the selected vendor must be able to:

- Confirm eligibility for new hires and employees newly enrolling with a valid change in status (CIS) event.
- Obtain required documentation of CIS events (HCSA only) prior to processing payroll deduction changes. Documentation of CIS events is not required for the DCAAccount. 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 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 rates and eligible bargaining units to the vendor each plan year. The selected vendor 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.
- Post the amount of the Employer Contribution to participants' accounts by the payroll date for which the CIS new enrollment takes effect. The State will deposit the amount of the Employer Contribution necessary to fund the accounts in the NYS Flex Spending Account bank account as necessary throughout the year.
- Provide enrollees with real-time 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 requested new annual election amount, contributions received to-date (including the DCAA Employer Contribution), 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 enrollees who apply online or provide an email address when enrolling by telephone.
- Record, retrieve, and archive all telephone change in status applications.
(Mandatory Requirement)

- Mail a rejection letter to ineligible employees within two business days after GOER provides notification to the selected vendor indicating the reason for their ineligible status.
- 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 must specify the annual election amount, pro-rated biweekly deduction amount, Employer Contribution amount, and the actual number of pay periods over which the deductions will occur.
- Process the payroll deduction change for the appropriate payroll date for each CIS request.
- Stop processing CIS applications received after the GOER-prescribed cutoff date for each plan year.
- For the four manual agencies, whose employees are not paid from the State payroll system, the vendor will be responsible for contacting the respective agencies directly to confirm enrollees' employment status, eligibility, and to initiate payroll deduction changes through their payroll offices.

B.3.2.d.3 *NYS-Ride* Employee Enrollment

The web-based and telephone enrollment process is expected to accurately inform employees when their fare media will be received based on the date of enrollment or change, the pre-tax and post-tax amount of the biweekly deduction, and in what paycheck the deduction will take effect. All information exchanged electronically through the Internet or other electronic exchange mechanisms must be protected with industry-accepted practices for authentication and data encryption.

- Provide a system for tracking new enrollments, changes, and terminations in accordance with the timeframes established by the OSC and GOER.
- Process new enrollments, changes, and terminations, in accordance with the timeline provided by GOER (*see Attachment I.4*). The current vendor will be responsible for processing new enrollments, changes, and terminations through January 1, 2011 and for fulfilling passes for the January benefit month. The current vendor will also be responsible for

transmitting the payroll files through December 10, 2010, which will include the payroll deductions for the benefit month of January 2011. The selected vendor will be responsible for transmitting the *NYS-Ride* payroll files for payroll deductions beginning with the February benefit month and assume processing all *NYS-Ride* enrollments, changes and terminations effective January 2, 2011 for the April benefit month.

B.3.2.e Payroll Interface

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to interface with the State's payroll system on a weekly basis for both the FSA and *NYS-Ride*.

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

Scores for this portion of bidders' proposals will be weighted to reflect the overall importance of the bidders' ability to interface with NYS payroll system in the formats defined by OSC. The selected vendor must:

B.3.2.e.1 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 work force, the payroll is split into two 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 vendor must be able to receive and send data electronically every week to the State payroll office and assign participants to the correct payroll group.

A total of 24 deductions will be taken for each payroll cycle. For the FSA 2011 plan year, the first Administration payroll deduction will occur on January 5, 2011, and the first Institution payroll deduction will occur on January 13, 2011.

For *NYS-Ride*, the current vendor will be responsible for processing new enrollments, changes, and terminations through January 1, 2011 and for fulfilling passes for the January benefit month. The current vendor will also be responsible for transmitting the payroll files through December 10, 2010, which will include the payroll deductions for the benefit month of January 2011. The selected vendor will be responsible for transmitting the *NYS-Ride* payroll files for payroll deductions beginning with the February benefit month and assume processing all *NYS-Ride* enrollments, changes and terminations effective January 2, 2011 for the April benefit month.

- TCP/IP: Transmission Control Protocol/Internet Protocol—OSC’s secure file transfer protocol (FTP). The selected vendor is required to open a TCP/IP account. Instructions on how to do this will be provided to the selected vendor by OSC.

- Payroll Data Exchange: To initiate, change, or terminate a deduction, the vendor will be required to submit a weekly interface to OSC on specified dates not later than 6:00p.m., ET, for HCSA, DCAA, and NYS-Ride deductions (*see Attachments I.1.d NBEN900 FSA) and (I.1.j NBEN 902U NYS-Ride)*], and by 12:00 noon ET, on each Friday for the DCAA Employer Contribution (*see Attachment I.1.g NBEN906*). The interfaces must contain the following information:
 - Department ID
 - Name
 - SSN
 - Pre-Tax Deduction Code (410 – HCSA; 428 – DCAA; 420 – EC; 421 – *NYS-Ride*)
 - Post-Tax Deduction Code (422 – *NYS-Ride*)
 - Effective Date (NBEN900 and NBEN 902U)
 - Deduction End Date (NBEN900 and NBEN 902U)
 - Deduction Amount [vendor **is required** to calculate the employee’s election in biweekly increments. (For *NYS-Ride* Only: in three pay period months, OSC will take deductions from the first two paychecks and no deduction from the third)]
 - Goal Amount (NBEN900 - FSA only)

OSC will provide payroll processing timelines indicating deduction effective dates, check dates, and file submission dates (see F.9 for sample payroll calendars). GOER will also provide a listing indicating Department IDs and corresponding pay cycles (*see Attachment I.2.a-b for sample payroll calendars*).

- Testing: To help ensure the success of the file transmission and accurate deduction processing, a three to four week testing period will be required prior to the first live payroll interface. Testing will include the transmission of and the receipt of an eligibility file, inbound interfaces, and outbound reconciliation files.

B.3.2.e.2 Reconcile expected and actual payroll deductions on a weekly basis. OSC will provide the vendor with two outbound reconciliation files. The

first file, the Outbound Deduction Detail File (see *Attachment I.1.b NPAY518*) will contain employee deduction detail information, employee name, deduction amount, etc. The second file, the Change File (see *Attachment I.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 also mail to the vendor a weekly Error Report (see *Attachment I.1.e NBEN900A FSA and Attachment I.1.f NBEN900 Error Messages for the FSA program and Attachment I.1.k NBEN 902U Error and Attachment I.1.l NBEN 902 Error-Error Messages for the NYS-Ride program*) that identifies payroll transactions that are unable to be processed for a particular payroll cycle. The selected vendor will be responsible for making the results available to the HCSA, DCAA, and NYS-Ride Program Managers, respectively on a weekly basis, and taking appropriate payroll action based on GOER's resolution.

- Report unresolved discrepancies (missed or unexpected deductions) to GOER NYS-Ride, DCAA, and HCSA staff on the defined weekly schedule. GOER will research the discrepancies and report the resolutions to the vendor to implement in a timely manner.
- GOER will send either in a password protected email or to the selected vendor's secure FTP site a written resolution, which the selected vendor 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 either in a password protected email or to the selected vendor's secure FTP site a written resolution, which the selected vendor must use to immediately update the affected participants' Employer Contribution.

B.3.2.e.3 Possess demonstrated expertise in database system management, programming, and a variety of electronic media.

B.3.2.e.4 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.

B.3.2.e.5 Possess ability and proven experience, flexibility, and creativity in dealing with large, complex systems.

FSA-Specific Payroll Interface Information

B.3.2.e.6 FSA Eligibility Validation: OSC will create a weekly eligibility file for

the vendor to be used during the open enrollment period and throughout the plan year to process change in status enrollments and changes (see *Attachment I.1.a NPAY571*). The file format will contain employees who meet the eligibility criteria for participation in one or both benefits offered under the NYS Flex Spending Account, including the following data:

- Last 4 digits of SSN
- 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 vendor 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, based on the established eligibility criteria for each benefit.

Bidders should note that OSC will not provide names, full Social Security Numbers, or unique identification numbers on the eligibility file.

The FSA eligibility file will contain duplicate matches among the total eligible employee population of 225,000, based on the fields listed above. When an enrollee has a duplicate match, the selected vendor's system must be able to uniquely identify the enrollee. This will be accomplished by creating automated methods proposed and mutually agreed upon between the selected vendor and GOER (see *Attachments 1.5.a-b Open Enrollment and Change in Status-New Hire Business Rules*).

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

B.3.2.e.7 Bidders should note that each of the four manual agencies listed in this section will create and send separate weekly FSA eligibility files to the vendor to be used during the open enrollment period and throughout the plan year to process change in status enrollments and deduction changes. The selected vendor will be responsible for establishing procedures to process separate automated or manual payroll files from each of the four 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 NYS Flex Spending Account bank account is sent to the current vendor's FTP site. An announcement email is also sent to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2009 plan year, 195 employees participate in the NYS Flex Spending Account.
- For the Energy Research and Development Authority, an automated payroll file and copy of the payroll deduction deposit to the NYS Flex Spending Account bank account is sent to the current vendor's FTP site. An announcement email is also sent to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2009 plan year, 101 employees participate in the NYS Flex Spending Account.
- For the Environmental Facilities Corporation (EFC), there are two processes. Certain employees are paid through the State payroll system, and their deductions are processed in the same manner as other NYS Flex Spending Account participants. For employees who are not paid through the State payroll system, a manual payroll deduction process has been established whereby the agency sends a payroll listing and copy of the payroll deduction deposit to the NYS Flex Spending Account bank account to the department that is responsible for processing

deductions and identifying payroll discrepancies. For the 2009 plan year, 9 employees on EFC's manual payroll participate in the NYS 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 NYS Flex Spending Account bank account to the department that is responsible for processing deductions and identifying payroll discrepancies. For the 2009 plan year, 21 employees participate in the NYS Flex Spending Account.
- 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.
- Reconcile payroll deduction deposits to the NYS Flex Spending Account bank account with the automated or manual payroll files received from each manual agency.

B.3.2.e.8 Process FSA participant refunds for deductions taken in error, as approved by GOER. GOER will be responsible for initiating refunds through the NYS payroll system and notifying the selected vendor of the date and amount of such refunds. The selected vendor will be responsible for updating the participant's account and eligibility information.

B.3.2.e.9 Perform the DCAA Employer Contribution quarterly comparisons (*see Attachment I.1.h NPAY570*) to compare vendor election files with OSC 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 vendor. W-2s will be prepared by the State.

NYS-Ride-Specific Payroll Interface Information

B.3.2.e.10 NYS-Ride Eligibility Validation: The selected vendor is expected to validate employee eligibility. OSC will create an eligibility file for the selected vendor (*see Attachment I.1.i NPAY579*) on a weekly basis. The file format will contain employees who meet the eligibility criteria and will contain ONLY the following data, which the selected vendor will use to match eligibility of enrollees:

- Last 4 digits of SSN
- Department ID

- Bargaining Unit Code
- Location Pay (Pilot Eligible Bargaining Units Only)

Bidders: OSC will not provide names, full Social Security Numbers, or unique identification numbers on the eligibility file.

- The selected vendor is expected to validate continued eligibility. GOER will provide the selected vendor with a list of eligible and ineligible Department ID's and Bargaining Unit Codes. For validating continued eligibility, OSC will provide limited validation once the employee is enrolled. If an employee transfers from an eligible bargaining unit to an ineligible bargaining unit, OSC will automatically terminate the deduction.
- The vendor will be responsible for administering a two pay period deduction deferral. Two biweekly deductions must be taken prior to issuance of the transit pass or voucher to the employee in order to pre-fund the benefit and protect the State from financial liability.

Example: An employee on the Administrative Pay Cycle enrolls on September 25, 2009 for the December benefit month. The vendor will send the deduction file to OSC on October 15 for the first payroll deduction from the paycheck of October 28 and another file on October 29 for the second payroll deduction from the paycheck of November 11. The vendor will mail the transit pass or voucher to the employee by November 21, for use by the employee on December 1, 2009.

The State will provide the vendor with an Enrollment Time Line that details weekly deadlines for enrollment and payroll interface deadlines with OSC for use in determining when to mail transit benefits to employees (see *Attachment I.4 NYS-Ride Timeline*).

- Participants' Refunds: The refund will be added to the employee's salary on a post-tax basis. The vendor is responsible for identifying the employees to whom a refund is owed (see *Attachment I.6.a-b Process Flow*) within one pay cycle and reporting this information to OSC via the inbound File NPAY515 Detail Record for Refunds (see *Attachment I.1.o*). The refund will be identified as a negative deduction on the NPAY518 Outbound detail file from OSC (see *Attachment I.1.m*).
- Missed Deductions: The vendor is responsible for terminating benefits

for employees who miss a deduction (*see Attachment I.6.a-b Process Flow*). In such cases, the vendor is required to notify the employee of the termination by mail or email if elected by participants, with instructions on how to renew enrollment. The vendor is also responsible for end-dating the deduction in the next interface file (*see Attachment I.1.j NBEN902U*) submitted to OSC for that payroll cycle.

If the employee resumes participation in *NYS-Ride*, sufficient deductions must be taken before a new pass or voucher can be delivered. It is the responsibility of the vendor to keep track of the employee's account and restart the benefit timely when the employee has accumulated sufficient deductions, allowing for any credits the employee may have in his or her account.

When through no fault of his or her own, a participant misses the first deduction of a benefit month, the vendor is responsible for taking a double deduction. This double deduction must be taken in the second payroll for that benefit month to ensure that the participant is not erroneously terminated from *NYS-Ride*, resulting in his or her not receiving the fare media.

B.3.2.e.11 The selected vendor is expected to receive monies weekly by the Automated Clearing House (ACH) wire transfer from the State and make proper allocation of such monies to the accounts of *NYS-Ride* participants, including the allocation and payment of such amounts to transit/parking vouchers, and smart cards.

- The State will make a weekly payment to the vendor through direct deposit totaling the amount of actual deductions taken for *NYS-Ride* benefits. The vendor must have an ACH account to receive monies.

B.3.2.e.12 Benefits Received in Error: If an employee receives a payroll deduction for transit benefit to which he/she is not entitled, OSC will recover the amount from a subsequent selected vendor payment and notify the selected vendor by identifying a negative deduction on the NPAY518 detail file (*see Attachment I.1.m NPAY518*). The selected vendor is responsible for pursuing reimbursement of these funds from the employee. In addition, the State will not be responsible for vendor or subcontractor errors if a participant receives a benefit or a duplicate benefit to which he/she is not entitled.

B.3.2.e.13 As part of the monthly invoice procedure, the vendor must process any unused participant funds (forfeitures) to GOER for distribution to the State.

B.3.2.e.14 The vendor must execute purchase orders with transit/parking vendors on a timely basis and transfer funds accordingly.

B.3.2.e.15 In the event *NYS-Ride* is extended beyond the current Executive Branch, Legislative Branch, and Unified Court System employees, the vendor must be able to execute piggyback (joinder) agreements. The vendor will be responsible for establishing procedures to process separate automated or manual payroll files from each public benefit corporation or public authority (manual agencies). These manual agencies are responsible for all costs under the joinder agreement, and the vendor will invoice the manual agencies directly and:

- Reconcile expected and actual deductions on a weekly basis and report them to the manual agencies for resolution.

B.3.2.e.16 The selected vendor is expected to reconcile payroll deduction deposits to the *NYS-Ride* bank account with the automated or manual payroll files received from each manual agency.

B.3.2.f Account Management

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to provide complete account management services to GOER for both the FSA and *NYS-Ride*.

For the term of the contract, it is mandatory for the selected vendor to assign an account manager to oversee all matters arising in the administration and management of the FSA and *NYS-Ride* programs. The account manager should be fully authorized in writing by the contracting bidder to deal with the State; to negotiate with the State on all matters arising in administration of the programs; and to make final decisions on all day-to-day matters, programmatic or administrative, arising from the operation of the FSA and *NYS-Ride*. The account manager will be responsible for coordinating and leading weekly conference calls between the vendor's appropriate departments and GOER to discuss and resolve both client and employee issues. The decision of the State will be final and controlling as to the meaning of any provision in these specifications. The selected vendor must:

B.3.2.f.1 Assign a technical expert to whom GOER has direct access when needed.

B.3.2.f.2 Enter, track, and manage account information in an electronic

database to monitor compliance within the FSA annual and NYS-Ride monthly federal maximums or increases in the maximum as designated by the Internal Revenue Code. In addition, the selected vendor must also monitor FSA annual plan minimums and maximums.

B.3.2.f.3 Provide GOER with online access to participants' accounts to view payroll deduction, account history, and customer service call records.

B.3.2.g NYS-Ride Benefit Distribution

Proposals must address that the bidder is willing and capable of providing each of the following:

B.3.2.g.1 Deliver benefits to employees on a regular monthly basis. The selected vendor will be expected to deliver benefits through direct mailing of transit passes (where available) rather than vouchers.

B.3.2.g.2 Deliver benefits through home mailing via first class mail in security (non-see through) envelopes.

B.3.2.g.3 Print recipient's name on each voucher, when vouchers are used instead of transit passes.

B.3.2.g.4 Issue transit passes/vouchers after two consecutive payroll deductions have been taken and continue on a regular monthly schedule until the participant misses a payroll deduction or terminates enrollment.

B.3.2.g.5 Mail monthly transit vouchers no later than the 21st of the month to ensure on-time delivery for employees' use by the first of the following month, where rechargeable electronic fare media are not available.

B.3.2.g.6 Arrange to have the pass or value selected by an enrolled employee transmitted to the employee's electronic card by the beginning of each new calendar month, and new cards issued at reasonable intervals until the participant misses a payroll deduction or terminates enrollment, where smart cards are available.

B.3.2.g.7 Provide vouchers that are redeemable by employees for public transit travel at no charge.

B.3.2.g.8 Provide measures to help ensure secure delivery of fare media, smart cards, or vouchers.

B.3.2.g.9 Provide a fair procedure for handling lost or stolen vouchers, smart cards, or fare media that will not require the involvement of GOER staff.

B.3.2.g.10 Provide a benefit delivery system that adheres to the State's time line for processing deductions, thereby minimizing the time between employee enrollment or submitting changes and employee's receipt of benefits or implementation of change.

B.3.2.g.11 Allow employee deductions of any amount within the Federal maximum and any practical constraints (e.g., commuter check denominations).

B.3.2.h FSA Debit Card Implementation (HCSA Only)

It is the State's intention to offer a debit card for participants enrolled in the HCSA for the 2012 plan year. The selected vendor will 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.

In addition, the **cost** portion of the bidder's proposal must 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 vendor (see Summary Budget Sheet) will exclude debit card costs, because GOER intends to negotiate a separate monthly administrative debit card fee with the vendor based on a later implementation date for the card.

Debit card implementation is a mandatory requirement of this RFP, and bidders who are unable to meet this criterion will not be considered for further review.

Bidders must address each item below:

B.3.2.h.1 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.

B.3.2.h.2 Fully describe the 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.1.1 of this RFP; (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 vendor, and will be paid in accordance with the voucher and audit procedures established by OSC. GOER will work with the selected vendor to meet the requirements of OSC's voucher procedures.
- B.3.2.h.3 The State reserves the right 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 during the annual open enrollment period. The selected vendor must be able to use the information provided by GOER to identify HCSA participants by bargaining unit.
- B.3.2.h.4 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.
- B.3.2.h.5 Ensure that the debit card can be used for automatic claim substantiation of copayments or multiples of copayments. 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 vendor with a list of acceptable copayment amounts, which is subject to change during the term of the contract. The selected vendor must be able to auto adjudicate copayment claims using the information provided by GOER by matching each debit card participant's bargaining unit code and benefit program enrollment with the specific copayment schedules associated with such bargaining units and/or benefit programs.
- B.3.2.h.6 Establish procedures, subject to GOER approval, to recoup improper payments made using a debit card. The procedures must include an agreed upon timeframe and process for disabling a participant's debit card if repayment is unsuccessful. If requested by GOER, the procedures must also include a post-tax paycheck payback process to recoup ineligible or undocumented expenses.
- B.3.2.h.7 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 vendor

when such employment changes take place.

B.3.2.h.8 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.

B.3.2.h.9 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.

B.3.2.h.10 Issue quarterly statements to debit card participants that list their debit card transactions for that time period. Statements must be mailed to the participant's address of record. Bidders should include a sample debit card quarterly statement in their proposals.

Bidders who propose to issue monthly debit card statements to participants will receive additional points.

B.3.2.h.11 The selected vendor's debit card system must use a MasterCard, Visa, or other widely accepted credit card network. The bidder's proposal must specify the network that it proposes to use.

B.3.2.h.12 The State reserves the right to charge participants for costs associated with debit card use. The bidder must demonstrate 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 must also propose a process for charging such fees to participants, which would be subject to GOER approval.

B.3.2.i FSA Reimbursement

It is the State's intention that participants will submit reimbursement requests for appropriate expenses directly to the selected vendor, 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. For the 2011 plan year, the State does not intend to offer an extended runout period as permitted under IRS Notice 2005-42. Bidders must agree to and be capable of meeting the following requirements:

B.3.2.i.1 Mask all but the last four digits of the participants' SSNs in all correspondence, reimbursements, account statements, and reports (**Mandatory Requirement**).

B.3.2.i.2 Provide DCAA and HCSA reimbursement request forms, HCSA letter of medical need forms, and direct deposit forms to employees upon their request. Bidders must also provide fillable PDF reimbursement request forms that can be downloaded by employees. Maintain an adequate supply of check stock and direct deposit receipt stock. GOER requires prior approval on the content of all forms distributed to NYS Flex Spending Account participants. To view forms currently in use, visit www.flexspend.state.ny.us.

Bidders who can offer an online claim submission process will receive additional points.

B.3.2.i.3 Be solely responsible for receiving and verifying reimbursement requests and issuing reimbursements to plan participants as allowed by IRS regulations and the Plan. The bidder must demonstrate its ability and indicate its willingness to customize its adjudication process for HCSA claims to accommodate, at a minimum, Plan limitations on categories of eligible expenses by bargaining unit.

B.3.2.i.4 Establish and successfully test a fully operational reimbursement request processing system no later than three weeks prior to the plan year beginning on January 1, 2011. Ensure that 95 percent of all claims are processed within three business days after submission, and that 100 percent of all claims are processed within five business days.

- Faxed reimbursement requests received by 12:00 noon ET must be processed on the same day (**Mandatory Requirement**).

B.3.2.i.5 Guarantee that FSA checkwrites and wire transfers will take place each business day (**Mandatory Requirement**).

B.3.2.i.6 Establish and maintain procedures with the banking institution designated by the State for daily FSA checkwrites and direct deposit wire transfers of participants' reimbursements.

B.3.2.i.7 Mail a written notification to a participant within two 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.

B.3.2.i.8 Mail reimbursement check stubs or wire transfer receipts that show an ongoing summary of each participant's FSA 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 must be easy to read and understand. In the event that a participant is enrolled in both accounts, the selected vendor shall issue a single check stub that includes the aforementioned information for both accounts.

B.3.2.i.9 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 quarterly statement will be mailed that reflects the individual information for each FSA 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 must 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 must be mailed to participants within three weeks after the posting of the final payroll deduction for the calendar quarter.

Bidders who can send electronic quarterly statements to enrollees who elect this method and provide email addresses will receive additional points.

B.3.2.i.10 By February 15 following the end of the previous plan year, mail letters to all FSA participants who have balances of at least \$25 to remind them to submit claims by the end of the runout period. Each reminder letter must be customized with the participant's name and account balance. Throughout the runout period, the selected vendor will provide reports of outstanding account balances for all participants upon the request of GOER.

B.3.2.i.11 Establish a toll-free fax number to be used solely by NYS Flex Spending Account participants for faxing reimbursement requests. Provide a sufficient number of high-capacity fax machines, 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 NYS Flex Spending Account

- 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 vendor.
- B.3.2.i.12 Accept faxed reimbursement requests as originals.
- B.3.2.i.13 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.
- B.3.2.i.14 Establish procedures for direct deposit of FSA 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 three weeks prior to the plan year beginning on January 1, 2011.
- B.3.2.i.15 Establish computer system checks and procedures to ensure that no FSA participant exceeds his or her annual election amount, as well as the limits set by the Plan Document and 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 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.
- B.3.2.i.16 Establish a process to adjudicate HCSA claims after the fact to substantiate the eligibility of expenses reimbursed through a debit card (see *Section B.3.2.h FSA Debit Card Implementation*).
- B.3.2.i.17 Establish procedures for issuing FSA refunds in appropriate situations as approved by GOER.
- B.3.2.i.18 Establish stop-pay, void, and stale-date check procedures as approved by GOER.
- B.3.2.i.19 Establish a procedure, subject to GOER approval, to accept FSA claims documentation submitted after the end of the runout period, if the late submission was not the fault of the participant.

B.3.2.i.20 Provide to GOER Program Managers a monthly reconciliation of the NYS Flex Spending Account's bank account with the selected vendor's accounting records, due within 30 days of receipt of the bank statement.

B.3.2.i.21 Provide a yearly third-party audit of the selected vendor'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.*

B.3.2.i.22 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.

B.3.2.j FSA Appeals Procedure

The State established the NYS Flex Spending Account to provide a valuable benefit for its employees. It is expected that the program will be administered in compliance with IRS regulations and the NYS Flex Spending Account 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 procedure. The bidder's technical proposal should fully describe how they will:

B.3.2.j.1 Establish, subject to GOER approval, a procedure 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; and any other grievances against the selected vendor or plan.

B.3.2.j.2 Notify the HCSA and DCAA Program Managers, respectively, prior to issuing a decision on each appeal.

B.3.2.j.3 Notify the HCSA and DCAA Program Managers, respectively, immediately in the event that any participant appeal or request cannot be handled within the day-to-day scope of the selected vendor's customer service department.

B.3.2.j.4 Report quarterly to the HCSA and DCAA Program Managers, respectively, on the status of all appeals submitted for the plan year.

B.3.2.k FSA COBRA Administration

The bidder's technical proposal should fully describe how they will administer and ensure compliance with all aspects of the Consolidated Omnibus Budget Reconciliation Act (COBRA) that pertain to the NYS Flex Spending Account. The selected vendor's responsibilities include, but are not limited to:

B.3.2.k.1 Mailing COBRA notices to COBRA-eligible participants. As part of the payroll discrepancy reconciliation process, GOER will send a transaction summary to the selected vendor each week that includes a list of HCSA participants who experienced a COBRA-qualifying event during the current payroll cycle.

Bidders who propose to create customized COBRA notices for NYS Flex Spending Account participants will receive additional points.

B.3.2.k.2 Processing and accounting for COBRA payments received from participants.

B.3.2.k.3 Ensuring that HCSA eligibility period information is promptly updated for participants who elect COBRA and make timely COBRA payments.

B.3.2.k.4 Promptly transmitting processed COBRA payments to GOER for deposit to the NYS Flex Spending Account bank account.

B.3.2.k.5 Providing a weekly COBRA report to GOER (*see Section B.3.2.o Reporting*).

B.3.2.l FSA HIPAA Compliance

By submitting a proposal, the selected vendor 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 vendor will be responsible for ensuring that the NYS Flex Spending Account is in compliance with Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. The selected vendor's responsibilities include, but are not limited to:

- Training of vendor staff on HIPAA requirements.
- Establishing procedures for ensuring the confidentiality of participants' personal, enrollment, and claims information.
- Ensuring compliance with HIPAA privacy and security rules, including breach notification requirements.
- Monitoring staff adherence to HIPAA policies and procedures.
- Preparing and entering into a Business Associate Agreement with GOER prior to contract execution.
- Advising GOER on the requirements of and changes to the HIPAA.

B.3.2.m Customer Service

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to provide complete customer service services to GOER for both the FSA and *NYS-Ride*. The selected vendor must:

B.3.2.m.1 Provide accurate, efficient, courteous, and high quality customer service to all participants and prospective enrollees. 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 FSA annual and per payroll deduction amounts and FSA plan effective dates and *NYS-Ride* monthly elections and *NYS-Ride* fare media information. Proposals must also include the capability for participants to have online access to their account information through the selected vendor's secure website. In addition, for the FSA, representatives must have immediate access to deposit information, the date a claim is received by the selected vendor, 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 vendor's secure website.

B.3.2.m.2 By January 1, 2011, ensure the toll-free customer service hotline and Telecommunications Devices for the Deaf (TDD) line is 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 a.m. through 5 p.m. ET, Monday through Friday, excluding legal holidays observed by the State. The hotline should be completely tested and fully operational by December 1, 2010 so that the selected vendor can begin answering calls beginning on January 1, 2011.

Bidders who propose to provide extended hours of accessibility, and/or propose to provide a dedicated team to answer New York State calls will receive additional points.

B.3.2.m.3 Provide multiple modes of participant access to customer service (telephone, U.S.P.S. mail, email, Internet, etc.), including the ability to communicate effectively with Spanish speaking employees.

Bidders who can provide customer service in languages other than English and Spanish will receive additional points.

B.3.2.m.4 Document in the selected vendor's main database each incoming telephone call or request received from participants at the time it is received in the individual participant's account record. Telephone calls received from State employees who are non-participants shall also be documented in a similar fashion. **Proposals must reflect the ability to record, retrieve, and archive all customer service calls (*Mandatory Requirement*).** Archived records must be available for retrieval for a period of not less than seven years in accordance with federal and state regulations.

B.3.2.m.5 Develop an email system whereby employees may ask questions and be responded to using either free form or pre-developed responses, as appropriate. This email system must also allow for responses back to the selected vendor.

B.3.2.m.6 On a weekly basis, review a random sample of each of the customer service representatives' recorded calls and emailed responses to ensure the accuracy of the information being provided. Customer service representatives who fail the training standard must receive appropriate coaching.

B.3.2.m.7 Respond 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.

B.3.2.m.8 Provide a system to return 100% of calls and answer 100% of

emails within one business day, and resolve 99% of routine problems within five working days. (**Performance Guarantee – not rated**)

B.3.2.m.9 Guarantee that the customer service operations that serve the NYS Flex Spending Account and *NYS-Ride* and its participants or eligible employees will not be subcontracted to a company or operation (including business partners) located outside of the United States. **This requirement is mandatory and proposals that do not meet this requirement will be disqualified from further consideration.**

FSA-Specific Customer Service Requirements

In addition to the combined customer service requirements, the selected vendor is expected to:

B.3.2.m.10 GOER has established a toll-free telephone number for the NYS Flex Spending Account program. Calls to the hotline will be routed to the selected vendor's phone system. The selected vendor 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 points.

B.3.2.m.11 Provide a guarantee that at least 99 percent of incoming calls to the selected vendor's voice response unit (VRU) will be answered within 7 seconds (**Performance Guarantee – not rated**).

B.3.2.m.12 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 120 seconds, calculated on an annual basis, and that the percentage of incoming calls in which the caller disconnects before the call is answered will not exceed 5 percent. The measurement will not include calls abandoned in less than 20 seconds (**Performance Guarantee – not rated**).

B.3.2.m.13 Ensure that customer service representatives are knowledgeable and properly trained in program rules and regulations specific to the NYS Flex Spending Account. The vendor 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.

B.3.2.m.14 Assign an adequate number of customer service representatives to

handle the volume of NYS Flex Spending Account participant calls. In 2008, the current vendor received an average of 3,216 calls per month from NYS participants.

B.3.2.m.15 Establish and maintain a system to provide responses to telephone and email inquiries (including forms requests) within one business day and resolve problems within two business days.

Bidders who can provide personalized email responses to address individual inquiries that do not fit the pre-approved template formats will receive additional points.

B.3.2.m.16 Provide an analysis identifying the number of incoming calls received from employees and type of inquiries, and deliver this analysis to GOER within fifteen business days of the close of each month (*see Section B.3.2.o Reporting*).

B.3.2.m.17 Provide a means of formal review (appeals procedure) of administrative decisions that participants believe are inconsistent with the provisions of the Plan or applicable law. GOER requires final review and approval of any recommendations before action is taken on individual participant's requests. (*see Section B.3.2.j FSA Appeals Procedure*).

It is desirable for the selected vendor to establish a position in the Customer Service department that is directly responsible for reviewing and/or adjudicating claims when participants call Customer Service for assistance with claim problems. The position must be qualified to adjudicate claims and authorized to approve them for payment, if applicable.

Bidders who propose to provide such a service will receive additional points.

B.3.2.m.18 During the first quarter of each plan year, provide an annual survey of participant satisfaction with the NYS Flex Spending Account, using an adequate random sampling of participants. The survey results will be summarized and compared to results of prior years, and are expected to meet a 90% participant satisfaction rate for each year surveyed. The survey instrument requires GOER's approval prior to distribution to the participants.

Bidders who can conduct the survey online, with hard copy surveys for a proportionate number of participants without email addresses, will receive additional points.

NYS-Ride-Specific Customer Service Requirements

In addition to the combined customer service requirements the selected vendor must:

B.3.2.m.19 Ensure that customer service representatives are knowledgeable and properly trained in rules and regulations specific to *NYS-Ride*. The customer service representatives must be able to inform employees when he or she will receive his or her fare media based on the date of enrollment or change, the pre- and post-tax biweekly deduction amount, and what pay period the deduction will take effect. The selected vendor will develop and provide each customer service representative with a *NYS-Ride* specific training manual which will include, but not be limited to:

- Program Overview
- Highlights of *NYS-Ride*
- Pre-tax Limit
- Eligibility
- User Agreement
- Payroll Timeline

At a minimum, this training manual will be updated annually.

B.3.2.m.20 Allow employees to make changes to their accounts at any time (i.e., not restricted to specific times of the month).

B.3.2.m.21 Provide good two-way communication with participants about their *NYS-Ride* benefits, including at a minimum: 1) written or electronic confirmation for new enrollees with instructions on how to make future changes to their account, who to contact, when to expect arrival of their benefits, etc; 2) written or electronic confirmation of any elections or account changes made, customized as necessary (for example, but not limited to, transit fare increases); 3) monthly emails to participants letting them know what fare media was sent; and 4) for participants without email addresses, provide program updates and reminders in hard copy format on a quarterly basis.

B.3.2.n Communications and Marketing

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to provide complete communication services and marketing strategies to GOER for both the FSA and *NYS-Ride*.

Outreach is a critical component in ensuring that State employees are made aware of the existence of the FSA and *NYS-Ride* programs, and properly educated about the program rules and benefits. Vendor flexibility, creativity, and diligence in promoting the program are expected on an ongoing basis. 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 vendor must mask participants' SSNs in all communications, unless otherwise requested by GOER. The selected vendor must also:

B.3.2.n.1 Develop, design, print, and distribute all marketing materials customized for the FSA and *NYS-Ride*. 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 GOER's logo and copyright. GOER requires prior approval on the design and contents of all promotional material. Program specific quantities will be addressed in the program specific sections below.

Over the course of the seven-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.

B.3.2.n.2 Provide, for each program, 2,500 low-cost (not to exceed \$2.50 per unit) promotional giveaway 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 program for each year of the contract period. Promotional items must include the customized program branding for each program on each item, and must be approved by GOER. All promotional items are expected to be made in the U.S.A.

FSA-Specific Communications and Marketing Requirements

Assist GOER with an annual marketing campaign targeted to increase FSA participation among state employees. At a minimum, the selected vendor must:

B.3.2.n.3 Produce, annually in sufficient quantity:

- A detailed enrollment booklet to fulfill hotline requests and for distribution at employee information meetings,
- Payroll stuffers to be distributed to each State employee via 240 agency payroll offices,
- Posters to distribute to 260 agency work sites, and
- Small brochures for GOER to distribute at employee health fairs and union-sponsored functions.

For the purposes of this RFP, bidders should assume that the following approximate quantities will be printed: 2,500 32-page enrollment booklets; 214,000 payroll stuffers, 4,100 posters, 7,500 brochures, and approximately 500 one-page cover letters. However, 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 vendor will design and develop materials and then provide them in PDF and text-only versions that GOER can email to state agencies. While bidders are requested to include printing and mailing costs in each cost bid for specified quantities of materials, the actual quantities will have to be authorized annually by GOER. GOER reserves the right to reduce the cost paid per participant based on the savings from reduced printing and mailing costs as identified on the selected vendor's budget sheets. Bidders should also assume that the postage costs associated with distributing marketing materials to employees and state agencies are part of the contract costs, and will not be billed separately. GOER requires prior approval on the design and contents of all promotional material. The selected vendor will be required to mail or ship all marketing materials using U.S.P.S. first-class (non-bulk) postage or ground delivery service (such as UPS, FedEx, DHL, or the equivalent) as appropriate for the type of material. Proposals should indicate the location from which vendors plan to ship the materials, as well as the expected delivery time from the location to New York State.

B.3.2.n.4 Print and mail an annual 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.

B.3.2.n.5 Provide a supply of separate reimbursement request forms for the DCAA and HCSA, direct deposit forms, and letter of medical need 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.

B.3.2.n.6 Produce and mail confirmation letters to participants at the end of the annual open enrollment period, or after approval of a new hire or change in status request. The confirmation notice should include the participant's name and address as well as the amount of the annual election, biweekly deduction amount, and DCAA Employer Contribution for each benefit in which the participant has enrolled. GOER requires prior approval of the contents of the confirmation letter.

B.3.2.n.7 Mail a letter to any employee whose change in status or new hire request has been disapproved, or whose request requires additional information or documentation prior to being processed, within two business days of processing the request.

B.3.2.n.8 Mail COBRA notices to each participant who experiences a COBRA qualifying event and is eligible to elect COBRA to continue his or her HCSA coverage.

NYS-Ride-Specific Communications and Marketing Requirements

B.3.2.n.9 Assist GOER with a marketing campaign targeted to increase participation among State employees, with the flexibility to respond to the changing policies, needs, populations, etc.

B.3.2.n.10 For the period of this contract, at a minimum, the selected vendor will be expected to produce, in sufficient quantity:

- A detailed enrollment booklet to fulfill employee requests and for distribution at employee information meetings,
- Payroll stuffers to be distributed to each state employee via 240 agency payroll offices,
- Posters to distribute to 260 agency work sites, and small brochures for GOER to distribute at employee health fairs and union sponsored functions.

For purposes of this RFP, bidders should assume at least one reprint during the contract term. During the contract period, the following approximate quantities will be printed: 1,500 24-page enrollment booklets; 214,000 payroll stuffers; 4,100 posters, 7,500 brochures, and 500 one-

page letters. 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 vendor 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 each cost bid for specified quantities of materials, the actual quantities will have to be authorized annually by GOER. GOER reserves the right to reduce the cost paid per participant based on the savings from reduced printing and mailing costs as identified on the selected vendor's budget sheets. Bidders should also assume that the postage costs associated with distributing marketing materials to employees and state agencies are part of the contract costs, and will not be billed separately. GOER requires prior approval on the design and contents of all promotional material.

Bidders who can translate these materials for the website in both PDF and HTML versions, in languages other than English will receive additional points.

B.3.2.n.11 The selected vendor must provide resources to market *NYS-Ride* to New York State employees, including staff to deliver presentations at state work sites, or webinars. Provide all technology and resources to conduct these presentations electronically. Provide all material necessary for delivery and distribution, including laptops, projectors, electronic presentations, and educational and promotional material tailored to NYS's program when the meetings are conducted at the workplace. The State will provide space for employee meetings, when such meetings are necessary.

Employee meetings/webinars during the term of the contract:

- New York City: 4 2 Meetings 2 Webinars
- Albany: 6 3 Meetings 3 Webinars
- Buffalo: 2 1 Meeting 1 Webinar
- Rochester: 2 1 Meeting 1 Webinar
- Syracuse: 2 1 Meeting 1 Webinar
- Binghamton: 2 1 Meeting 1 Webinar

B.3.2.o Reporting

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to provide the reports in the timeframes required by GOER, for both the FSA and *NYS-Ride*.

Monthly, quarterly, annual, and other periodic reporting will be a condition of payment for services rendered. GOER staff will meet with the selected vendor to finalize reporting details including the format, number of reports needed, and other specifics. Reports shall be provided in electronic format in compliance with NYS security procedures, which include password protection, transmission to GOER through the vendor's secure FTP site, or other mutually agreed upon security measures to protect employee Social Security Numbers (SSNs). The vendor must agree to mask employee SSNs in all reports unless otherwise requested by GOER. Bidders are expected to include samples of their standard reporting documents, (*see Section B.3.2.u Samples*) and indicate their ability to provide all of the information required in each of the program specific sections below.

Bidders who can provide the *NYS-Ride* reports on demand through the bidder's secure website; allow only authorized GOER staff to enter the website with a user ID and password; and make the reports downloadable to an Excel 2007 or lower format spreadsheet will receive additional points.

B.3.2.o.1 Provide the following payroll interface reports on a weekly basis:

- Unresolved Payroll Rejection
- Unresolved Payroll Discrepancy
- Double Deduction (*NYS-Ride* Only)
- Refund (*NYS-Ride* Only)

B.3.2.o.2 The selected vendor is expected to provide monthly customer service reports to GOER that include the number of NYS FSA and *NYS-Ride* calls received, average waiting time for calls to be answered, the number of abandoned calls, and the nature of participant inquiry (e.g., account balance, claim reimbursement, complaint of service, request for information, response time, action taken, etc.).

FSA-Specific Reporting Requirements

In addition to the combined reporting requirements, for the FSA program, the selected vendor is expected to provide:

- B.3.2.o.3 Timely provision of any information or forms required by the IRS to each participant.
- B.3.2.o.4 Immediate notification of participant appeals to GOER. This includes appeals regarding claim rejections, disagreement in interpretation of basic IRS regulations, or any written complaint (*see Section B.3.2.j FSA Appeals Procedure*).
- B.3.2.o.5 Weekly COBRA reports to GOER that include, at a minimum, the name and masked SSN of each participant who experienced a COBRA qualifying event, the date COBRA notices are sent to participants, COBRA elections, and monthly premium amounts (*see Section B.3.2.k COBRA Administration*).
- B.3.2.o.6 Weekly reports to GOER reflecting change in status requests processed for HCSA and DCAA participants, respectively.
- B.3.2.o.7 Upon debit card implementation, 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.
- B.3.2.o.8 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 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 must reflect separate data for the HCSA and DCAA.
- B.3.2.o.9 Monthly reconciliation with the NYS Flex Spending Account bank's monthly statements. The monthly reconciliation reports will be due to GOER within thirty days of the selected vendor's receipt of statements from the bank.
- B.3.2.o.10 Annual stale-dated check report to GOER. All checks outstanding for the previous twelve months will be cancelled and the funds credited against the vendor's next monthly administrative fee. The report should separately identify the stale-dated checks associated with the HCSA and DCAA.

- B.3.2.o.11 Quarterly transaction summaries to GOER showing, by participant, total amount of deposits, total amount of reimbursements and account balance. The report must reflect separate transaction summary data for the HCSA and DCAA.
- B.3.2.o.12 Quarterly report to GOER containing the results of quarterly comparison tests performed on the DCAA Employer Contribution comparing selected vendor election files with OSC to ensure error-free W-2s (see *Section B.3.2.e.9*).
- B.3.2.o.13 At GOER's request, produce forfeiture reports with periodic updates throughout the NYS Flex Spending Account runout period. The report shall include, by HCSA and DCAA, run date, participant names, last four digits of their SSNs, Department ID, Bargaining Unit code, election amount, Employer Contribution amount, claims paid amount, and account balance.
- B.3.2.o.14 Provide real-time aggregate and detailed utilization reports (breakdown based on Bargaining Unit; Department ID; participation in DCAA, HCSA, or the DCAA Employer Contribution) from the selected vendor's database accessible to GOER upon demand. Provide other utilization reports upon GOER's request.
- B.3.2.o.15 HIPPA certification of vendor-administered HCSA coverage if required by law or regulation.
- B.3.2.o.16 Quarterly or periodic review of legislative and IRS updates and other information pertaining to cafeteria plans.
- B.3.2.o.17 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 NYS Flex Spending Account for state audit.
- B.3.2.o.18 Annual report for the NYS Flex Spending Account 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.
- B.3.2.o.19 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 vendor.

NYS-Ride-Specific Reporting Requirements

In addition to the combined reporting requirements, for *NYS-Ride*, the selected vendor is expected to provide:

B.3.2.o.20 Monthly employee registry including: employee name, masked social security number, Department ID, bargaining unit code, transit provider, total amount in payroll deductions, monthly and cumulative year-to-date, and total amount of benefits delivered, monthly and cumulative year-to-date.

B.3.2.o.21 Monthly updates regarding the bidder's upcoming schedule for worksite presentations and attendance at union events and benefit fairs.

B.3.2.o.22 Monthly report of lost and/or stolen vouchers or fare media, including name, date reported, date compensated, and amount compensated.

B.3.2.o.23 Print and mail quarterly reminders to the *NYS-Ride* participants' home address for whom no email address is on file. This quarterly reminder will include, but is not limited to, updating current participants on transit increases, plan rules, regulations, and changes. GOER requires prior approval of the quarterly reminders.

B.3.2.o.24 Develop, distribute, and report the results of an annual Participant Satisfaction Survey from a statistically significant random sampling of participants. The survey must include a proportionate sampling of participants with email addresses and without email addresses and be distributed electronically and via USPS accordingly. The annual survey should be distributed in January with results reported to GOER by March 31.

B.3.2.o.25 Work with GOER as required analyzing the cost and savings of *NYS-Ride* and make suggestions regarding efficiency improvements.

B.3.2.p Website Hosting and Maintenance

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to provide complete website hosting and maintenance for both the FSA and *NYS-Ride* to GOER.

The selected vendor is responsible for hosting and maintaining the contents of the NYS Flex Spending Account and *NYS-Ride* websites. GOER will retain ownership of the domain name and website content. For information purposes, the websites may be viewed at www.flexspend.state.ny.us and www.nysride.com. It is the responsibility of the vendor to conform to 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 *the State's accessibility requirements are more stringent than federal accessibility standards*. GOER will work with the vendor to provide an understanding of the State's requirements. The vendor is also expected to:

B.3.2.p.1 Provide sufficient space on a server(s) to host the enrollment systems and/or websites. In developing customized websites for employee enrollment, it will be the responsibility of the selected vendor 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 OFT Technology Policy P08-005, which can be referenced at <http://www.oft.state.ny.us/policy/NYS-P08-005.PDF>.

B.3.2.p.2 Designate a web master who will be the primary point of contact for all website matters, and who is authorized to post the updates requested by GOER.

B.3.2.p.3 Update the contents of the NYS Flex Spending Account website annually prior to the annual open enrollment period. Update the FSA and *NYS-Ride* websites on an ongoing basis throughout the year upon the request of GOER. Periodic text updates are expected to be posted to the website in a timeframe as directed by GOER. Generally, text updates will be required to be posted within five business days of being requested by GOER. GOER is responsible for drafting and approving all text to be displayed on the website.

B.3.2.p.4 Guarantee that all responsibilities related to website hosting and maintenance will not be subcontracted to a company or operation (including business partners) located outside of the United States (***Mandatory Requirement***).

B.3.2.p.5 Establish an interface between the NYS Flex Spending Account and *NYS-Ride* websites and the vendor's database to provide participants with real-time access to their account information.

Bidders who propose to customize the interface to match the appearance of the NYS Flex Spending Account and *NYS-Ride* websites will receive additional points.

FSA-Specific Website Hosting and Maintenance Requirements

In addition to the combined requirements for the FSA the vendor must:

B.3.2.p.6 Update the design of the website annually or otherwise at the request of GOER, including changes to color, graphics and layout. Final website design is subject to GOER approval.

B.3.2.p.7 Maintain all forms, including those for reimbursement request, direct deposit, and medical need, in HTML and PDF format on the website for download by participants. The selected vendor 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 during the plan year. GOER is responsible for approving the final contents of all forms.

NYS-Ride-Specific Website Hosting and Maintenance Requirements

In addition to the combined requirements, for *NYS-Ride* the selected vendor must:

B.3.2.h.8 Provide GOER with the capability of posting its own announcements on the nysride.com homepage.

B.3.2.q Compliance

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to adhere to the compliance requirements of this RFP for both the FSA and *NYS-Ride*.

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

B.3.2.q.1 The selected vendor will be responsible for providing 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 must include a preliminary analysis of all associated costs and the anticipated impact of proposed program modifications and contemplated benefit design changes on enrollees.

The selected vendor 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 vendor

agrees that its compensation will change only if the selected vendor is able to provide detailed documentation of increased costs to the selected vendor 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 vendor's level of effort or cost, the State reserves the right to renegotiate the monthly administrative fee with the selected vendor.

B.3.2.q.2 State or federal laws enacted, 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 are to be considered within the scope of this RFP.

B.3.2.q.3 GOER must review and approve all forms, marketing materials, and communications produced by the selected vendor prior to distribution to participants, eligible employees, or state agencies. All costs of marketing materials and distribution to participants, eligible employees, or state agencies will be borne by the selected vendor.

B.3.2.q.4 The selected vendor is financially responsible for and will 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 vendor's voucher payment procedures performed by the State or independent external auditors (*NYS-Ride* only).

B.3.2.q.5 GOER has established performance standards and penalties and will monitor the selected vendor's performance results against the standards (see *Section B.3.2.t, Performance Standards and Penalties*).

B.3.2.r Information Security and Emergency Procedures

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to provide the required information security and emergency procedures to GOER for both the FSA and *NYS-Ride*.

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 four bullet points directly below, which are not considered part of the rating criteria and, therefore, will not be evaluated by the Selection Committee:

- Comply with all federal and state security policies in relation to providing services (see Section F.28, pages 171-173 and Section G, Attachment 5, page 203).
- Share audit reports with the State.
- Allow the State to verify implementation of recommendations resulting from audits.
- In the event of a security breach, the vendor will be responsible for providing identity theft and credit monitoring services to the affected participants. The selected vendor 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).

Bidders are required to submit a protection and risk assessment plan for the management of confidential information. The protection and risk assessment plan must include technology- and non-technology-based approaches to managing the security of such confidential information. Bidders must 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:

B.3.2.r.1 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) will receive additional points.

B.3.2.r.2 System monitoring and intrusion detection.

B.3.2.r.3 Security reviews and audits, including third-party reviews and audits.

B.3.2.r.4 Use of security tools and standards (e.g., security software, encryption standards, etc.).

Bidders who have obtained current ISO 27000 certification will receive additional points.

B.3.2.r.5 Maintaining and enhancing the bidder's information security environment and business practices.

Bidders who utilize positive pay procedures will receive additional points (FSA only).

B.3.2.r.6 Masking employee SSNs in all correspondence and reports, unless specifically requested by GOER (*Mandatory Requirement*).

In addition, the selected vendor is expected to provide emergency protection for all data, records, forms, and data processing operations devoted to the Flex Spending Account and *NYS-Ride* programs. **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:**

B.3.2.r.7 Establish procedures to ensure its data processing system will be back in at least minimal operation within ten business days of a force majeure occurrence. 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.

B.3.2.r.8 Ensure complete, accurate, and up-to-date documentation of all systems and procedures used to operate the Flex Spending Account and *NYS-Ride* programs. This documentation shall include a back-up copy stored off premises.

B.3.2.r.9 Redundant architectures; Class A data center; regular file back-ups;

and continuous 24-hour monitoring.

B.3.2.r.10 Ensure programs and operational procedures are duplicated with a copy stored off premises.

B.3.2.r.11 Provide emergency recovery procedure training for all new personnel and refresher training at appropriate intervals for all other personnel.

B.3.2.r.12 Provide procedures for designating back-up personnel to operate the system in the event of a disaster or unanticipated key personnel changes.

FSA-Specific Information Security and Emergency Procedures

In addition to the combined requirements, for the FSA, the selected vendor must:

B.3.2.r.13 Store check stock in a separate secure location so that checks are available until a new supply can be printed.

B.3.2.s Turnover Plan

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to provide a complete turnover plan to GOER and/or to a successor contractor(s) for both the FSA and *NYS-Ride*.

As part of the planning for complete programs, it is necessary to develop and have on file a turnover plan that provides for the complete transfer of all Flex Spending Account and *NYS-Ride* 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 contractor termination occurs prior to that time. Its purpose is to minimize any disruption of processing and service to FSA and *NYS-Ride* participants, and its goal is continuity of program operations. Thus, the selected vendor is expected to ensure that any transition to another vendor be done in a way that provides enrollees with uninterrupted access to their FSA and *NYS-Ride* 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 transit orders (*NYS-Ride* only); verification of enrollment; account management; providing sufficient staffing to ensure enrollees continue to receive good customer service even after the termination date of the contract resulting from this RFP; and claims incurred for the last plan year of the contract (FSA only). It is also imperative that GOER continues to have access to key personnel of the vendor, maintain access to online systems and receive data/reports and other information regarding the program(s) after the termination of the contract.

In the event that there is a turnover of the FSA and *NYS-Ride* programs to a successor vendor, the vendor selected under this RFP must 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 and FSA claims runout period. It is anticipated that in the event of a turnover, this time period would be no more than six months. As part of their cost proposal for this RFP, the vendor is 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. It is expected that the turnover budget shall not exceed the normal administrative costs for this program. A turnover plan shall be submitted to GOER as identified below.

By submitting a proposal to this RFP, the bidder certifies agreement with 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:

B.3.2.s.1 Develop and submit upon request a plan acceptable to GOER to provide for complete turnover of the FSA and *NYS-Ride* programs operations to the State and/or a successor vendor. For the purposes of this RFP, all FSA and *NYS-Ride* personal, enrollment, FSA claims, payroll deductions, FSA business rules, *NYS-Ride* process flow documents, documentation of policies and procedures, website contents, enrollment material files, and other data collected by the current vendor is the property of GOER and shall be turned over to the successor vendor.

B.3.2.s.2 Review and update, if necessary, the turnover plan at appropriate intervals during the term of the contract and resubmit it to GOER for approval upon request.

B.3.2.s.3 Help tailor the turnover plan to the requirements of a successor contractor should one be selected.

B.3.2.s.4 Provide GOER and successor contractor with any required technical assistance and advice during the turnover period.

B.3.2.s.5 Cooperate fully with GOER and any successor contractor during a turnover period to ensure the timely, smooth transfer of information necessary to administer the program.

B.3.2.s.6 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 contractor including, but not limited to, historical enrollee payroll deductions, historical enrollee FSA claim data, historical enrollment information, and appeals data as well as other data the successor vendor may request and GOER approves during implementation of the programs;
- Completion of all such vendor-provided services associated with *NYS-Ride* transit orders and FSA processing claims incurred on or before the scheduled termination date of the contract and submitted during the FSA runout period;
- Keeping dedicated phone and fax lines open with adequate available staffing, and transferring calls as appropriate to the successor vendor's phone lines;
- Development of a training plan on payroll processes and technical issues for successor contractor staff;
- Maintaining enrollee eligibility by processing COBRA payments associated with the final year of the contract;
- Continued GOER access to any online FSA claims processing data and history, *NYS-Ride* online payroll deduction 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

B.3.2.s.7 Within fifteen (15) business days from receipt of the turnover plan, GOER shall either approve the turnover plan or notify the vendor, in writing, of the changes required to the turnover plan so as to make it acceptable to GOER.

B.1.2.s.8 Within fifteen (15) business days from the vendor's receipt of the required changes, the vendor shall incorporate said changes into the turnover plan and submit such revised turnover plan to GOER.

B.3.2.s.9 Provide routine inventory management during turnover to avoid any shortages of program supplies.

B.3.2.s.10 Attend (in person or by telephone) weekly or other meetings as required by GOER, with state representatives and designees in the event of a turnover.

B.1.2.s.11 The selected vendor shall be responsible for transitioning the program in accordance with the approved turnover plan.

B.3.2.t Performance Standards and Penalties

Bidders must demonstrate they possess the staffing, expertise, systems capability, etc. to provide the performance standards required by GOER.

By submitting a proposal, the bidder certifies agreement to adhere to the following performance standards and penalties. The decision of GOER will be final and controlling as to the dollar amount of the penalties assessed in accordance with the performance standards and penalties below.

The performance standards and penalties are not considered part of the rating criteria and, therefore, will not be evaluated by Selection Committee.

Deliverable	Performance Standard	Performance Penalty
Call center standards	<ul style="list-style-type: none"> • The telephone line, including the TDD line, will be operational and available to employees 12 hours per day, five days per week, Monday – Friday, at least 99.5% of the time, calculated on an annual basis. The telephone system availability shall be measured and reported to GOER monthly. • At least 99% of incoming calls will be answered by the vendor's VRU within 7 seconds. • At least 90% of incoming calls will be answered by a Customer Service Representative within an average of 120 	Up to \$1,000 annually per 2% variance in each of the five areas.

RFP for Third Party Administration of
Pre-Tax Flexible Spending and Transportation Programs

Deliverable	Performance Standard	Performance Penalty
	<p>seconds, calculated on an annual basis. The telephone response time shall be measured and reported to GOER monthly.</p> <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 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. 	
Unscheduled Internet downtime	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.	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.
Website text updates including HTML and PDFs	Updates must be posted within the deadline set by GOER, generally within 5 business days, unless otherwise specified.	Up to \$500 for each business day after the first business day the selected vendor fails to meet the required deadline.
Maintaining payroll timetables and deadlines	The selected vendor will comply with OSC's timetables and deadlines 100% of the time (see <i>Attachments 1.3 and 1.4 New York State Payroll Processing Timeline</i>).	Up to \$5,000 for each payroll cycle where the selected vendor fails to meet OSC's timetables and deadlines, unless the failure is solely the fault of the State.
Customer Service	<ul style="list-style-type: none"> • 90% Participant Satisfaction based on Annual Participation Satisfaction Survey. • Return 100% of calls and answer 100% of emails within 1 business day. • Resolve 99% of routine problems, such as enrollment, changes, cancellations, missed deductions, undelivered fare media, within 5 working days. 	Up to \$1,000 per 2% variance in each of the three areas, measured on an annual basis.

RFP for Third Party Administration of
Pre-Tax Flexible Spending and Transportation Programs

Deliverable	Performance Standard	Performance Penalty
Security Breach	<ul style="list-style-type: none"> The selected vendor will comply with the information security requirements of Section B.3.2.r of this RFP 100% of the time. 	Up to \$2,000 for each security breach incident.

FSA-Specific Performance Standards and Penalties

Deliverable	Performance Standard	Performance Penalty
2011 Plan Year Implementation	<ul style="list-style-type: none"> Establish systems and processes, including transitional activities with the current vendor (if applicable), required to administer all aspects of the NYS Flex Spending Account, including fully tested and completely operational paperless Open Enrollment and Change in Status systems, by January 1, 2011. All tests should be completed and errors corrected no less than two weeks prior to January 1, 2011. (see Section B.3.2) 	Up to 25% of start-up design and implementation fees.

NYS-Ride-Specific Performance Standards and Penalties

Deliverable	Performance Standard	Performance Penalty
Implementation	Implementation must begin on December 1, 2010.	Up to 10% of start-up implementation fees.
Prompt delivery of fare media	Fare media will be mailed to 100% of participants no later than the 21 st of the month for the following month's transit.	Up to \$1,000 for each monthly occurrence in which the selected vendor fails to mail fare media by the deadline.

B.3.2.u Samples

Samples 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 vendor is expected to customize any and all documents for the NYS Flex Spending Account and *NYS-Ride* programs. Provide samples of:

- Marketing materials
- Enrollment screen shots
- Reporting documents as outlined in Section B.3.2.o
- Website URL(s)

FSA-Specific Samples

- FSA Confirmation letter to participants
- FSA Claim rejection letter
- FSA Reimbursement check stub
- FSA COBRA notice
- FSA Quarterly statements to participants
- FSA Debit card quarterly statement to participants

NYS-Ride-Specific Samples

- *NYS-Ride* Letters/email communication to participants

C. 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 Request for Proposal includes and imposes certain restrictions on communications between a Governmental Entity and a prospective bidder/contractor during the procurement process.

From January 12, 2009, the date notice was given regarding the development of this RFP, 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 1 of this Request for Proposal 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/contractor pursuant to these two statutes. Certain findings of non-responsibility can result in rejection of a contract award. In the event of two findings within a 4-year period, the prospective bidder/contractor is debarred from obtaining governmental Procurement Contracts. Prospective bidders/contractors are directed to Section G, Attachment 1, page 178 to read the full policy and guidelines.

2. Bidders' Conference (ADM-301)

A Bidders' Conference will be held on January 25, 2010 at 1:30 PM in Room 125, Concourse, Empire State Plaza, Albany, NY. The intent of the Bidders' Conference is to answer bidders' questions concerning the scope of work, the bidding requirements, and the bidding process. Potential bidders who wish to attend are required to indicate their intention on the Bidders' Conference Form (ADM-301). Directions to the conference are included with this form, which is located at www.goer.state.ny.us/vendor-info/index.html. The deadline to submit the ADM-301 form is December 31, 2009 at 5:00 PM ET.

3. Bidders' Questions Concerning this RFP

All bidders, whether attending the Bidders' Conference or not, are encouraged to submit typed questions via electronic mail to dmiller@goer.state.ny.us and dlapointe@goer.state.ny.us, or fax to Deborah Miller at 518.473.6934, or mail to the address provided below. Questions regarding the RFP will be accepted until 5:00 PM December 31, 2009. No telephone inquiries will be accepted. Answers to all questions received by this date will be reviewed at the Bidders' Conference and also posted on the Agency website at www.goer.state.ny.us/vendor-info/index.html no later than January 25, 2010. The written responses will not attribute the questions to specific bidders, thus bidders are assured of anonymity. Prospective bidders may obtain a hard copy of the questions and answers upon request.

Deborah Miller
Governor's Office of Employee Relations
Work-Life Services/Family Benefits Program
55 Elk Street, Suite 301-C
Albany, NY 12210

Answers from questions arising from the Bidders' Conference will be posted to GOER website by February 9, 2010.

4. Notice of Intent to Bid (ADM-103)

Organizations intending to submit a response to this RFP should transmit a written reply indicating such intent no later than January 28, 2010. Instructions for transmitting this reply are included in the Notice of Intent to Bid (ADM-103) form, which is located at www.goer.state.ny.us/vendor-info/index.html.

5. Proposal Due Date

Proposals are due no later than 5:00 PM ET, February 26, 2010. 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.) and encourages bidders to follow-up as necessary to ensure their proposals have been received by the deadline.

6. Proposal Mailing Instructions - The delivery/ mailing address is:

Deborah Miller
Governor's Office of Employee Relations
Work-Life Services/Family Benefits Program
55 Elk Street, Suite 301-C
Albany, NY 12210

- Submit a separate proposal for each Component (FSA, *NYS-Ride* or Combined) on which you are bidding.
- Submit 10 hard copies, including two signed copies in blue ink, of the completed technical proposal and one copy on CD ROM in Microsoft Word format for each Component on which you are bidding. Clearly indicate on the cover which two technical proposals contain the original signatures. **Do not include any cost information in the technical proposal (see next paragraph).**
- Submit three hard copies, including two signed copies in blue ink, of the cost proposal and one copy on CD ROM for each Component on which you are bidding. All cost information and required budget forms **must be** submitted in a separate, sealed envelope and marked clearly as the bidder's cost proposal.
- Mark the outside mailing label referencing the RFP title and cost proposal or technical proposal. Clearly indicate on the envelope all of the Components on which you are bidding, for example:

<p>Third Party Administration of Pre-Tax Flexible Spending and Transportation Programs Technical Proposal Mailing Label Enclosed are Technical Proposals for (<i>check all that apply</i>): ____ FSA Component ____ <i>NYS-Ride</i> Component ____ FSA and <i>NYS-Ride</i> Combined Component Box ____ of ____</p>

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

7. 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 vendor's proposal and the RFP will be made part of the contract. Therefore, an official who is authorized to commit the company to a contract must sign the proposal.

8. Projected RFP Timetable

RFP Release Date	December 14, 2009
Written Questions Due	December 31, 2009
Submit Bidders' Conference Planning to Attend Form	December 31, 2009
Bidders' Conference and Response to Written Questions Received Prior to Bidders' Conference	January 25, 2010
Deadline to Submit Notice of Intent to Bid	January 28, 2010
Response to Questions Received at Bidders Conference Posted	February 9, 2010
Proposal Due Date	February 26, 2010
Selection Review Begins	March 5, 2010
Notification of Award	April 27, 2010
Contract is Executed	July 1, 2010

9. 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.

D. PROPOSAL REQUIREMENTS

Submit separate and complete Technical and Cost proposals for each Component on which you are bidding. For example, if bidding on the FSA Component, *NYS-Ride* Component **and** FSA and *NYS-Ride* Combined Components, submit separate and complete proposals, with a CD ROM for each Component that addresses the requirements in D.2 (pg. 145-151) and D.3 (pg. 151-152) of the RFP.

1. Format and Content

a. Technical Proposal and Cost Proposal

For the purposes of evaluation, each proposal must be submitted in two parts: the "Technical Proposal" and 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. **Do not** include cost information in the Technical Proposal. Both parts must be **sealed separately and clearly labeled** (*see example in Section C.6, pg. 143*).

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 must be completed in ink or machine produced and on CD-ROM. Proposals must have one inch margins with no text entered in the bottom margin, must be bound securely, single spaced, and organized in the sequence described below using the same section heading, subheadings, and number system as in the RFP. Each section should be separated by tabs or otherwise clearly marked.

If you are submitting proposals for more than one Component, your proposal for each Component must be clearly separated and marked as "Technical Proposal: Component ___" and "Cost Proposal: Component ___" (*see example in Section C.6, pg. 143*).

2. Technical Proposal

To assure that all proposals are evaluated on the same basis, include all of the following, organized in the specified order, with each bolded heading separated by tabs. 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 requirements of this RFP. Bidders must submit ten copies of each technical proposal (two signed originals and eight hard copies) and one copy on CD-ROM.

a. Summary of Services Being Bid

The summary must:

- Certify the bidder's ability to meet Mandatory Requirements listed in the chart in E.1 (pg. 153-154). Bids will not be reviewed or rated if the bidder fails to provide these certifications.
- Include a brief description of the bidder's overall experience and philosophy.
- Demonstrate the bidder's understanding of the goals/purpose of the RFP.
- Highlight significant features of the proposal.
- Include a brief description of any related activities currently being provided by the bidder to New York State.

b. References

Bidders who submit proposals for more than one Component must include references from clients who have FSA programs **and** clients who have pre-tax transit programs.

In order to demonstrate relevant and significant experience, bidders must provide a list of other clients for whom they have provided pre-tax transportation and FSA services, specifying which clients had multi-sites, geographically diverse employee populations, and had at least 75,000 employees and the length of time the services were provided. Prior service to a large (75,000 or more) employer is a mandatory requirement.

GOER strongly prefers bidders with experience serving clients similar to New York State, e.g., other public employers; large, multi-site employers; unionized employee populations; employees with a broad range of income levels with particular emphasis on those with lower incomes; a culturally diverse employee population; and for clients with employees living in New York and neighboring states. Bidders should provide evidence of such experience.

Provide 6 references with whom the bidder has worked within the past 5 years and who can attest to the bidder's qualifications, by listing the organization name, address, contact person, and telephone number. Three of the references should be from current clients and three of the references should be from past clients. These 6 references should reflect the desired bidder expertise as indicated below. References will be contacted by phone, Monday through Friday, from 9 AM to 5 PM ET. The submission of references will be used in the initial pre-screening of bids. Bids will be rejected as non-responsive if references are not provided. Lastly, include a brief description of any related activities currently being provided by the bidder to New York State.

c. Service Description

For each Component on which you are bidding, 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.

d. Bidder Expertise and Philosophy

The bidder must demonstrate relevant experience and expertise, along with a philosophy and processes congruent with excellence in service and any formal recognition for industry leadership.

Describe factors that make your organization especially qualified to provide the Service requested.

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

e. Staff Expertise

Include the number of professional and support personnel to be assigned to each major deliverable. Describe the qualifications and expertise of key personnel, including subcontractor personnel or business partners, who will be assigned to this project.

Bidders must demonstrate relevant experience for each Component on which they are bidding.

f. Bidder Status (Fiscal Stability)

Provide a brief description of bidder organization, including the history, range of services provided, organizational structure, any significant changes likely to occur within the next five years, number of employees, and geographic locations. The selected

vendor may be required to provide in a timely manner a copy of its most recent annual audited financial statement, including the opinion of an independent certified public accountant, and statements that indicate the firm's financial stability and ability to conduct the proposed project prior to GOER drafting the contract.

g. Timetable (Workplan)

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

h. Subcontracting

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.

i. Performance Standards and Penalties

Submit your standard performance guarantees in response to each Component on which you are bidding and affirm your ability to meet the specified GOER performance standards and willingness to track and report quarterly on your compliance with these standards.

j. Optional Enhancements

Include any additional desirable program/service enhancements that your organization can offer.

k. Samples:

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

Bidders who are bidding on more than one Component do not have to submit duplicate samples where requirements overlap, but should be certain to submit samples specific to both FSA and pre-tax transit programs.

l. Required Forms and Agreement

All required forms are located at www.goer.state.ny.us/vendor-info/index.html.

i) Application for Competitively Bid Contract (ADM-28)

Bidders are required to complete ADM-28, Application for Competitively Bid Contract that 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 all New York State Contracts" (see *Section G, Attachment 2, pg. 184 - 187*).

ii) Vendor Responsibility Questionnaire

New York State Procurement Law requires that state agencies award contracts only to responsible vendors. Vendors are invited to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System or may choose to complete and submit a paper questionnaire. To enroll in and use the New York State VendRep System, see the VendRep System instructions at: <http://www.osc.state.ny.us/vendrep/systeminit.htm> or go directly to the VendRep System online at <https://portal.osc.state.ny.us/>. For direct VendRep System user assistance, the OSC Help Desk may be reached at 866-370-4672 or 518-408-4672 or by email at <mailto:helpdesk@osc.state.ny.us>. Vendors opting to file a paper questionnaire can obtain the appropriate questionnaire from the VendRep website: <http://www.osc.state.ny.us/vendrep/templates.htm> or may contact GOER for a copy of the paper form.

Bidders must acknowledge either online or paper filing of the Vendor Responsibility Questionnaire as part of their Application for Competitively Bid Contract (ADM-28) – question #14.

iii) ST 220-TD and ST 220- CA

Section 5-a of the New York State Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the

quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

Bidders must complete and submit directly to the New York State Taxation and Finance, 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.

The bidder must complete and submit to GOER the form ST-220-CA, certifying that the contractor filed the ST-220-TD with DTF. Failure to make either of these filings may render an offerer 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 New York State Office of the State Comptroller's Website at <http://osc.state.ny.us/agencies/gbull/g222a.htm>.

iv) Confidentiality and Non-Disclosure Agreement

The bidder will agree to abide by the terms of the Confidentiality and Nondisclosure Agreement located at <http://www.goer.state.ny.us/vendor-info/index.html> and acknowledges that it is binding.

3. Cost Proposal

Submit a separate, clearly labeled cost proposal for each component on which you are bidding, for example:

<p>Third Party Administration of Pre-Tax Flexible Spending and Transportation Programs Cost Proposal Mailing Label Enclosed are Cost Proposals for (<i>check all that apply</i>): <input type="checkbox"/> FSA Component <input type="checkbox"/> NYS-Ride Component <input type="checkbox"/> FSA and NYS-Ride Combined Component Box ____ of ____</p>
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Three copies of the cost proposal (two signed originals and one hard copy) and one copy on CD-ROM must be submitted separately from the technical proposal and clearly marked "Cost Proposal – Component ____." Bidders must submit detailed budgeted costs for each major segment (Section B, Description of Services Sought) on the applicable Required Budget Forms for the each of the Components on which they are bidding, using the Required Budget Forms included at the end of this RFP in Exhibit C. This cost breakdown is critical since GOER reserves the right to award more than one contract for services.

Budgeted costs must be broken out for four years by personnel, other than personnel, travel, subcontractors, materials, etc. using the categories on the Required Budget Forms. It is our policy to limit any indirect cost rate to 15% of personnel service charges. Bidders must provide this indirect cost calculation on the budget sheets as indicated to demonstrate that they are within the 15% requirement. Totals from the Required Budget Forms must be transferred to the Summary Budget Sheet, Required Budget Form A.

GOER recognizes that the selected vendor 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 OSCs specifications, and build enrollment systems, among other activities. The Summary Budget Sheet, Required Budget Form A, includes a line for one-time start up costs for up to 6 months to be charged in the first year of the contract.

For every service included in the technical proposal, a clear cost should be specified in the cost proposal. Should a service enhancement be included for which there is no additional cost, please indicate specifically that there is no additional cost.

Bidders must submit budgets for four years using the attached forms. GOER anticipates a 7-year contract. After four years, adjustments for inflation will be allowed if requested by the Contractor prospectively. Adjustments will be based on the National Consumer Price Index for All Urban Consumers (CPI-U) as published sixty (60) days prior to the price increase request in the U.S. Bureau of Labor Statistics, Washington, D.C. 2012. No increase will exceed 5% without prior approval from the Office of the State Comptroller. The Consumer Price Index can be viewed at <http://www.bls.gov/cpi/home.htm>.

E. REVIEW OF SELECTION PROCESS

Members of the Selection Committee will independently review each technical proposal received by the submission deadline that meets the initial screening criteria. The Selection Committee will be comprised of representatives of the Governor’s Office of Employee Relations and/or other state agency staff 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.

During the initial screening process, four references will be contacted for each bidder – two current clients and two former clients. 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 flexibility. Reference checks will be scored on a pass/fail basis.

Bidders must pass three of the four reference checks in order for their bids to be further reviewed and rated.

Screening criteria also includes the following:

Screening Criteria	Component		
	FSA	NYS-Ride	Combined
Mandatory Submission Requirements			
Ten copies of complete technical proposal (two signed originals and 8 hard copies), and one copy on CD-ROM submitted by February 26, 2010.	X	X	X
Three copies of cost proposal (two signed originals and one hard copy) using required budget forms and one copy on CD-ROM submitted in a separate, sealed envelope by the February 26, 2010 deadline.	X	X	X
Application for Contract, ADM-28, submitted with two signed hard copies.	X	X	X
Vendor Responsibility Questionnaire (hard copy or electronic filing)	X	X	X
Form ST 220-CA	X	X	X
Confidentiality and Non-Disclosure Agreement	X	X	X

RFP for Third Party Administration of
Pre-Tax Flexible Spending and Transportation Programs

Screening Criteria	Component		
	FSA	NYS-Ride	Combined
A list of clients for whom the bidder has provided pre-tax transportation and/or FSA services, specifying which clients had multi-site, geographically diverse employee populations, and had at least 75,000 employees and the length of time the services were provided.	X	X	X
Six references with contact information (three from current and three from former clients)	X	X	X
Mandatory Program Requirements			
Significant experience and expertise in the administration of Sections 125 and 129 Cafeteria Plan benefits programs.	X		X
Significant experience and expertise in the administration of IRC 132(f).		X	X
Experience providing TPA services to large (more than 75,000 employees), multi-site employers and capable of serving a geographically diverse employee population.	X	X	X
Bidder agrees to record, retrieve, and archive telephone calls including enrollment, changes in status, and terminations.	X	X	X
Bidder agrees to assign an account manager for the term of the contract to oversee all matters arising in the administration of the NYS Flex Spending Account and NYS-Ride, who is fully authorized 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 arising from the operation of the program.	X	X	X
Bidder agrees to mask all but the last four digits of the participants' SSNs in all correspondence and reports, and FSA reimbursements and FSA account statements.	X	X	X
Bidder agrees to the payroll interface with the Office of State Comptroller as defined in Section B.	X	X	X
Bidder guarantees that the customer service operations will not be subcontracted to a company or operation (including business partners) located outside of the United States.	X	X	X
Bidder guarantees that the information technology operations will not be subcontracted to a company or operation (including business partners) located outside of the United States.	X	X	X
The bidder must agree to post salary deductions by close of business on the day the file is received from OSC.	X		X
Bidder guarantees that daily check writes and wire transfers will take place each business day.	X		X
Bidder agrees to implement debit card system for HCSA claims.	X		X
The bidder must agree to same day processing of faxed reimbursement claims that are received by 12 noon ET.	X		X
Bidder agrees to obtain a \$700,000 Performance Surety Bond that meets the requirements of Section F.3 of the RFP.	X		X
Bidder guarantees that it will furnish an irrevocable Letter of Credit that meets the requirements of Section F.2 of the RFP.		X	X

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. The cost proposals will be evaluated separately, using pre-defined criteria.

3. Method of Selection

Once ratings are completed for the technical and the cost proposals, the scores will be combined. 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.

The State reserves the right to award no contract for the FSA and NYS-Ride Combined Component in the unlikely event that the State receives only one qualifying bid for that Component, unless that bidder also achieves the highest technical raw scores for both FSA Component and NYS-Ride Component, and the cost for the FSA and NYS-Ride Combined Component is less than the combined costs of awarding contracts for the FSA Component and NYS-Ride Component separately.

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, including meeting the timetable for key deliverables affecting services to state employee participants, providing all services, reports, and other tangible activities. Special attention will be given to quality indicators and clarity. Proposals must be well reasoned, detailed, well organized, clearly written, and complete.
- b. *Bidder Expertise and Philosophy*: The bidder must 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. *Bidder Status:* Proposals will be rated on the fiscal viability of the organization to provide the services required by the RFP.
- e. *Timetable:* The bidder's detailed plan to meet GOER's requirement that all processes are tested and successfully in place to begin *NYS-Ride* by December 1, 2010 and FSA program administration by January 1, 2011.
- f. *Subcontracting:* The subcontracting plan must be fully detailed and described and must include any business partners. Bidders are expected to deliver seamless service, whether subcontracting or not.
- g. *Performance Standards:* Bidders must demonstrate their ability to meet the performance standards as required by the RFP and state their willingness to track and report quarterly on their compliance with GOER's specific performance standards.
- h. *Optional Enhancements:* Additional points will be awarded for proposals that offer additional, desirable program/service enhancements.
- i. *Samples:* Requested samples will be carefully reviewed and rated as a demonstration of the bidder's potential responsiveness to NYS employees' needs and the bidder's ability to customize.
- j. *Oral Presentation:* The State, at its discretion, may elect to have bidders provide oral clarification of their proposals in the event bidders' responses do not fully address key aspects of the RFP, thereby hindering the raters' ability to fairly evaluate the bids. Those bidders will receive prior instructions regarding what part(s) of their proposal requires clarification.

Per Component, the bidders with the two highest scores and bidders whose scores fall within the top 20 percent may be invited 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 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.3*). Once proposals pass the initial screening, the cost information and budgets will be rated using pre-defined criteria.

Bidders must include a complete set of Budget Forms for each Component on which they are bidding.

6. Letter of Intent

GOER's Contract Unit will advise the selected vendor of our intent to award a contract by mailing a "Letter of Intent." Once the selected vendor 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

Once the letter(s) of intent is issued, unselected vendors may request a meeting to discuss their proposal. Please note this meeting will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than one month from date of award announcement.

F. CONTRACT INFORMATION FOR SELECTED VENDORS

1. Contract Award

A contract that defines 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. Standby Letter of Credit (SLOC) *NYS-Ride* and FSA and *NYS-Ride* Combined Component

The selected vendor is required to furnish an irrevocable Standby Letter of Credit (SLOC) issued by a financial institution that meets the requirements of this section within sixty (60) days of receipt of a "Letter of Intent" being issued by GOER.

The selected vendor must at all times maintain in effect an irrevocable SLOC for the period, which can be modified upon mutual agreement of both parties of the contract, covering all work performed under this contract. Such period, as set forth in this RFP, is to be a maximum of seven (7) years from the contract effective date. Failure to maintain such SLOC in the full aggregate amount set forth below until completion of the contract term will constitute a breach by the selected vendor.

The form of the SLOC must be in a form acceptable to GOER. The fully executed SLOC must be delivered to the State no more than sixty (60) days after receipt of a "Letter of Intent" to enter into a contract. The effective date of the executed SLOC must coincide with the effective date of approval of the contract by the NYS OSC. The State will certify approval of the contract to the issuing financial institution within fifteen business days of receipt of OSC's approval.

A SLOC must be irrevocably maintained in effect by the selected vendor beginning on the contract effective date through the duration of the contract term. The issuing financial institution is required to provide the State with a written notice of any failure of the selected vendor 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 at sight on 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 must 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 vendor may furnish a SLOC, or by any waiver by the State of any of the 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 vendor at all times during the SLOC Term in an aggregate amount equal to 2 months *NYS-Ride* participant payroll deductions.

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 vendor to the full aggregate amount within five (5) business days of any individual draws against the SLOC. Failure of the selected vendor 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 vendor 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. Performance Surety Bond

The selected vendor for the FSA Component or the FSA and *NYS-Ride* Combined Component is required to obtain a Performance Surety Bond (Bond) in the amount of \$700,000 within sixty (60) days of receipt of a "Letter of Intent" being issued by GOER in order to protect the State from non-performance and financial exposures should the selected vendor default.

The selected vendor must at all times maintain in effect a Bond for the period, which can be modified upon mutual agreement of both parties of the contract, covering all work performed under this contract. Such period, as set forth in

this RFP, is to be a maximum of seven (7) years from the contract effective date. Failure to maintain the bond in the full aggregate amount of \$700,000 until completion of the contract term will constitute a breach by the selected vendor.

Evidence of the Bond must be delivered to the State no more than sixty (60) days after receipt of a "Letter of Intent" to enter into a contract. The effective date of the surety bond must coincide with the effective date of approval of the contract by the NYS OSC. The State will certify approval of the contract to the issuing financial institution within fifteen business days of receipt of OSC's approval.

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

4. Appendix A (Standard Clauses for NYS Contracts) – *Section G Attachment 2*

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

5. 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 Form A, Contractor's Planned Employment 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 Form B, Contractor's Annual Employment Report" 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 www.goer.state.ny.us/vendor-info/index.html.

6. Proof of Coverage

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** 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.state.ny.us/> 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 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**

- **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** 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.state.ny.us/> 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 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-820/829** Certificate/Cancellation of Insurance (a vendor's insurance carrier will send this form to GOER on 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) 486-6307. The above forms are available at: www.wcb.state.ny.us under the heading "Forms".

7. 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.

8. 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, brochure, reports, discussions and/or presentations at conference 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.

9. 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 July 1, 2010 for seven (7) years.

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.

Requests by the contractor to receive adjustments for inflation will be considered by GOER for Years 5, 6, and 7 of the Contract Agreement. The selected vendor fee increases will be based on the Consumer Price Index (CPI-U) for the year requested. It is the responsibility of the selected vendor to supply GOER with the current CPI-U at least 60 calendar days prior to January 1st of the years eligible for adjustment. The Consumer Price Index can be viewed at <http://www.bls.gov/cpi/home.htm>.

The selected vendor must demonstrate to GOER the need to request a fee increase.

10. Service Delivery Location

Services resulting from this RFP will be delivered throughout New York State and to eligible employees who live outside the State.

11. Consultant/Instructor Substitutions

Recognizing that the 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 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://www.goer.state.ny.us/vendor-info/index.html>. Once the subcontractor meets the requirements and is determined to be a responsible subcontractor, the subcontractor may provide services for the contractor.

12. Cancellation (See "Executory Clause" in Appendix A)

Cancellation for Convenience: GOER retains the right to cancel the contract, in whole or in part, 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.

13. 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.

14. Mandatory Contract Termination Provision

a) 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.

b) 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 Tax Department 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 nonresponsibility 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.

15. Minority and Women-owned Business Enterprise (M/WBE) Goals, Equal Opportunity Employment

a. Minority and Women-owned Business Enterprise and Goals

The selected vendor(s) will be required to submit certain forms and comply with the following information.

In accordance with Article 15-A of the Executive Law of the State of New York, GOER has established a goal of 4% participation by New York State Certified Minority and 4% participation by New York State Women-Owned Business Enterprises (M/WBEs) as subcontractors and/or suppliers in the proposed project to be awarded through this RFP. This requirement can be met through normal purchasing of supplies, travel services and/or equipment.

The selected vendor(s) will be asked to submit a M/WBE Utilization Plan form (ADM-145), which meets the above goal percentages along with a staffing plan. Sample M/WBE forms are located at <http://www.goer.state.ny.us/vendor-info/index.html> for reference only.

b. Equal Employment Opportunity

The bidder agrees to abide by Affirmative Action and Equal Employment Opportunity as stated in Appendix A. By submission of its

bid, the selected vendor warrants that it is an Equal Opportunity Employer and that it does not discriminate in its employment and business practices on any of the basis provided in the New York State Human Rights law or any other applicable state or federal law(s).

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 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 bidder.
- Negotiate with the next highest rated bidder if negotiating a contract with the selected vendor(s) 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 pay the contractor for charges incurred up to the time of cancellation.

- 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 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. Non-Discrimination/Americans with Disabilities Act (ADA)

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 program or activities. A reasonable accommodation will be provided on request.

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 American with Disabilities Act.

21. 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.

22. 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 selected vendor permission to use any materials produced, either in whole or in part, as a result of a contract between a selected vendor 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

23. 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 selected vendor 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.

24. 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 selected vendor and the proposals of non-selected vendors 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 selected vendor's contract which "are trade secrets or 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.

25. 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 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.

26. 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 Program Manager(s) in the performance of the contract which non-performance, by exercise of reasonable diligence, cannot be prevented. The contractor shall provide the Program Manager(s) with written notice of any force majeure occurrence as soon as the delay is known.

Neither the contractor nor the Program Manager(s) 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 Program Manager(s) 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.

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

Any web-based intranet and internet content 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 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-P08-005, as determined by quality assurance testing.

GOER will work with the selected vendor to provide an understanding of accessibility requirements. In addition, the web content or application will require GOER's prior final approval.

28. 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: <http://www.cscic.state.ny.us/lib/policies>) and New York State Cyber Security Standard S05-001, as amended from time to time, or their successors. 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.

29. 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 herein 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.

30. 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 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://www.cscic.state.ny.us/security/securitybreach>.

G. SUMMARY OF DOCUMENTS REQUIRED WITH PROPOSAL AND CONTRACT

Below is a table summarizing the forms 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://www.goer.state.ny.us/vendor-info/index.html>.

Document Name	Required with Proposal	Required with Contract
Intent to Bid (ADM-103)	No. The ADM-103 is due earlier. It should be submitted by the date stated in the RFP.	
Bidders Planning to Attend Form ADM-301	No. The ADM-301 is required earlier. It must be submitted by the date stated in the RFP.	
Application for Competitively Bid Contract (ADM-28)	√	
Vendor Responsibility Questionnaire	√ Hardcopy must be submitted with proposal. If filed via VenRep System, must be electronically filed by proposal due date.	
ST 220-TD	No. Send directly to NYS Tax and Finance by proposal due date.	
ST 220-CA	√	
Budget Forms	√	
Confidentiality and Nondisclosure Agreement	If applicable	
MWBE Vendor/Contractor's Utilization Form (ADM-145)		√
GOER Waiver Request Form-MWBE Program (ADM-149 - SAMPLE)		√

RFP for Third Party Administration of
Pre-Tax Flexible Spending and Transportation Programs

Document Name	Required with Proposal	Required with Contract
MWBE Staffing Plan (SAMPLE)		√
Form A		√
Form B		No. Form B is due at the end of the fiscal year.
Proof of Workers Compensation Insurance and Disability Insurance or Proof of Exemption(s)		√
Certificate of Liability Insurance Naming State of NY as an Additional Insured		√

**Governor's Office of Employee Relations/
Statewide Labor-Management Committees**

**Policy and Guidelines for Implementing the New York State Procurement
Lobbying Law, Sections 139-j and 139-k of the New York State Finance Law**

I. Overview

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, established significant changes to the development of procurement contracts with New York State governmental entities (hereinafter "agencies").

In 2003, the Governor issued Executive Order Number 127 *Providing for Additional State Procurement Disclosure* ("EO-127"), to strengthen disclosure requirements for persons and organizations contacting New York State government about procurement contracts and real estate transactions. That Executive Order has been replaced by Legislation that essentially replicates and adds to the requirements of the Executive Order.

Chapter 1 of the Laws of 2005 expands upon the former EO-127 and the former lobbying statute. Among other things, the law:

- Makes the lobbying law 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 persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- Authorizes the Temporary State Commission on Lobbying 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 this new 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 the Temporary State Commission on Lobbying to provide that opinions of the Commission 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.

Generally speaking, two related aspects of procurements were amended: (i) activities by the lobbying community seeking procurement contracts (through amendments to the Legislative Law) and (ii) activities involving governmental agencies 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 itself, 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 the 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 therefore, this policy, do apply to sole source and single source contracts, in addition to competitive procurements. Amendments authorized and payable 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 Bidders 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 bid, proposal or response for a procurement contract;

- Submission of written questions when written responses are to be provided to all Offerers;
- Participation in a pre-bid conference;
- Complaints by an Offerer to the office of general counsel where the designated person for the procurement contract of the agency fails to respond in a timely matter;
- Negotiations with the agency after a tentative award;
- Debriefings about a procurement contract award; and
- Filing of written disputes in administrative hearings, judicial proceedings and to the Attorney General, Inspector General, District Attorney or State Comptroller.

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 this 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 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
- Record whether the person/organization making the
- Occupation 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 (as defined herein) is precluded from awarding a procurement opportunity or 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 the award of the contract to the Offerer is necessary to protect public property or public health safety, and that the Offerer is the only source capable of supplying the required Article of Procurement within the necessary timeframe.

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

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 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. A form is provided for this purpose.

If an Offerer is found to have engaged in impermissible contacts with a Governmental Entity, the Offerer will be denied a contract under this policy. However, the agency is not precluded from awarding such Offerer another procurement contract if this denial of a contract is the Offerer's first determination of non-responsibility in four years.

VI. Violations of This Policy

Alleged violations of this policy will be reviewed by the agency's Ethics Officer. The Ethics Officer is charged with reviewing or investigating violations of the contact provision of this policy and determines if sufficient cause exists to believe that the allegation is true. The agency must notify the Offerer within five business days of its discovery, that a review or investigation of an alleged violation is underway. 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 Dawn LaPointe in GOER's Division for Administration at 518-473-3075.

STANDARD CLAUSES FOR NYS CONTRACTS APPENDIX A – Revised June, 2006

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, licensor, 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 previous consent, in writing, of the State and any attempts to assign the contract without the State's written consent are null and void. The Contractor may, however, assign its right to receive payment 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 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).

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, national origin, sexual orientation, age, disability, genetic predisposition or carrier status,

or marital 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.

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 setoff 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) FEDERAL EMPLOYER IDENTIFICATION NUMBER and/or FEDERAL SOCIAL SECURITY NUMBER. All invoices or New York State standard vouchers submitted for payment for the sale of goods or services or the lease of real or personal property to a New York State agency must include the payee's identification number, i.e., the seller's or lessor's identification number. The number is either the payee's Federal employer identification number or Federal social security number, or both such numbers when the payee has both such numbers. Failure to include this number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or New York State standard voucher, 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 New York State's Central Accounting System by the Director of Accounting Operations, 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, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, 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:

(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, 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, upgradings, 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

RFP for Third Party Administration of
Pre-Tax Flexible Spending and Transportation Programs

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; or (iii) banking services, insurance policies or the sale of securities. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment 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 Governor's Office 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 State Finance Law §165. (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.

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
30 South Pearl St 7th Floor
Albany, New York 12245
Telephone: 518-292-5220
Fax: 518-292-5884
<http://www.empire.state.ny.us>

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
30 South Pearl St 2nd Floor
Albany, New York 12245
Telephone: 518-292-5250
Fax: 518-292-5803
<http://www.empire.state.ny.us>

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. PURCHASES OF APPAREL. In accordance with State Finance Law 162 (4-a), the State shall not purchase any apparel from any vendor unable or unwilling to certify that: (i) such apparel was manufactured in compliance with all applicable labor and occupational safety laws, including, but not limited to, child labor laws, wage and hours laws and workplace safety laws, and (ii) vendor will supply, with its bid (or, if not a bid situation, prior to or at the time of signing a contract with the State), if known, the names and addresses of each subcontractor and a list of all manufacturing plants to be utilized by the bidder.

GOER/LMC
COPYRIGHT POLICY

Last Revised: July 2009

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 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 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.

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

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.

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 and works made for hire, and publication with notice puts the public on notice that the work is protected by copyright. Publication 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 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 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 50 years after the author's death. For a joint work prepared by two or more authors who did not work for hire, the term lasts for 50 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 75 years from publication or 100 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 owners' 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 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 or three 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 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 Kevin Grossman in 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 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 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 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.

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 that 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 3 for the meaning of the word “published.” 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 LMC’s, 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 GOER spokesperson 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 Kevin Grossman in 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.
3. 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 7 through 9 should be consulted and the use must be analyzed. Consult with Kevin Grossman in 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.

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 selected vendor 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*.

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. A range of network controls must be undertaken to maintain security, both in the vendor'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 website as a result of any contract entered into by GOER or the LMCs, that website must conform to State policies, including Information Technology Policy NYS-P08-005, which requires that State entity websites are accessible to individuals with disabilities and which provides the standards websites must meet in order to comply.
- 2) When a contractor is required to provide a website as a result of any contract entered into by GOER or the LMCs, ownership of website 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 IMG 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 ISO and the IMG 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 IMG 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/the 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 July, 2009

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 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 vendor(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
StateJobsNY	Training and Development
GOER/LMC Main Sites	Online Learning
Work-Life Services	

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 OFT policies, such as the e-Commerce initiative and accessibility guidelines. For a complete list of OFT Technology Policies, see <http://www.oft.state.ny.us/policy/index.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 at (PDF), that same document must be made available in accessible HTML or as plain ASCII text.

GOER's minimum display standard is 800 pixels wide by 600 pixels tall. Pages should offer a balance of content and white space. Non-main/home/index pages can exceed 600 pixels in height, although those pages that function as menus should not exceed 600 pixels without an indication (within the 600-pixel range) that there are further choices or more information beyond the bottom of the first screen.

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

- 1) The New York State Banner at the top of the page, per OFT e-Commerce policy (see <http://www.oft.state.ny.us/policy/s05-001/bannerStandard.htm> for specifics on the State Banner).
- 2) Privacy Statement, prominently placed (see NYS Best Practice Guideline # G02-001, Internet Privacy Policy, <http://www.oft.state.ny.us/policy/NYSGuidelineG02-001.htm>).
- 3) Contact information, the link to which should also be included in redundant text links at the bottom of the page. Contact information must also include specific instructions on who to contact if a section of the site is inaccessible to a visitor (see <http://www.oft.state.ny.us/policy/s05-002/contactpagestandard.htm> for specifics on this Mandatory Technology Standard
- 4) An obvious link to GOER home page. This link must include some text whereby a user with limited web skills would be alerted to it.
- 5) Names of the agency, the Governor and the Director of GOER.
- 6) A distinct link for reporting accessibility problems with the site.
- 7) Site main pages should fit on an 800 pixel wide X 600 pixel tall screen.

QUALIFYING SECOND-LEVEL PAGES MUST CONTAIN:

- 1) A smaller version of the State Banner at the top of the page.
- 2) Text links to all major sections of the site, 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) A title identifying the site, the section of the site, and the individual page.
- 2) Text links to all major sections of the site, and contact information, at the bottom of the page.
- 3) A page heading identifying the page (use of "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 video is described for individuals with visual impairments and close captioned for individuals with hearing impairments), Macromedia Flash objects (unless they can be made accessible to individuals with visual, mobility, or hearing impairments);
- 5) Blinking objects;
- 6) Moving objects; or
- 7) Animations (unless they can be made accessible to individuals with visual, mobility, or hearing impairments).
- 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.
- 2) Developers should use proper semantic markup, avoiding browser-specific and deprecated elements (e.g., use STRONG instead of B; EM instead of I).
- 3) Tables must include summaries and captions, where applicable. Where a table is used solely to lay out a page, 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 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 should 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 change 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 (e.g., via Bobby or Dreamweaver's Accessibility Extension) 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 Mandatory Technology Standard S04-001 at <http://www.oft.state.ny.us/policy/s04-001/index.htm>).
- 11) In general, graphics files used should be small enough (50 Kb maximum) so that users accessing the page via a 28.8 modem would be able to load the page within 30 seconds.
- 12) If image maps are used, include redundant text links for users without sight or fine motor control.
- 13) We encourage the use of site maps.
- 14) 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.
- 15) We encourage the use of search functionality.
- 16) We encourage the use of charts and graphics, so long as the information contained in them is available to non-visual users.
- 17) 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.

**NYS Flex Spending Account
Budget Worksheets**

NYS Flex Spending Account Summary Budget Sheet – Part 1

<i>Project Deliverables</i>	Charge to Project				
	A Year 1	B Year 2	C Year 3	D Year 4	E Total (A+B+C+D)
1. Start Up Design & Implementation ^{1.}					
2. Debit Card Implementation					
3. Turnover ^{2.}					
4. Plan Review & Update					
5. Paperless Enrollment & Change in Status Process					
6. Payroll Interface					
7. Account Management					
8. Reimbursement					
9. Appeals Procedure					
10. COBRA Administration					
11. HIPAA Compliance					
12. Customer Service					
13. Communications & Marketing					
14. Reporting					
15. Website Hosting & Maintenance					
16. Compliance					
17. Information Security & Emergency Procedures					
18. Travel Costs					
19. Sub-Total Project Cost (Lines 4-18)					
20. Total Project Cost (Lines 1-18)					

NYS Flex Spending Account Summary Budget Sheet – Part 2

The Cost portion of your proposal will be evaluated on the amount shown on Line 20, Column E. The purpose of the following chart is to calculate a Monthly Cost Per Participant and will not be evaluated. Insert the 4-year sub-total project cost (Line 19, Column E) in Column G below and calculate the Monthly Cost Per Participant for each Participant Range.

F. Participant Ranges	G. Sub-Total Project Cost (Line 19 E above)	H. Participant Mid- Range	I. Monthly Administrative Fee (G ÷ 48 mo = I)	J. ³ Monthly Cost Per Participant (I ÷ H = J)
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		\$

¹ GOER assumes that some degree of customization of 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 Design and Implementation and include those costs in the budget for Year 1. Costs of normal design upgrades should be factored into the Budget Worksheets for Project Deliverables 4-18, as applicable.

² Bidders should separate out costs for the Turnover Plan and include those costs in the budget for Year 4. However, bidders should be aware that turnover costs will not be paid during Year 4; 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.

³ GOER will negotiate the Monthly Administrative Fee with the successful bidder based on the Monthly Cost Per Participant (Column J) and number of program participants in the ranges identified in Column F. We expect that the annual total for all deliverables will reflect a cost savings over and above the sum of the individual deliverables. Therefore, the Monthly Cost Per Participant shown above will be used as a basis from which to negotiate a lower Monthly Cost Per Participant with the successful bidder for each Participant Range in Column F, as deemed fair and reasonable. 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 vendor to begin work upon OSC approval of the contract; nor will it include Turnover and Debit Card Implementation start-up and ongoing monthly costs, which will be billed separately in a manner to be agreed upon with the selected vendor. Costs for years 5, 6, and 7 of the Contract Agreement may be adjusted for inflation in accordance with the last paragraph in Section D.3, pg. 152 of the RFP.

NYS Flex Spending Account Start-Up Design and Implementation

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)		N/A	N/A	N/A
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. Indirect Costs				
11. Other (IDENTIFY)				
Start-Up Design and Implementation Total (TRANSFER TO SUMMARY SHEET, LINE 1)	\$			

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account Debit Card Implementation

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____	N/A			
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. Card Fees				
11. Indirect Costs				
12. Other (IDENTIFY)				
Debit Card Implementation Total (TRANSFER TO SUMMARY SHEET, LINE 2)		\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line One}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account Turnover

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4 ¹
1. Personnel (Specify # of employees) _____	N/A	N/A	N/A	
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. Indirect Costs				
11. Other (IDENTIFY)				
Turnover Total (TRANSFER TO SUMMARY SHEET, LINE 3)				\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

¹ Although the term of the contract is seven years, bidders should include Turnover Plan costs in the budget for Year 4. However, bidders should be aware that turnover costs will not be paid during Year 4; 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.

NYS Flex Spending Account Plan Review and Update

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Plan Review and Update Total (TRANSFER TO SUMMARY SHEET, LINE 4)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account
Paperless Enrollment and Change in Status Process

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Paperless Enrollment and Change in Status Process Total (TRANSFER TO SUMMARY SHEET, LINE 5)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account Payroll Interface

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Payroll Interface Total (TRANSFER TO SUMMARY SHEET, LINE 6)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$\text{Total Line One} + \text{Total Line 2} \times 15\% = \text{Indirect Costs can not exceed this amount}$

NYS Flex Spending Account Account Management

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Account Management Total (TRANSFER TO SUMMARY SHEET, LINE 7)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account Reimbursement

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Reimbursement Total (TRANSFER TO SUMMARY SHEET, LINE 8)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line 2}} \times 15\% = \frac{\text{Indirect Costs can not exceed this amount}}{\text{Indirect Costs can not exceed this amount}}$$

NYS Flex Spending Account Appeals Procedure

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Appeals Procedure Total (TRANSFER TO SUMMARY SHEET, LINE 9)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

_____ + _____ x 15% = _____
 Total Line One + Total Line 2 x 15% = Indirect Costs can not exceed this amount

NYS Flex Spending Account
COBRA Administration

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
COBRA Administration Total (TRANSFER TO SUMMARY SHEET, LINE 10)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

_____ + _____ x 15% = _____ Indirect Costs can not exceed this amount

NYS Flex Spending Account HIPAA Compliance

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
HIPAA Compliance Total (TRANSFER TO SUMMARY SHEET, LINE 11)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\text{Total Line One} + \text{Total Line 2} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account Customer Service

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Customer Service Total (TRANSFER TO SUMMARY SHEET, LINE 12)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

_____ + _____ x 15% = _____
Total Line One + Total Line 2 x 15% = Indirect Costs can not exceed this amount

NYS Flex Spending Account Communications and Marketing

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Communications and Marketing Total (TRANSFER TO SUMMARY SHEET, LINE 13)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line One}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account Reporting

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Reporting Total (TRANSFER TO SUMMARY SHEET, LINE 14)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\text{Total Line One} + \text{Total Line 2} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account Website Hosting and Maintenance

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Website Hosting and Maintenance Total (TRANSFER TO SUMMARY SHEET, LINE 15)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

_____ + _____ x 15% = _____
Total Line One + Total Line 2 x 15% = Indirect Costs can not exceed this amount

NYS Flex Spending Account Compliance

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Compliance Total (TRANSFER TO SUMMARY SHEET, LINE 16)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\text{Total Line One} + \text{Total Line 2} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account Information Security and Emergency Procedures

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Information Security and Emergency Procedures Total (TRANSFER TO SUMMARY SHEET, LINE 17)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\text{Total Line One} + \text{Total Line 2} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account
Travel Costs

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Meetings with GOER				
2. Other (IDENTIFY)				
3. Other (IDENTIFY)				
Travel Costs Total (TRANSFER TO SUMMARY SHEET, LINE 18)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride
Budget Worksheets

NYS-Ride Summary Budget Sheet

Project Deliverables	Charge to Project				
	A Year 1	B Year 2	C Year 3	D Year 4	E Total (A+B+C+D)
1. Start Up and Implementation ¹ .					
2. Turnover Plan ² .					
3. Program Implementation					
4. Employee Enrollment					
5. Payroll Interface					
6. Account Management					
7. Benefit Distribution					
8. Customer Service					
9. Communications and Marketing					
10. Reporting					
11. Website Hosting & Maintenance					
12. Compliance					
13. Information Security & Emergency Procedures					
14. Travel Costs					
15. Sub-Total Project Cost (Lines 3-14)					
16. Total Project Cost (Lines 1-14)					

The Cost portion of your proposal will be evaluated on the amount shown on Line 14, Column E. The purpose of the following chart is to calculate a Monthly Cost Per Participant and will not be evaluated: Insert the 4-year subtotal project cost (Line 15, Column E) in Column G below and calculate the Monthly Cost Per Participant for each Participant Range.

F. Participant Ranges	G. Sub-Total Project Cost (Line 15 E above)	H Participant Mid-Range	I Monthly Administrative Fee (G ÷ 48 mo = I)	J. ³ Monthly Cost Per Participant (I ÷ H = J)
Up to 5,000	\$ _____	2,500	\$ _____	\$
5,001 – 10,000		7,500		\$
10,001 – 20,000		15,000		\$
20,001 – 30,000		25,000		\$
30,001 – 40,000		35,000		\$
40,001 – 50,000		45,000		\$
Over 50,000		50,000		\$

¹ GOER assumes that some degree of customization of 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 and Implementation and include those costs in the budget for Year 1. Costs of normal design upgrades should be factored into the Budget Worksheets for Project Deliverables 3-14, as applicable.

² Bidders should separate out costs for the Turnover Plan and include those costs in the budget for Year 4. However, bidders should be aware that turnover costs will not be paid during Year 4; 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.

³ GOER will negotiate the Monthly Administrative Fee with the successful bidder based on the Monthly Cost Per Participant (Column J) and number of program participants in the ranges identified in Column F. We expect that the annual total for all deliverables will reflect a cost savings over and above the sum of the individual deliverables. Therefore, the Monthly Cost Per Participant shown above will be used as a basis from which to negotiate a lower Monthly Cost Per Participant with the successful bidder for each Participant Range in Column F, as deemed fair and reasonable. 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 vendor to begin work upon OSC approval of the contract; nor will it include Turnover, which will be billed separately in a manner to be agreed upon with the selected vendor. Costs for years 5, 6, and 7 of the Contract Agreement may be adjusted for inflation in accordance with the last paragraph in Section D.3, pg. 152 of the RFP.

NYS-Ride
Start-Up and Program Implementation

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)		N/A	N/A	N/A
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. Indirect Costs				
11. Other (IDENTIFY)				
Start-Up and Program Implementation Total (TRANSFER TO SUMMARY SHEET, LINE 1)	\$			
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride Turnover Plan

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4 ¹
1. Personnel (Specify # of employees) _____	N/A	N/A	N/A	
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. Indirect Costs				
11. Other (IDENTIFY)				
Turnover Plan Total (TRANSFER TO SUMMARY SHEET, LINE 2)				\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

¹ Although the term of the contract is seven years, bidders should include Turnover Plan costs in the budget for Year 4. However, bidders should be aware that turnover costs will not be paid during Year 4; 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.

NYS-Ride
Program Implementation

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
NYS-Ride Program Implementation Total (TRANSFER TO SUMMARY SHEET, LINE 3)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\text{Total Line One} + \text{Total Line 2} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride
Employee Enrollment

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Employee Enrollment Total (TRANSFER TO SUMMARY SHEET, LINE 4)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

_____ Total Line One + _____ Total Line 2 x 15% = _____ Indirect Costs can not exceed this amount

NYS-Ride Payroll Interface

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Payroll Interface Total (TRANSFER TO SUMMARY SHEET, LINE 5)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride Account Management

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Account Management Total (TRANSFER TO SUMMARY SHEET, LINE 6)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride Benefit Distribution

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Benefit Distribution Total (TRANSFER TO SUMMARY SHEET, LINE 7)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride Customer Service

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Customer Service Total (TRANSFER TO SUMMARY SHEET, LINE 8)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride
Communications and Marketing

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Communications and Marketing Total (TRANSFER TO SUMMARY SHEET, LINE 9)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride Reporting

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Reporting Total (TRANSFER TO SUMMARY SHEET, LINE 10)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride
Website Hosting and Maintenance

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Website Hosting and Maintenance Total (TRANSFER TO SUMMARY SHEET, LINE 11)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

_____ Total Line One + _____ Total Line 2 x 15% = _____ Indirect Costs can not exceed this amount

NYS-Ride Compliance

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Compliance Total (TRANSFER TO SUMMARY SHEET, LINE 12)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride

Information Security and Emergency Procedures

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Information Security and Emergency Procedures Total (TRANSFER TO SUMMARY SHEET, LINE 13)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS-Ride Travel Costs

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Employee Meetings During the Term of the Contract:				
New York City: 4 2 Meetings & 2 Webinars				
Albany: 6 3 Meetings & 3 Webinars				
Buffalo: 2 1 Meeting & 1 Webinar				
Rochester: 2 1 Meeting & 1 Webinar				
Syracuse: 2 1 Meeting & 1 Webinar				
Binghamton: 2 1 Meeting & 1 Webinar				
2. Meetings with GOER in Albany				
3. Other (IDENTIFY)				
4. Other (IDENTIFY)				
Travel Costs Total (TRANSFER TO SUMMARY SHEET, LINE 14)	\$	\$	\$	\$

Notes

**NYS Flex Spending Account and *NYS-Ride*
Budget Worksheets**

NYS Flex Spending Account & NYS-Ride
Summary Budget Sheet – Part 1

<i>Project Deliverables</i>	Charge to Project				
	A Year 1	B Year 2	C Year 3	D Year 4	E Total (A+B+C+D)
1. Start Up Design & Implementation ¹ .					
2. FSA Debit Card Implementation					
3. Turnover ² .					
4. FSA Plan Document Review & Update					
5. <i>NYS-Ride</i> Program Implementation					
6. FSA Open Enrollment, FSA Change in Status, & <i>NYS-Ride</i> Employee Enrollment					
7. Payroll Interface					
8. Account Management					
9. <i>NYS-Ride</i> Benefit Distribution					
10. FSA Reimbursement					
11. FSA Appeals Procedure					
12. FSA COBRA Administration					
13. FSA HIPPA Compliance					
14. Customer Service					
15. Communications & Marketing					
16. Reporting					
17. Website Hosting & Maintenance					
18. Compliance					
19. Information Security & Emergency Procedures					
20. Travel Costs					
21. Sub-Total Project Cost (Lines 4-20)					
22. Total Project Cost (Lines 1-20)					

NYS Flex Spending Account & NYS-Ride Summary Budget Sheet – Part 2

The Cost portion of your proposal will be evaluated on the amount shown on Line 22, Column E. The purpose of the following chart is to calculate a Monthly Cost Per Participant and will not be evaluated. Insert the 4-year sub-total project cost (Line 21, Column E) in Column G below and calculate the Monthly Cost Per Participant for each Participant Range.

F. Participant Ranges	G. Sub-Total Project Cost (Line 21 E above)	H. Participant Mid-Range	I. Monthly Administrative Fee (G ÷ 48 mo = I)	J. ³ Monthly Cost Per Participant (I ÷ H = J)
Up to 20,000	\$ _____	17,500	\$ _____	\$
20,001 – 25,000		22,500		\$
25,001 – 30,000		27,500		\$
30,001 – 35,000		32,500		\$
35,001 – 40,000		37,500		\$
40,001 – 45,000		42,500		\$
45,001 – 50,000		47,500		\$
Over 50,000		50,000		\$

¹ GOER assumes that some degree of customization of 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 Design and Implementation and include those costs in the budget for Year 1. Costs of normal design upgrades should be factored into the Budget Worksheets for Project Deliverables 4-20, as applicable.

² Bidders should separate out costs for the Turnover Plan and include those costs in the budget for Year 4. However, bidders should be aware that turnover costs will not be paid during Year 4; 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.

³ GOER will negotiate the Monthly Administrative Fee with the successful bidder based on the Monthly Cost Per Participant (Column J) and number of program participants in the ranges identified in Column F. We expect that the annual total for all deliverables will reflect a cost savings over and above the sum of the individual deliverables. Therefore, the Monthly Cost Per Participant shown above will be used as a basis from which to negotiate a lower Monthly Cost Per Participant with the successful bidder for each Participant Range in Column F, as deemed fair and reasonable. 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 vendor to begin work upon OSC approval of the contract; nor will it include Turnover and Debit Card Implementation start-up and ongoing monthly costs, which will be billed separately in a manner to be agreed upon with the selected vendor. Costs for years 5, 6, and 7 of the Contract Agreement may be adjusted for inflation in accordance with Section D.3, pg. 152 of the RFP.

**NYS Flex Spending Account & NYS-Ride
Start-Up Design and Implementation**

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)		N/A	N/A	N/A
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. Indirect Costs				
11. Other (IDENTIFY)				
Start-Up Design and Implementation Total (TRANSFER TO SUMMARY SHEET, LINE 1)	\$			

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\text{Total Line One} + \text{Total Line 2} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride FSA Debit Card Implementation

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____	N/A			
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. Card Fees				
11. Indirect Costs				
12. Other (IDENTIFY)				
FSA Debit Card Implementation Total (TRANSFER TO SUMMARY SHEET, LINE 2)		\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line One}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride Turnover

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4 ¹
1. Personnel (Specify # of employees)	N/A	N/A	N/A	
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. Indirect Costs				
11. Other (IDENTIFY)				
Turnover Total (TRANSFER TO SUMMARY SHEET, LINE 3)				\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line One}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

¹ Although the term of the contract is seven years, bidders should include Turnover Plan costs in the budget for Year 4. However, bidders should be aware that turnover costs will not be paid during Year 4; 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.

NYS Flex Spending Account & NYS-Ride FSA Plan Document Review & Update

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
FSA Plan Document Review & Update Total (TRANSFER TO SUMMARY SHEET, LINE 4)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

_____ Total Line One + _____ Total Line 2 x 15% = _____ Indirect Costs can not exceed this amount

NYS Flex Spending Account & NYS-Ride
NYS-Ride Program Implementation

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
NYS-Ride Program Implementation Total (TRANSFER TO SUMMARY SHEET, LINE 5)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line One}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride
FSA Open Enrollment, FSA Change in Status, and
NYS-Ride Employee Enrollment

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
FSA Open Enrollment, FSA Change in Status, and NYS-Ride Employee Enrollment Total (TRANSFER TO SUMMARY SHEET, LINE 6)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line One}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride Payroll Interface

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Payroll Interface Total (TRANSFER TO SUMMARY SHEET, LINE 7)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride Account Management

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Account Management Total (TRANSFER TO SUMMARY SHEET, LINE 8)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride
NYS-Ride Benefit Distribution

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
NYS-Ride Benefit Distribution Total (TRANSFER TO SUMMARY SHEET, LINE 9)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

**NYS Flex Spending Account & NYS-Ride
FSA Reimbursement**

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
FSA Reimbursement Total (TRANSFER TO SUMMARY SHEET, LINE 10)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride FSA Appeals Procedure

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
FSA Appeals Procedure Total (TRANSFER TO SUMMARY SHEET, LINE 11)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line One}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride
FSA COBRA Administration

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
FSA COBRA Administration Total (TRANSFER TO SUMMARY SHEET, LINE 12)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\text{Total Line One} + \text{Total Line 2} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride FSA HIPPA Compliance

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
FSA HIPPA Compliance Total (TRANSFER TO SUMMARY SHEET, LINE 13)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride Customer Service

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Customer Service Total (TRANSFER TO SUMMARY SHEET, LINE 14)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

**NYS Flex Spending Account & NYS-Ride
Communications & Marketing**

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Communications & Marketing Total (TRANSFER TO SUMMARY SHEET, LINE 15)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride Reporting

<i>Category</i>	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees) _____				
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. Indirect Costs				
11. Other (IDENTIFY)				
Reporting Total (TRANSFER TO SUMMARY SHEET, LINE 16)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One}} + \frac{\text{Total Line 2}}{\text{Total Line One}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

**NYS Flex Spending Account & NYS-Ride
Website Hosting & Maintenance**

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Website Hosting & Maintenance Total (TRANSFER TO SUMMARY SHEET, LINE 17)	\$	\$	\$	\$
Notes:				

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\text{Total Line One} + \text{Total Line 2} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

**NYS Flex Spending Account & NYS-Ride
Compliance**

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Compliance Total (TRANSFER TO SUMMARY SHEET, LINE 18)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line One} + \text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

NYS Flex Spending Account & NYS-Ride
Information Security & Emergency Procedures

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Personnel (Specify # of employees)				
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. Indirect Costs				
11. Other (IDENTIFY)				
Information Security & Emergency Procedures Total (TRANSFER TO SUMMARY SHEET, LINE 19)	\$	\$	\$	\$

Notes:

Indirect Costs must not exceed 15% of personnel and fringe benefit costs.

$$\frac{\text{Total Line One}}{\text{Total Line 2}} \times 15\% = \text{Indirect Costs can not exceed this amount}$$

**NYS Flex Spending Account & NYS-Ride
 Travel Costs**

Category	Charge to Project			
	Year 1	Year 2	Year 3	Year 4
1. Employee Meetings During the Term of the Contract:				
New York City: 4 2 Meetings & 2 Webinars				
Albany: 6 3 Meetings & 3 Webinars				
Buffalo: 2 1 Meeting & 1 Webinar				
Rochester: 2 1 Meeting & 1 Webinar				
Syracuse: 2 1 Meeting & 1 Webinar				
Binghamton: 2 1 Meeting & 1 Webinar				
2. Meetings with GOER in Albany				
3. Other (IDENTIFY)				
4. Other (IDENTIFY)				
Travel Costs Total (TRANSFER TO SUMMARY SHEET, LINE 20)	\$	\$	\$	\$
Notes				

Technical Attachments

Outbound Eligibility File Format – NPAY571

Field	Field Type	Length	Displacement	Comments
Last 4 digits of SSN	Char	4	1-4	Numeric characters only
Employee Record Number	Number	3	5-7	
Employee Status	Char	1	8	A (Active), P (Paid Leave)
Dept. Id.	Char	5	9-13	Agency Code
NYS Bargaining Unit	Char	2	14-15	Employee Negotiating Unit
Employee Work Percentage	Char	5 (1.4)	16-20	Represents the employees' work percentage in the job.
NYS Pay Basis Code	Char	3	21-23	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)	24-41	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	42-44	HIR, POS, PAY, LOA etc
Reason Code	Char	3	45-47	CBU, CSL, PEX etc
Effective Date	Date	8	48-55	MMDDYYYY
NYS Regular/Temp	Char	1	56	R (Regular), T (Temporary), S (Seasonal)
Pay Cycle	Char	1	57	A (Administration), I (Institution)
Employee Grouping Number	Number	6	58-63	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	20	64-83	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.

Outbound Deduction Detail File Layout – NPAY518

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)
Social Security Number	Char	9	60-68	
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	

Outbound Change Interface File Layout -- NBEN 530

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)
Social Security Number	Char	9	66-74	
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 Social Security Number 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

Inbound Interface File Layout -- NBEN 900 (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.
Social Security Number	Char	9	61-69	Without dashes
Effective Date	Char	10	70-79	MM-DD-CCYY (include dashes)
Deduction Code	Char	3	80-82	Valid codes 428 or 410
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)

NYS Office of the State Comptroller

Report ID: NBEN900A ERROR REPORTING: DEPENDENT CARE AND HEALTH CARE BENEFITS

Page No. 1

Run Date 06/19/2009

Run Time 05:55:08

Deptid/ Message	Deduction SSN	Employee Name	Dedcd	Amount
10610	XXX-XX-XXXX	SMITH, JOHN	410	41.66
Invalid Department ID.				
12000	XXX-XX-XXXX	DOE, JANE	428	125.00
Employee Inactive.				

RECORDS READ FROM FILE: 8

RECORDS NOT PROCESSED DUE TO ERRORS: 2

End of Report

Definitions – NBEN 900 Error Messages

1. The 'SSN is blank', error message occurs when the file has no value in the social security number field.
2. The 'SSN is not numeric', error message occurs when the value inside the social security number field is determined to be non-numeric.
3. The 'Invalid SSN', error message occurs when the social security number from the input file does not match both the social security number and employee id on OSC file.
4. The 'Department ID is required', error message occurs when the file has no value in the department id field.
5. The 'Department ID not found', error message occurs when the department id submitted on the input file is not a valid department on OSC files.
6. The 'Deduction code is blank', error message occurs when the file has no value in the deduction code field.
7. The 'Invalid deduction code', error message occurs when the deduction code submitted on the input file is not a deduction code 410 or 428.
8. The 'Invalid Department ID', error message occurs when the department id from the input file is not found in the employee's record.
9. The 'Extra Service deduction invalid', error message occurs when an employee has the extra service indicator box checked on job.
10. The 'Employee inactive', error message occurs if the employee does not have an active record and is not on the input file to end date an active deduction.
11. The 'Invalid deduction for Employee', error message occurs if the employee has the wrong deduction code for his or her benefit program.
12. The 'No deduction end date found', error message occurs if there is no pay end date for the calendar year of the deductions effective date.
13. The 'Effective date less than pay period begin date', error message occurs if there is not pay begin date for the calendar year of the deductions effective date.
14. The 'Duplicate Row,' error message occurs if there is a pre-existing deduction code with the same effective date, record number, and employee id.
15. The 'No pay end date found,' error message occurs when there is not end date greater than the date pay confirm was run.
16. The 'No goal amount submitted,' error message occurs if the deduction amount submitted is zero and the effective date is not equal to the end date from the input file.
17. The 'Invalid goal amount,' error message occurs if the 420 goal amount is less than the 428 goal amount. Terminating deductions will be excluded.

Inbound Interface File Layout -- NBEN 906 (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.
Social Security Number	Char	9	61-69	Without dashes
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	96-116	Zero Filler

Employer Contribution Quarterly Compare File Layout -- NPAY570

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

2009 File Layouts for NYS-Ride

NPAY579 Vendor Name Eligibility File

OUTBOUND – File Format

File name – Paysrp.npay579.Vendorname.dat.timestamp.pgp

<i>Field</i>	<i>Field Type</i>	<i>Length</i>	<i>Displacement</i>	<i>Comments</i>
Last 4 digits SSN	Char	4	1-4	Numeric characters only
Filler	Char	5	5-9	Spaces
Department ID	Char	10	10-19	Left justify, Blank fill
Negotiating Unit	Char	2	20-21	
Location Pay Amount	Char	9 (7v2)	22-30	Numeric characters only
Filler	Char	200	31-230	Filler

OSC Inbound Interface File Layout

Detail Record

File name Paysrp.nben902u.Vendorname.input.pgp

Field	Field Type	Length	Displacement	Comments
Department ID	Char	10	1-10	Left justify, Blank fill
Name	Char	50	11-60	Last, First MI (Mixed Case)
Social Security Number	Char	9	61-69	
Deduction Code	Char	6	70-75	Left justify, Blank fill
Effective Date	Char	10	76-85	Beginning date of the payroll period that the change is to take effect Date Format: MM-DD-CCYY (includes dashes)
Deduction End Date	Char	10	86-95	Beginning date of the payroll period to stop taking the deduction. This field should be blank except for cancellations. Date Format: MM-DD-CCYY (includes dashes)
Deduction Amount	Nbr	8 (6.2)	96-103	Implied decimal point

Note: When an employee has both a pre tax and a post tax deduction a separate transaction must be submitted for each deduction.

Report ID: NBEN902U
Page No. 1

NYS Office of the State Comptroller
REJECTED VENDOR NAME TRANSACTIONS: TRANS

Run Date 10/16/2003
Run Time 15:38:11

Dedcd	Deptid	SSN	Employee Name	Deduction Amount
XXX	XXXXX	XXX-XX-XXXX	METRO, NORTH	23.00
		SSN IS NOT NUMERIC		
XXX	XXXXX	000-00-0000	METRO, SOUTH	0.00
		INVALID SSN FOR EMPLOYEE		

RECORDS READ FROM FILE: 11

RECORDS NOT PROCESSED DUE TO ERRORS: 02

End of Report

Definitions—Nben902 Error Messages

1. The 'SSN is blank', error message occurs when the input file has no value in the social security number field.
Action required: Resubmit with the correct SSN.
2. The 'SSN is not numeric', error message occurs when the input file social security number field is not all numeric characters.
Action required: Resubmit with the correct SSN.
3. The 'Invalid SSN', error message occurs when the social security number from the input file does not match the social security number in employee's personal data record.
Action required: Resubmit with the correct SSN.
4. The 'Department ID is required', error message occurs when the input file has no value in the agency code field.
Action required: Resubmit with the correct Department ID.
5. The 'Department ID not found', error message occurs when the Department ID submitted on the input file is not a valid Department ID.
Action required: Resubmit with the correct Department ID.
6. The 'Invalid Department ID', error message occurs when the Department ID from the input file does not match the employee's current Department ID.
Action required: Resubmit with the correct Department ID.
7. The 'Deduction code is blank', error message occurs when the input file has no value in the deduction code field.
Action required: Resubmit with the correct deduction code.
8. The 'Invalid deduction code', error message occurs when the deduction code submitted on the input file is not a valid deduction code.
Action required: Resubmit with the correct deduction code.
9. The 'Invalid deduction for Employee', error message occurs if the employee is ineligible for the deduction.
Action required: Notify employee that deduction is invalid for employee's current position.
10. The 'No active deduction', error message occurs if an action is sent to end a deduction that is currently not being deducted.
Action required: Verify deduction information submitted and resubmit with correct information, if needed.
11. The 'If processed will not change deduction', error message occurs when the deduction code and amount already exists in the employee's current payroll record.
Action required: Verify deduction information submitted and resubmit with correct information, if needed.
12. The 'Deduction previously end dated', error message occurs when an end date is submitted on the input file and the deduction has already been ended.
Action required: Verify deduction information submitted and resubmit with correct information, if needed.

13. The 'Effective date field is blank', error message occurs when the effective date is missing.

Action required: Resubmit with effective date.

14. The 'Extra Service deduction invalid', error message occurs when an employee is ineligible for the deduction. The employee's primary job is not in Department ID submitted.

Action required: Resubmit with the employee's primary Department ID.

15. The 'Employee inactive', error message occurs when the employee is inactive and the deduction cannot be taken.

Action required: Notify employee that the deduction has not been processed due to inactive status.

Outbound Deduction Detail File Layout –NPAY518

File name Paysrp.npay518.Vendor EIN Number.dat.timestamp.pgp

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)
Social Security Number	Char	9	60-68	
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	

Outbound Change Interface File Layout **NBEN 530**

File name Paysrp.nben530.Vendor EIN Number.dat.timestamp.pgp

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)
Social Security Number	Char	9	66-74	
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

- 811 Social Security Number Change
- 812 Transfer
- 813 Leave of Absence
- 814 Name Change
- 815 Termination
- 816 Deceased
- 817 Retirement
- 813 Return from Leave
- 818 Workers Compensation Supplemental Leave
- 820 Family Medical Leave
- 920 Negotiating Unit Change

Title: **paysrp.VendorName.npay515.input**
Interface File Layout NPAY515
Refund Detail File

Detail Record

Field	Type	Length	Displacement	Comments
Trans_Type	Char	1	1	D: adjust PS_NY_DED_REFUND
DeptID	Char	5	6-10	
Filler	Char	5	11-15	
EmplID	Char	9	16-24	
Name	Char	50	25-74	
DedCd	Char	6	75-80	Deductions code
Filler	Char	3	81-83	
Refund_Amt	Char	11	84-94	Amount applied to Deductions table



Office of the State Comptroller
 BUREAU OF STATE PAYROLL SERVICES
ADMINISTRATION PAYROLL CALENDAR
 APRIL 1, 2009 – APRIL 30, 2010
 LAG

NEW FISCAL YEAR...2010-2011

Period No.	APRIL 2009	OCTOBER 2009	Period No.
26	SUN MON TUE WED THU FRI SAT 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	SUN MON TUE WED THU FRI SAT 4 5 6 7 8 9 10 11 H 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	14
1	SUN MON TUE WED THU FRI SAT 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 H 26 27 28 29 30 31	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 24 25 H 27 28 29 30	15
3	SUN MON TUE WED THU FRI SAT 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	SUN MON TUE WED THU FRI SAT 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 H 26 27 28 29 30 31	16
4	SUN MON TUE WED THU FRI SAT 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	SUN MON TUE WED THU FRI SAT 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 H 19 20 21 22 23 24/31 25 26 27 28 29 30	17
5	SUN MON TUE WED THU FRI SAT 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	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 24 25 26 27 28 29 30 31	18
6	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	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 H 23 24 25 26 27 28	19
7	SUN MON TUE WED THU FRI SAT 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	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	20
8	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	SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 H 16 17 18 19 20 21 22 23 24 25 26 27 28	21
9	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	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	22
10	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	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	23
11	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	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	24
12	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	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	25
13	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	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	26

Period No.

APRIL 2010						
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	

Payday is the Wednesday two weeks after the ending date 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 2009-2010
 ON A LAG BASIS
 (Refer to Payroll Bulletins for Submission Dates)

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



Office of the State Comptroller
 BUREAU OF STATE PAYROLL SERVICES
ADMINISTRATION PAYROLL CALENDAR
 APRIL 1, 2009 – APRIL 30, 2010
 CURRENT

NEW FISCAL YEAR...2010-2011

Period No.	APRIL 2009	OCTOBER 2009	Period No.
26	SUN MON TUE WED THU FRI SAT 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	SUN MON TUE WED THU FRI SAT 4 5 6 7 8 9 10 11 H 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	14
1			15
2			
3	MAY 2009 SUN MON TUE WED THU FRI SAT 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 H 26 27 28 29 30 31	NOVEMBER 2009 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 24 25 H 27 28 29 30	16
4			17
5	JUNE 2009 SUN MON TUE WED THU FRI SAT 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	DECEMBER 2009 SUN MON TUE WED THU FRI SAT 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 H 26 27 28 29 30 31	18
6			19
7	JULY 2009 SUN MON TUE WED THU FRI SAT 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	JANUARY 2010 SUN MON TUE WED THU FRI SAT 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 H 19 20 21 22 23 24/31 25 26 27 28 29 30	20
8			21
9	AUGUST 2009 SUN MON TUE WED THU FRI SAT 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	FEBRUARY 2010 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 H 16 17 18 19 20 21 22 23 24 25 26 27 28	22
10			23
11	SEPTEMBER 2009 SUN MON TUE WED THU FRI SAT 6 H 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	MARCH 2010 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	24
12			25
13			26

Period No.

APRIL 2010						
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	

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 2009-2010
 ON A CURRENT BASIS
 (Refer to Payroll Bulletins for Submission Dates)

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



**Office of the State Comptroller
BUREAU OF STATE PAYROLL SERVICES
INSTITUTION PAYROLL CALENDAR
APRIL 1, 2009 – APRIL 30, 2010
LAG**

Period No.	APRIL 2009	OCTOBER 2009	Period No.
1	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	SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 H 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	14
2	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 H 26 27 28 29 30 31	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 24 25 H 27 28 29 30	15
3	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 H 26 27 28 29 30 31	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 24 25 H 27 28 29 30	16
4	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	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	17
5	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	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	18
6	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	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	19
7	SUN MON TUE WED THU FRI SAT 1 2 3 H 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	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	20
8	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	SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 H 16 17 18 19 20 21 22 23 24 25 26 27 28	21
9	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	SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 H 16 17 18 19 20 21 22 23 24 25 26 27 28	22
10	SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 H 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 H 16 17 18 19 20 21 22 23 24 25 26 27 28	23
11	SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 H 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	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	24
12	SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 H 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	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	25
13	SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 H 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	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	26

NEW FISCAL YEAR...2010-2011

Period No.

APRIL 2010						
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	

Payday is the Thursday following two weeks after the ending date 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

INSTITUTION AGENCIES 2009-2010
ON A LAG BASIS
(Refer to Payroll Bulletins for Submission Dates)

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



**Office of the State Comptroller
BUREAU OF STATE PAYROLL SERVICES
INSTITUTION PAYROLL CALENDAR
APRIL 1, 2009 – APRIL 30, 2010
CURRENT**

Period No.	APRIL 2009	OCTOBER 2009	Period No.
1	SUN MON TUE WED THU FRI SAT 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	SUN MON TUE WED THU FRI SAT 4 5 6 7 8 9 10 11 H 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	14
2	MAY 2009 SUN MON TUE WED THU FRI SAT 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 H 26 27 28 29 30 31	NOVEMBER 2009 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 24 25 H 27 28 29 30	15
3	JUNE 2009 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	DECEMBER 2009 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 H 26 27 28 29 30 31	16
4	JULY 2009 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	JANUARY 2010 SUN MON TUE WED THU FRI SAT 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 H 19 20 21 22 23 24/31 25 26 27 28 29 30	17
5	AUGUST 2009 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	FEBRUARY 2010 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 H 16 17 18 19 20 21 22 23 24 25 26 27 28	18
6	SEPTEMBER 2009 SUN MON TUE WED THU FRI SAT 1 2 3 4 5 6 H 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	MARCH 2010 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	19
7			20
8			21
9			22
10			23
11			24
12			25
13			26

NEW FISCAL YEAR...2010-2011

Period No.

Period No.	APRIL 2010
1	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
2	

Payday is the Thursday following the ending date 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

INSTITUTION AGENCIES 2009-2010
ON A CURRENT BASIS
(Refer to Payroll Bulletins for Submission Dates)

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

NYS Flex Spending Account Change in Status Processing Timeline										
Plan Year 2009			Monday	Tuesday	Wednesday	Thursday	Friday	Friday	Monday	Friday
Payroll Date	Payroll Cycle	Payroll Cycle No.	EMPLOYEE Last day for CIS/NH app.	NYS checks payroll file	NPAY 571 Vendor Loads Elig. File from OSC	Vendor FTP's Data to OSC	OSC FTP's Data to Vendor	NBEN900A Reject Report to Vendor	Last Day for Manuals at OSC	NBEN 530 & NPAY518 to Vendor
7-Jan-09	Admin	24	12/22/2008	12/23/2008	12/24/2008	12/24/2008	12/24/2008	12/24/2008	12/29/2008	1/2/2009
15-Jan-09	Inst	24	12/29/2008	12/30/2008	12/31/2008	12/31/2008	12/31/2008	12/31/2008	1/5/2009	1/9/2009
21-Jan-09	Admin	23	1/5/2009	1/6/2009	1/7/2009	1/7/2009	1/8/2009	1/8/2009	1/12/2009	1/16/2009
29-Jan-09	Inst	23	1/12/2009	1/13/2009	1/14/2009	1/14/2009	1/15/2009	1/15/2009	1/19/2009	1/23/2009
4-Feb-09	Admin	22	1/19/2009	1/20/2009	1/21/2009	1/21/2009	1/22/2009	1/22/2009	1/26/2009	1/30/2009
12-Feb-09	Inst	22	1/26/2009	1/27/2009	1/28/2009	1/28/2009	1/29/2009	1/29/2009	2/2/2009	2/6/2009
18-Feb-09	Admin	21	2/2/2009	2/3/2009	2/4/2009	2/4/2009	2/5/2009	2/5/2009	2/9/2009	2/13/2009
26-Feb-09	Inst	21	2/9/2009	2/10/2009	2/11/2009	2/11/2009	2/12/2009	2/12/2009	2/16/2009	2/20/2009
4-Mar-09	Admin	20	2/16/2009	2/17/2009	2/18/2009	2/18/2009	2/19/2009	2/19/2009	2/23/2009	2/27/2009
12-Mar-09	Inst	20	2/23/2009	2/24/2009	2/25/2009	2/25/2009	2/26/2009	2/26/2009	3/2/2009	3/6/2009
18-Mar-09	Admin	19	3/2/2009	3/3/2009	3/4/2009	3/4/2009	3/5/2009	3/5/2009	3/9/2009	3/13/2009
26-Mar-09	Inst	19	3/9/2009	3/10/2009	3/11/2009	3/11/2009	3/12/2009	3/12/2009	3/16/2009	3/20/2009
1-Apr-09	Admin	18	3/16/2009	3/17/2009	3/18/2009	3/18/2009	3/19/2009	3/19/2009	3/23/2009	3/27/2009
9-Apr-09	Inst	18	3/23/2009	3/24/2009	3/25/2009	3/25/2009	3/26/2009	3/26/2009	3/30/2009	4/3/2009
15-Apr-09	Admin	17	3/30/2009	3/31/2009	4/1/2009	4/1/2009	4/2/2009	4/2/2009	4/6/2009	4/10/2009
23-Apr-09	Inst	17	4/6/2009	4/7/2009	4/8/2009	4/8/2009	4/9/2009	4/9/2009	4/13/2009	4/17/2009
29-Apr-09	Admin	16	4/13/2009	4/14/2009	4/15/2009	4/15/2009	4/16/2009	4/16/2009	4/20/2009	4/24/2009
7-May-09	Inst	16	4/20/2009	4/21/2009	4/22/2009	4/22/2009	4/23/2009	4/23/2009	4/27/2009	5/1/2009
13-May-09	Admin	15	4/27/2009	4/28/2009	4/29/2009	4/29/2009	4/30/2009	4/30/2009	5/4/2009	5/8/2009
21-May-09	Inst	15	5/4/2009	5/5/2009	5/6/2009	5/6/2009	5/7/2009	5/7/2009	5/11/2009	5/15/2009
27-May-09	Admin	14	5/11/2009	5/12/2009	5/13/2009	5/13/2009	5/14/2009	5/14/2009	5/18/2009	5/22/2009
4-Jun-09	Inst	14	5/18/2009	5/19/2009	5/20/2009	5/20/2009	5/21/2009	5/21/2009	5/25/2009	5/29/2009
10-Jun-09	Admin	13	5/25/2009	5/26/2009	5/27/2009	5/27/2009	5/28/2009	5/28/2009	6/1/2009	6/5/2009
18-Jun-09	Inst	13	6/1/2009	6/2/2009	6/3/2009	6/3/2009	6/4/2009	6/4/2009	6/8/2009	6/12/2009
24-Jun-09	Admin	12	6/8/2009	6/9/2009	6/10/2009	6/10/2009	6/11/2009	6/11/2009	6/15/2009	6/19/2009
2-Jul-09	Inst	12	6/15/2009	6/16/2009	6/17/2009	6/17/2009	6/18/2009	6/18/2009	6/22/2009	6/26/2009
8-Jul-09	Admin	11	6/22/2009	6/23/2009	6/24/2009	6/24/2009	6/25/2009	6/25/2009	6/29/2009	7/3/2009
16-Jul-09	Inst	11	6/29/2009	6/30/2009	7/1/2009	7/1/2009	7/2/2009	7/2/2009	7/6/2009	7/10/2009
22-Jul-09	Admin	10	7/6/2009	7/7/2009	7/8/2009	7/8/2009	7/9/2009	7/9/2009	7/13/2009	7/17/2009
30-Jul-09	Inst	10	7/13/2009	7/14/2009	7/15/2009	7/15/2009	7/16/2009	7/16/2009	7/20/2009	7/24/2009
5-Aug-09	Admin	9	7/20/2009	7/21/2009	7/22/2009	7/22/2009	7/23/2009	7/23/2009	7/27/2009	7/31/2009
13-Aug-09	Inst	9	7/27/2009	7/28/2009	7/29/2009	7/29/2009	7/30/2009	7/30/2009	8/3/2009	8/7/2009
19-Aug-09	Admin	8	8/3/2009	8/4/2009	8/5/2009	8/5/2009	8/6/2009	8/6/2009	8/10/2009	8/14/2009
27-Aug-09	Inst	8	8/10/2009	8/11/2009	8/12/2009	8/12/2009	8/13/2009	8/13/2009	8/17/2009	8/21/2009
2-Sep-09	Admin	7	8/17/2009	8/18/2009	8/19/2009	8/19/2009	8/20/2009	8/20/2009	8/24/2009	8/28/2009
10-Sep-09	Inst	7	8/24/2009	8/25/2009	8/26/2009	8/26/2009	8/27/2009	8/27/2009	8/31/2009	9/4/2009
16-Sep-09	Admin	6	8/31/2009	9/1/2009	9/2/2009	9/2/2009	9/3/2009	9/3/2009	9/8/2009	9/11/2009
24-Sep-09	Inst	6	9/8/2009	9/8/2009	9/9/2009	9/9/2009	9/10/2009	9/10/2009	9/14/2009	9/18/2009
30-Sep-09	Admin	5	9/14/2009	9/15/2009	9/16/2009	9/16/2009	9/17/2009	9/17/2009	9/22/2009	9/25/2009
8-Oct-09	Inst	5	9/21/2009	9/22/2009	9/23/2009	9/23/2009	9/24/2009	9/24/2009	9/28/2009	10/2/2009
14-Oct-09	Admin	4	9/28/2009	9/29/2009	9/30/2009	9/30/2009	10/1/2009	10/1/2009	10/6/2009	10/9/2009
22-Oct-09	Inst	4	10/5/2009	10/6/2009	10/7/2009	10/7/2009	10/8/2009	10/8/2009	10/12/2009	10/16/2009
28-Oct-09	Admin	3	10/12/2009	10/13/2009	10/14/2009	10/14/2009	10/15/2009	10/15/2009	10/20/2009	10/23/2009
5-Nov-09	Inst	3	10/19/2009	10/20/2009	10/21/2009	10/21/2009	10/22/2009	10/22/2009	10/26/2009	10/30/2009
11-Nov-09	Admin	2	10/26/2009	10/27/2009	10/28/2009	10/28/2009	10/29/2009	10/29/2009	11/3/2009	11/6/2009
19-Nov-09	Inst	2	11/2/2009	11/3/2009	11/4/2009	11/4/2009	11/5/2009	11/5/2009	11/9/2009	11/13/2009
25-Nov-09	Admin	last	11/9/2009	11/10/2009	11/12/2009	11/11/2009	11/12/2009	11/12/2009	11/17/2009	11/20/2009
3-Dec-09	Inst	last	11/16/2009	11/17/2009	11/19/2009	11/18/2009	11/19/2009	11/19/2009	11/23/2009	11/27/2009

**NYS Flex Spending Account's
Dependent Care Advantage Account
Employer Contribution (420)
Plan Year 2009**

Payroll Date	Payroll Cycle	Payroll Cycle Number	Friday	Monday
			Vendor FTPs to OSC	NBEN906 Reject Report tcp/ip to Vendor
7-Jan-09	Admin.	24	26-Dec-08	29-Dec-08
15-Jan-09	Inst.	24	2-Jan-09	5-Jan-09
21-Jan-09	Admin.	23	9-Jan-09	12-Jan-09
29-Jan-09	Inst.	23	16-Jan-09	20-Jan-09
4-Feb-09	Admin.	22	23-Jan-09	26-Jan-09
12-Feb-09	Inst.	22	30-Jan-09	2-Feb-09
18-Feb-09	Admin.	21	6-Feb-09	9-Feb-09
26-Feb-09	Inst.	21	13-Feb-09	17-Feb-09
4-Mar-09	Admin.	20	20-Feb-09	23-Feb-09
12-Mar-09	Inst.	20	27-Feb-09	2-Mar-09
18-Mar-09	Admin.	19	6-Mar-09	9-Mar-09
26-Mar-09	Inst.	19	13-Mar-09	16-Mar-09
1-Apr-09	Admin.	18	20-Mar-09	23-Mar-09
9-Apr-09	Inst.	18	27-Mar-09	30-Mar-09
15-Apr-09	Admin.	17	3-Apr-09	6-Apr-09
23-Apr-09	Inst.	17	10-Apr-09	13-Apr-09
29-Apr-09	Admin.	16	17-Apr-09	20-Apr-09
7-May-09	Inst.	16	24-Apr-09	27-Apr-09
13-May-09	Admin.	15	1-May-09	4-May-09
21-May-09	Inst.	15	8-May-09	11-May-09
27-May-09	Admin.	14	15-May-09	18-May-09
4-Jun-09	Inst.	14	22-May-09	26-May-09
10-Jun-09	Admin.	13	29-May-09	1-Jun-09
18-Jun-09	Inst.	13	5-Jun-09	8-Jun-09
24-Jun-09	Admin.	12	12-Jun-09	15-Jun-09
2-Jul-09	Inst.	12	19-Jun-09	22-Jun-09
8-Jul-09	Admin.	11	26-Jun-09	29-Jun-09
16-Jul-09	Inst.	11	3-Jul-09	6-Jul-09
22-Jul-09	Admin.	10	10-Jul-09	13-Jul-09
30-Jul-09	Inst.	10	17-Jul-09	20-Jul-09
5-Aug-09	Admin.	9	24-Jul-09	27-Jul-09
13-Aug-09	Inst.	9	31-Jul-09	3-Aug-09
19-Aug-09	Admin.	8	7-Aug-09	10-Aug-09
27-Aug-09	Inst.	8	14-Aug-09	17-Aug-09
2-Sep-09	Admin.	7	21-Aug-09	24-Aug-09
10-Sep-09	Inst.	7	28-Aug-09	31-Aug-09
16-Sep-09	Admin.	6	4-Sep-09	8-Sep-09
24-Sep-09	Inst.	6	11-Sep-09	14-Sep-09
30-Sep-09	Admin.	5	18-Sep-09	21-Sep-09
8-Oct-09	Inst.	5	25-Sep-09	28-Sep-09
14-Oct-09	Admin.	4	2-Oct-09	5-Oct-09
22-Oct-09	Inst.	4	9-Oct-09	13-Oct-09
28-Oct-09	Admin.	3	16-Oct-09	19-Oct-09
5-Nov-09	Inst.	3	23-Oct-09	26-Oct-09
11-Nov-09	Admin.	2	30-Oct-09	2-Nov-09
19-Nov-09	Inst.	2	6-Nov-09	9-Nov-09
25-Nov-09	Admin.	last	13-Nov-09	16-Nov-09
3-Dec-09	Inst.	last	20-Nov-09	23-Nov-09

NYS-Ride Payroll Processing Timeline										
Benefit Year	2009			Tuesday	Thursday	Friday	Friday			
		Employee	NPAY 579	Vendor	NBEN902	NBEN530 (Change File) &	Vendor	Vendor Mails		
Payroll Date	Payroll Cycle	Benefit Month	Enrollment Period	Elig. File from OSC	Transmits Data to OSC	Reject Report Faxed to Vendor	NPAY518 (Detail/Deduction File) tcp/ip to Vendor	Orders Pass	Passes to Participants	
20-Nov-08	Inst.	January (1)	10/2-11/1/08	4-Nov-08	6-Nov-08	7-Nov-08	14-Nov-08	10-Dec-08	21-Dec-08	
26-Nov-08	Admin.	(1) January	10/2-11/1/08	11-Nov-08	13-Nov-08	14-Nov-08	21-Nov-08	10-Dec-08	21-Dec-08	
4-Dec-08	Inst.	January (2)	10/2-11/1/08	18-Nov-08	20-Nov-08	21-Nov-08	28-Nov-08	10-Dec-08	21-Dec-08	
10-Dec-08	Admin.	(2) January	10/2-11/1/08	25-Nov-08	26-Nov-08	28-Nov-08	5-Dec-08	10-Dec-08	21-Dec-08	
18-Dec-08	Inst.	February (1)	11/2-12/1/08	2-Dec-08	4-Dec-08	5-Dec-08	12-Dec-08	10-Jan-09	21-Jan-09	
24-Dec-08	Admin.	(1) February	11/2-12/1/08	9-Dec-08	11-Dec-08	12-Dec-08	19-Dec-08	10-Jan-09	21-Jan-09	
31-Dec-08	Inst.			16-Dec-08	No Deduction	No Deduction	26-Dec-08	No Deduction	No Deduction	
7-Jan-09	Admin.	(2) February	11/2-12/1/08	23-Dec-08	24-Dec-08	26-Dec-08	2-Jan-09	10-Jan-09	21-Jan-09	
15-Jan-09	Inst.	February (2)	11/2-12/1/08	30-Dec-08	31-Dec-08	2-Jan-09	9-Jan-09	10-Jan-09	21-Jan-09	
21-Jan-09	Admin.	(1) March	12/2-1/1/09	6-Jan-09	8-Jan-09	9-Jan-09	16-Jan-09	10-Feb-09	21-Feb-09	
29-Jan-09	Inst.	March (1)	12/2-1/1/09	13-Jan-09	15-Jan-09	16-Jan-09	23-Jan-09	10-Feb-09	21-Feb-09	
4-Feb-09	Admin.	(2) March	12/2-1/1/09	20-Jan-09	22-Jan-09	23-Jan-09	30-Jan-09	10-Feb-09	21-Feb-09	
12-Feb-09	Inst.	March (2)	12/2-1/1/09	27-Jan-09	29-Jan-09	30-Jan-09	6-Feb-09	10-Feb-09	21-Feb-09	
18-Feb-09	Admin.	(1) April	1/2-2/1/09	3-Feb-09	5-Feb-09	6-Feb-09	13-Feb-09	10-Mar-09	21-Mar-09	
26-Feb-09	Inst.	April (1)	1/2-2/1/09	10-Feb-09	12-Feb-09	13-Feb-09	20-Feb-09	10-Mar-09	21-Mar-09	
4-Mar-09	Admin.	(2) April	1/2-2/1/09	17-Feb-09	19-Feb-09	20-Feb-09	27-Feb-09	10-Mar-09	21-Mar-09	
12-Mar-09	Inst.	April (2)	1/2-2/1/09	24-Feb-09	26-Feb-09	27-Feb-09	6-Mar-09	10-Mar-09	21-Mar-09	
18-Mar-09	Admin.	(1) May	2/2-3/1/09	3-Mar-09	5-Mar-09	6-Mar-09	13-Mar-09	10-Apr-09	21-Apr-09	
26-Mar-09	Inst.	May (1)	2/2-3/1/09	10-Mar-09	12-Mar-09	13-Mar-09	20-Mar-09	10-Apr-09	21-Apr-09	
1-Apr-09	Admin.	(2) May	2/2-3/1/09	17-Mar-09	19-Mar-09	20-Mar-09	27-Mar-09	10-Apr-09	21-Apr-09	
9-Apr-09	Inst.	May (2)	2/2-3/1/09	24-Mar-09	26-Mar-09	27-Mar-09	3-Apr-09	10-Apr-09	21-Apr-09	
15-Apr-09	Admin.	(1) June	3/2-4/1/09	31-Mar-09	2-Apr-09	3-Apr-09	10-Apr-09	10-May-09	21-May-09	
23-Apr-09	Inst.	June (1)	3/2-4/1/09	7-Apr-09	9-Apr-09	10-Apr-09	17-Apr-09	10-May-09	21-May-09	
29-Apr-09	Admin.			14-Apr-09	No Deduction	No Deduction	24-Apr-09	No Deduction	No Deduction	
7-May-09	Inst.	June (2)	3/2-4/1/09	21-Apr-09	23-Apr-09	24-Apr-09	1-May-09	10-May-09	21-May-09	
13-May-09	Admin.	(2) June	3/2-4/1/09	28-Apr-09	30-Apr-09	1-May-09	8-May-09	10-May-09	21-May-09	
21-May-09	Inst.	July (1)	4/2-5/1/09	5-May-09	7-May-09	8-May-09	15-May-09	10-Jun-09	21-Jun-09	
27-May-09	Admin.	(1) July	4/2-5/1/09	12-May-09	14-May-08	15-May-09	22-May-09	10-Jun-09	21-Jun-09	
4-Jun-09	Inst.	July (2)	4/2-5/1/09	19-May-09	21-May-09	22-May-09	29-May-09	10-Jun-09	21-Jun-09	
10-Jun-09	Admin.	(2) July	4/2-5/1/09	26-May-09	28-May-09	29-May-09	5-Jun-09	10-Jun-09	21-Jun-09	
18-Jun-09	Inst.	August (1)	5/2-6/1/09	2-Jun-09	4-Jun-09	5-Jun-09	12-Jun-09	10-Jul-09	21-Jul-09	
24-Jun-09	Admin.	(1) August	5/2-6/1/09	9-Jun-09	11-Jun-09	12-Jun-09	19-Jun-09	10-Jul-09	21-Jul-09	
2-Jul-09	Inst.	August (2)	5/2-6/1/09	16-Jun-09	18-Jun-09	19-Jun-09	26-Jun-09	10-Jul-09	21-Jul-09	
8-Jul-09	Admin.	(2) August	5/2-6/1/09	23-Jun-09	25-Jun-09	26-Jun-09	3-Jul-09	10-Jul-09	21-Jul-09	
16-Jul-09	Inst.	Sept. (1)	6/2-7/1/09	30-Jun-09	2-Jul-09	3-Jul-09	10-Jul-09	10-Aug-09	21-Aug-09	
22-Jul-09	Admin.	(1) Sept.	6/2-7/1/09	7-Jul-09	9-Jul-09	10-Jul-09	17-Jul-09	10-Aug-09	21-Aug-09	
30-Jul-09	Inst.			14-Jul-09	No Deduction	No Deduction	24-Jul-09	No Deduction	No Deduction	
5-Aug-09	Admin.	(2) Sept.	6/2-7/1/09	21-Jul-08	23-Jul-09	24-Jul-09	31-Jul-09	10-Aug-09	21-Aug-09	
13-Aug-09	Inst.	Sept. (2)	6/2-7/1/09	28-Jul-09	30-Jul-09	31-Jul-09	7-Aug-09	10-Aug-09	21-Aug-09	
19-Aug-09	Admin.	(1) Oct.	7/2-8/1/09	4-Aug-09	6-Aug-09	7-Aug-09	14-Aug-09	10-Sep-09	21-Sep-09	
27-Aug-09	Inst.	Oct. (1)	7/2-8/1/09	11-Aug-09	13-Aug-09	14-Aug-09	21-Aug-09	10-Sep-09	21-Sep-09	
2-Sep-09	Admin.	(2) Oct.	7/2-8/1/09	18-Aug-09	20-Aug-09	21-Aug-09	28-Aug-09	10-Sep-09	21-Sep-09	
10-Sep-09	Inst.	Oct. (2)	7/2-8/1/09	25-Aug-09	27-Aug-09	28-Aug-09	4-Sep-09	10-Sep-09	21-Sep-09	
16-Sep-09	Admin.	(1) Nov.	8/2-9/1/09	1-Sep-09	3-Sep-09	4-Sep-09	11-Sep-09	10-Oct-09	21-Oct-09	
24-Sep-09	Inst.	Nov. (1)	8/2-9/1/09	8-Sep-09	10-Sep-09	11-Sep-09	18-Sep-09	10-Oct-09	21-Oct-09	
30-Sep-09	Admin.			15-Sep-09	No Deduction	No Deduction	25-Sep-09	No Deduction	No Deduction	
8-Oct-09	Inst.	Nov. (2)	8/2-9/1/09	22-Sep-09	24-Sep-09	25-Sep-09	2-Oct-09	10-Oct-09	21-Oct-09	
14-Oct-09	Admin.	(2) Nov.	8/2-9/1/09	29-Sep-09	1-Oct-09	2-Oct-09	9-Oct-08	10-Oct-09	21-Oct-09	
22-Oct-09	Inst.	Dec. (1)	9/2-10/1/09	6-Oct-09	8-Oct-09	9-Oct-09	16-Oct-09	10-Nov-09	21-Nov-09	
28-Oct-09	Admin.	(1) Dec.	9/2-10/1/09	13-Oct-09	15-Oct-09	16-Oct-09	23-Oct-09	10-Nov-09	21-Nov-09	
5-Nov-09	Inst.	Dec. (2)	9/2-10/1/09	20-Oct-09	22-Oct-09	23-Oct-09	30-Oct-09	10-Nov-09	21-Nov-09	
11-Nov-09	Admin.	(2) Dec.	9/2-10/1/09	27-Oct-09	29-Oct-09	30-Oct-09	6-Nov-09	10-Nov-09	21-Nov-09	

SoNY Open Enrollment Business Rules and Design Requirements

1. Introduction

Document Purpose

The purpose of this document is to define the changes to the 2010 requirements for an online 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 (NUs)
- Update the Open Enrollment pages and page flow
- Update all text and error messages

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.

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 v6.0 SP2 and above or Mozilla Firefox 2.0 and above.

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.state.ny.us.

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

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

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 Customer Service at 1-800-358-7202 for this information.

We require your full SSN 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: *
- SSN:* [3n] [2n] [4n]
 - Upon entry of the first 3 numbers, the application will automatically tab to the next field, etc.
- Birthday (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

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 SSN (9 digits).
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 Customer Service at 1-800-358-7202 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

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 Customer Service at 1-800-358-7202 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.

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 must 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.

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 last 4 digits of the employee's SSN, one text box for entry of the employee's Department ID and one text box for entry of the Negotiating Unit.

Below the text boxes, insert the following text: 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.

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:

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- Validate that the value entered in Last 4 digits of your SSN is numeric and no more or less than 4 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 the last 4 digits of your SSN.
- 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.

A validation must be included in the application to check the last 4 digits of the SSN that is entered on the Employee Demographics page and validate that it matches the last 4 digits of their SSN, Department ID and Negotiating Unit (Pay Stub Page).

If the 2 fields do not match present an error:

The last 4 digits of the SSN entered on this page does not match the last 4 digits [nnnn] entered on the previous page. If the SSN 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.

Validation for Subsequent Logins:

Validation is included in the application to check that the last 4 digits of the SSN entered for subsequent logins and validate it matches the last 4 digits of the SSN entered on the Member Demographics page.

If the 2 fields do not match present an error:

The last 4 digits of the SSN entered on this page does not match the last 4 digits of your SSN on file. Please verify the last 4 digits of your SSN 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 Customer Service at 1-800-358-7202 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.

Click Here Link below Pay Stub icon

If you are an employee of Roswell Park Cancer Institute, Liquidation Bureau, NYSERDA, NYSEFC or NYSTAR, and don't know your Department ID or Negotiating Unit, click here.
[Click Here – Pop Up Text Box –](#)

Text for that Pop Up Box:

Roswell Park Cancer Institute:

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

NYSERDA:

The Department ID is 55500 and the Negotiating Unit is 06 for all employees.

NYSEFC:

For employees paid by OSC: The Department ID is 21750 and the Negotiating Unit is 34.

For employees paid by NYSEFC: The Department ID is 99998 and the Negotiating Unit is 34.

NYSTAR:

The Department ID is 55630 and the Negotiating Unit is

02 - CSEA Administrative Negotiating Unit

03 - CSEA Operational Negotiating Unit

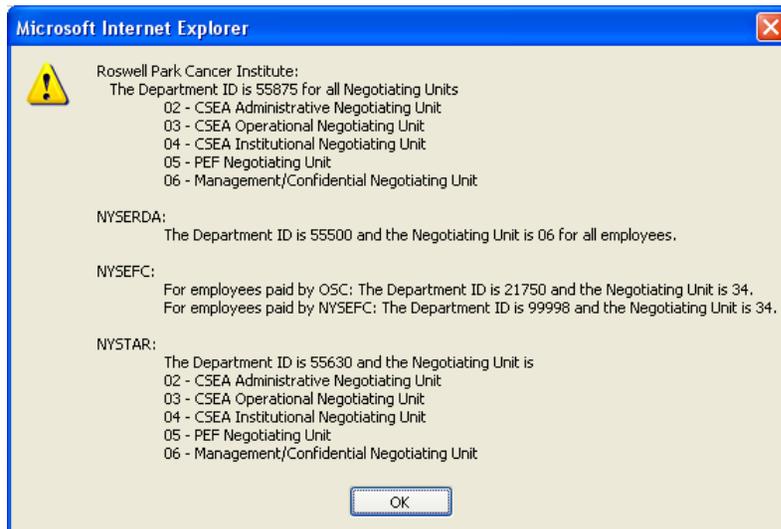
04 - CSEA Institutional Negotiating Unit

05 - PEF Negotiating Unit

06 - Management/Confidential Negotiating Unit

Liquidation Bureau:

The Department ID is 75560 and the Negotiating Unit is 96



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 the last 4 digits of the SSN + 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:

o Has User ID - Only One Match

If there is **only one match** of the 4 digits of the SSN + 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.

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", "R" or "S", 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**.

o Has User ID - 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.

Do not tag as duplicate and do not pend.

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.

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", "R" or "S", 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.

o ***Has User ID - More Than One Match for Two Employees (Duplicate)***

If there is **more than one NPAY571 row** found for the 4 digits of the SSN + 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:

- 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. The information displayed in the PAY RATE box on an employee's paystub is the same information contained on the NPAY571, regardless of Pay Basis 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.

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:

o ***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

The screenshot shows a web form with a dark green header bar containing the text "Paystub Information Not Found". Below the header is a light green bar with the title "Further Identify". The main content area has a grey background and 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." Below this text is a dropdown menu with "SUNY Research Foundation" selected. At the bottom of the form are two buttons: "Cancel" and "Submit".

- 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

The screenshot shows a web form with a dark green header bar containing the text "Paystub Information Not Found". Below the header is a light green bar with the title "Further Identify". The main content area has a grey background and contains the 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." Below this text is a dropdown menu with "New Hire" selected. At the bottom of the form are two buttons: "Cancel" and "Submit".

- 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 4 digits of the SSN + 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", "R" or "S", 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. Do not tag as a duplicate and do not pend.

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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 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”, “R” or “S”,** 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.
4. If the employee does not fall into the 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.
 - 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 4 digits of the SSN + 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.
The information displayed in the PAY RATE box on an employee's paystub is exactly the same info that you send on the NPAY571,

regardless of Pay Basis 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.

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.

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 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 pended.

9. Employee Self-Registration Page (1st Time Users Only)

This page allows a First 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.state.ny.us. Your email address will only be used to communicate FSA program information or program deadlines.

We require your full SSN 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.
 - SSN:* [3n] [2n] [4n]
 - Upon entry of the first 3 numbers, the application will automatically tab to the next field, etc.
 - Confirm SSN:* [3n] [2n] [4n]
 - Upon entry of the first 3 numbers, the application will automatically tab to the next field, etc.
 - 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:*\ul style="list-style-type: none;"> - Drop down list—Note: this will default to 'NY' but will allow changes
- Zip:* [5n]
- Zip + 4: [4n]
- Email Address:
- Confirm email:

When the Employee submits this page, there is a validation that the SSN entered does not already exist.

- If the SSN entered does not already exist on the database, then the Employee is allowed to create their User ID and password.
- If the SSN entered already exists on the database **and** a User ID is attached to this SSN, 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, SSN 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.

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- If the SSN entered does already exist on the database but a User ID is not attached to this SSN, then the Employee is presented with a message:
The SSN you entered is already in use by another employee. Please contact Customer Service at 1-800-358-7202 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 SSN.
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 SSN and the confirm email address must match the information entered previously.
- The confirm SSN does not match the SSN entered. Please re-enter the confirm SSN or change the SSN 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

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. 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.

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 2009 CIS/NH enrollment option will be available to eligible employees until 11/15/2009.
 - The 2010 CIS/NH enrollment option will be available to eligible employees beginning on 11/17/2009
- 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 vendor's back-end system, based on the Employee's SSN.
 - 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 vendor's back-end system, based on the Employee's SSN.

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 several links:
www.flexspend.state.ny.us

Enter the RACE

http://flexspend.state.ny.us/2010/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 – 10/11/2009 06:22:09 PM

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 – 10/11/2009 06:22:09 PM

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 – 10/11/2009 06:22:09 PM

Note: 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

SSN: 999-99-9999

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:	\$1,800.00
Your Employer Contribution is:	\$ 200.00
Total DCAA Annual Election is:	\$ 2,000.00
Your Estimated Biweekly Deduction is:	\$75.00
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

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 2010.

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 2010.

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is:	\$1,800.00
Your Employer Contribution is:	\$ 200.00
Total DCAA Annual Election is:	\$ 2,000.00
Your Estimated Biweekly Deduction is:	\$75.00
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:	\$1,999.99

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

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 2010.

Example 3: 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 2010.

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

12. My Current Year FSA Elections**Text:**

Only when current coverage information is available from vendor:

Header:

Summary of Current Year Coverage	Plan Year 2010
---	-----------------------

Note: Effective 1/1/2010, the Plan year needs to be changed to 2010. [My Saved Enrollment Applications should remain visible to participants until Dec 31, 2010]

Text (in red):

Please Note: This is NOT an election confirmation.

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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.
- SSN: [note: on this page, the SSN 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 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.state.ny.us
Enter the RACE**

Note: The “Enter the RACE” name is for this link:
http://flexspend.state.ny.us/2010/forms/race_form.html

15. Eligibility Business Rules – Negotiating Unit Matrix

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 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. The vendor 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.

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.

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NEGOTIATING UNIT NAME	ACRONYM	BU Code #	Eligible for 410 HCSA	Eligible for OTC	Eligible for 428 DCAA	Eligible for 420 EC
New York State Correctional Officers & Police Benevolent Association, Inc	NYSCOPBA	01	YES	YES	YES	NO
Civil Service Employees Association	CSEA	02	YES	YES	YES	YES
Civil Service Employees Association	CSEA	03	YES	YES	YES	YES
Civil Service Employees Association	CSEA	04	YES	YES	YES	YES
Public Employees Federation	PEF or PS&T	05	YES	YES	YES	YES
Management Confidential	MC or M/C	06	YES	YES	YES	YES
Police Benevolent Association – Troopers	PBA (Troopers)	07	YES	YES	YES	NO
United University Professions	UUP	08	YES	YES	YES	YES
Management Confidential State University of New York	M/C (SUNY)	13	YES	YES	YES	YES
State University of New York Unassigned	None	14	YES	YES	YES	NO
Police Benevolent Association – Commissioned & Non-Commissioned Officers	PBA (Supervisors)	17	YES	YES	YES	NO
Management Confidential State Police	M/C (State Police)	18	YES	YES	YES	YES
New York State Correctional Officers & Police Benevolent Association, Inc	NYSCOPBA	21	YES	YES	YES	NO
Communication Workers State University of New York	GSEU	28	NO	NO	YES	NO
Law Enforcement Services	ALES	31	YES	YES	YES	NO
Management Confidential Environmental Facilities Corporation	None	34	YES	YES	YES	NO
Alfred Ceramics M/C	None	40	NO	NO	YES	NO
Alfred Ceramics Prof Svcs	None	41	NO	NO	YES	NO
Alfred Ceramics Non Prof Svcs	None	42	NO	NO	YES	NO
Military and Naval Affairs Management/Confidential	M/C (DMNA)	46	YES	YES	YES	YES
Military and Naval Affairs Unit	CSEA	47	YES	YES	YES	YES
Management Confidential Commission on Investigation	None	52	YES	YES	YES	YES
Council 82 Security Services Unit	COUNCIL 82	61	YES	YES	YES	NO
New York State Police Investigators Association	NYSPIA or BCI	62	YES	YES	YES	NO
Public Employment Relations Board	PERB	66	YES	YES	YES	YES
Rent Regulation Services	DC-37 or RRSU	67	YES	YES	YES	YES
Lifeguards	LIF	68	YES	YES	YES	NO
Hourly Unassigned	None	71	NO	NO	YES	NO
Legislature Ineligible M/C Ins	None	76	NO	NO	YES	YES
Legislature	None	77	YES	YES	YES	YES
Legislative Commissions	None	79	YES	YES	YES	YES
Agency Law Enforcement Services (non-arbitration eligible)	ALES	81	YES	YES	YES	NO
Unified Court System Management Confidential and Judges	M/C (Non-judicial)	86	YES	YES	YES	NO
State Judiciary	CSEA (Judiciary)	87	YES	YES	YES	NO
Unified Court System Unrepresented	None	88	YES	YES	YES	NO
Council 82 Security Supervisors Unit (non-arbitration eligible)	COUNCIL 82	91	YES	YES	YES	NO
State University Construction Fund Management Confidential	None	96	YES	YES	YES	NO
State University Construction Fund	None	97	YES	YES	YES	YES
Temporary State Commissions	None	98	YES	YES	YES	NO
Not Cov'd Art 14 Civil Service Law	None	99	YES	YES	YES	NO
Unified Court System New York City Unrepresented	M/C NYC	CT	YES	YES	YES	NO
Unified Court System Ninth Judicial District	None	G9	YES	YES	YES	NO
Unified Court System Nassau County	None	DR	YES	YES	YES	NO
Unified Court System Suffolk County	None	F8	YES	YES	YES	NO
Unified Court System New York City Senior Court Officers	SCO	SY	YES	YES	YES	NO
Unified Court System Citywide Law Assistants	LATP	SA	YES	YES	YES	NO
Unified Court System New York City Administrative Services	CWA	SD	YES	YES	YES	NO
Unified Court System New York City Court Reporters	None	SG	YES	YES	YES	NO
Unified Court System New York City Administrative, Librarian, Clerical and Support	DC-37 Local 1070	SK	YES	YES	YES	NO

Unified Court System New York City Senior Court Attorneys	None	SN	YES	YES	YES	NO
Unified Court System Court Officers	UCO	SR	YES	YES	YES	NO
Unified Court System New York City Court Clerks	Clerks	S9	YES	YES	YES	NO

KEY:

YES = Eligible

NO = Not Eligible

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 2010 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 < \$13,337 between 7/2/2009 and 7/1/2010 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

NOTE: The Full Time Annual Salary/Compensation Rate is the amount stored in the Annual Salary 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 **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 $\leq .25$ then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .25
 - If the Employee Work Percentage $> .25$ and $\leq .50$ then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .50
 - If the Employee Work Percentage $> .50$ and $\leq .74$ then
Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .75
 - If the Employee Work Percentage $> .74$ 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 AnnualSalary 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 2010 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.

NOTE regarding Manual Agencies negotiating unit codes: NU 34 is EFC; Roswell Park (RPCI) employees follow the State's NU codes; ERDA employees are all 06 (M/C); NYSTAR- same as RPCI.

- If NYS Negotiating Unit is 02, 03, 04, 05, 06, 08, 13, 18, 46, 47, 52, 66, 67, 76, 77, 79, or 97, then:
 - 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 Employer Contribution Salary is > 70000 then
the Employer Contribution Amount = 300
- 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
- **Pay Cycle is not Admin or Inst**
If Pay Cycle is not “A”, “I”, “E”, “F”, “L”, “R” or “S”, 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

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allowed (currently the value is **\$13,337**) 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 \$13,337 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 employee's are eligible for the DCAA.

- **Ineligible Negotiating Unit for HCSA**
If NYS Negotiating Unit is **not eligible** for HCSA

Read the Negotiating Unit matrix (FSA Eligibility for 410, 428, and 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.
- SSN: [note: on this page, the SSN 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].
 - 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 2010 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 2010 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, 2010 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, 2010,

OR

If you prefer to contribute your total annual election over a fewer number of pay periods in 2010,

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 2010 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).

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 2010.

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 1/6/10 or 1/14/10 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 the number 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."

- 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.
- 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:

- **Next Page** will navigate the user to the **Main Enrollment page** and display the reduced number of paychecks that the employee selected.
- **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.

19.1 *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 the 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 \$13,337**, then allow the enrollment but pend for manual review by SoNY.

If **Negotiating** Unit is 08, and **salary is equal to or greater than \$13,337** or if **Employee Work Percentage is 100%**, employee is **eligible** for the 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 (\$13,337 for 2009 and 2010), 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 **pending**.

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

The business rule does not allow an employee to enter an annual HCSA or DCAA election amount that, after it is divided by the number of total deductions, is greater than the employee's 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)

$B = (A/24)$ 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 Customer Service at 1-800-358-7202 for 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 <= 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. The error message states:

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 Customer Service at 1-800-358-7202 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 Customer Service at 1-800-358-7202 for further assistance.

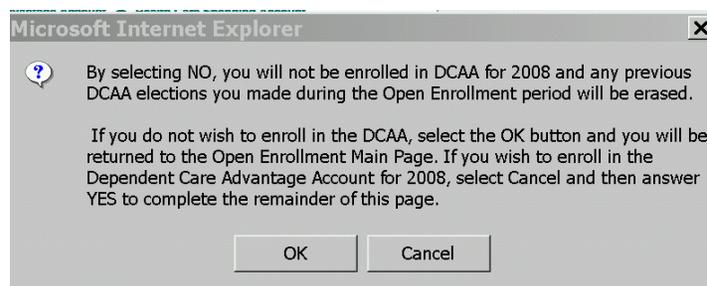
- If the employee has completed their enrollment session and the annual salary **does** support the elections, then the Continue To Summary Page button takes the user to the Summary page. **Note** that it is possible that an employee may not want to enroll in either HCSA or DCAA because they want to cancel a previous enrollment submission.
 - **Pop Up:**
If the employee has **enrolled in HCSA but not in DCAA**, a Pop Up box appears with this text:

You have not made an election for DCAA for 2010. 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 2010, 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.



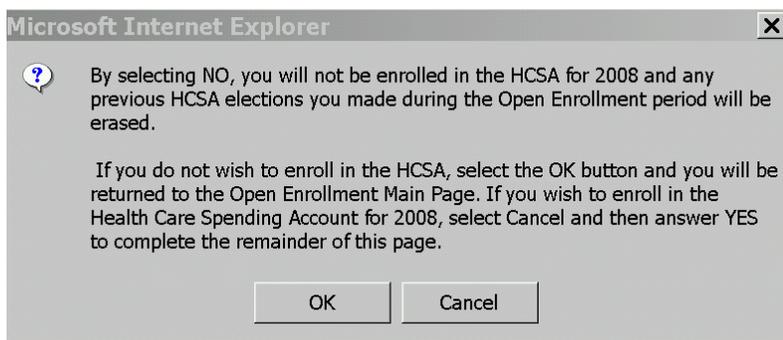
- o **Pop Up:**
If the employee has **enrolled in DCAA but not in HCSA**, a Pop Up box appears with this text:

You have not made an election for HCSA for 2010. 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 2010, 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.



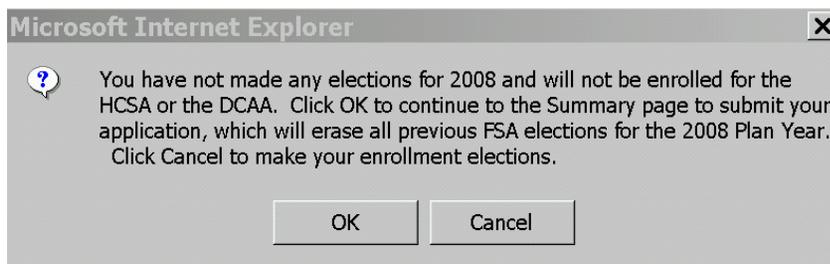
- o **Pop Up:**
If the employee's elections are any combination of **Not Yet Enrolled** (have not tried to enroll) or \$0.00 (went to either the HCSA page or the DCAA page and clicked No to participate), a Pop Up box appears with this text:

You have not made any elections for 2010 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 2010 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.

NOTE: The Continue To Summary Page button will recalculate if there is data to recalculate and it is not pended (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 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:

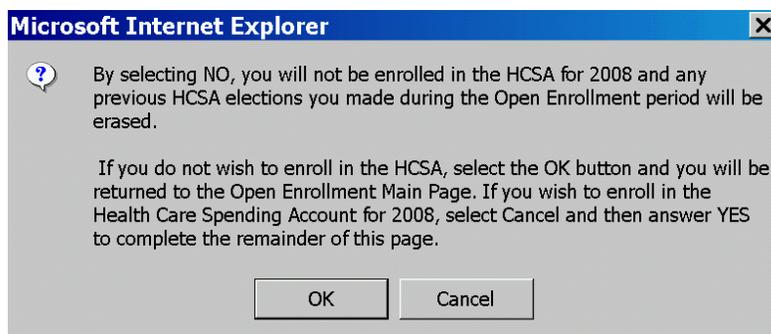
By selecting NO, you will not be enrolled in the HCSA for 2010 and any previous HCSA elections you made during the Open Enrollment period will be erased.

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 2010, 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).



Text:

For the 2010 plan year, I elect the following amount as my HCSAccount total annual contribution:

You must elect at least \$100, but no more than \$4,000. 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

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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 2010 is \$100 and the maximum election amount for 2010 is \$4,000.

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 (\$4000).
- 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.
- 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 \$4000.
- 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 child care, elder care, or disabled care expenses with pre-tax dollars?

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 2010 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 2010, select Cancel and then answer YES to complete the remainder of this page.

Pop Up Buttons:

The user will click OK or Cancel.

- 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 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 2010 plan year, you are eligible for an Employer Contribution (EC) of [\$nnn.nn].

For the 2010 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 Administrator approves a NU08 pended enrollment, the application is not walking the Administrator 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.
- 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 16, 2009. 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

Text:

If you have children in one of the NYS Network child care centers, please select the center from the drop down list. It is not mandatory to use a NYS Network child care center to enroll in the DCAAccount, and selecting a child care center from the drop down list will NOT automatically enroll your child in the selected child care center.

Drop down list with all participating network centers listed. (This is a list provided by SoNY.)

Open Enrollment - DCAA Validations:

These validations occur when the user clicks Next Page.

- 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.
- If the Employee selects an area header (-- area name --) from the NYS child care center drop down list:
Please select a valid NYS Network childcare center.

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 16, 2009. 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.

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 pended until we are able to verify your payroll information.

Text:

Note: Please make sure that all information is correct before clicking on the Submit button at the top 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 top 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 be processed. After you submit this application, you will receive a page with a confirmation number that indicates your application was submitted successfully.

Text:**Employee Information****SSN:** 999-99-9999**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: **\$1800.00**Your Employer Contribution is: **\$ 200.00**Total DCAA Annual Election is: **\$ 2000.00**Your Estimated Biweekly Deduction is: **\$75.00**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 2010.

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 2010.

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is:	\$1800.00
Your Employer Contribution is:	<u>\$ 200.00</u>
Total DCAA Annual Election is:	\$ 2000.00
Your Estimated Biweekly Deduction is:	\$75.00
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.

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: The "I agree" statement and radio buttons should appear directly above the disclaimer information.

I agree to the terms and conditions below 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 2010.

- 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

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.state.ny.us. Open enrollment ends on 11/16/2009. 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 11/16/2009, please return to www.flexspend.state.ny.us 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 2010 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 mid-December.

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

SSN: XXX-XX-9999

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:	\$1800.00
Your Employer Contribution is:	\$ 200.00
Total DCAA Annual Election is:	\$ 2000.00
Your Estimated Biweekly Deduction is:	\$75.00
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 2010.

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 2010.

Dependent Care Advantage Account (DCAA)

Your Employee Contribution is:	\$1800.00
Your Employer Contribution is:	\$ 200.00
Total DCAA Annual Election is:	\$ 2000.00
Your Estimated Biweekly Deduction is:	\$75.00
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 pended 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: No change for 2010

The attachment represents the most up to date NPAY571 file layout documentation as of the date of this document.

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) 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 2010 plan year, unless I experience a change in status that would permit me to adjust my allocation or terminate from the plan.

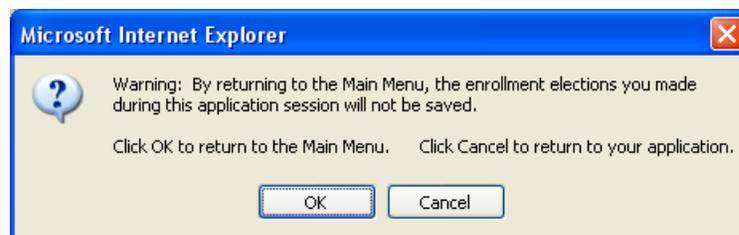
I further understand that by agreeing to these terms, I authorize the State to deduct the applicable DCAAccount and/or HCSAccount contributions in pre-tax dollars from my paycheck. These contributions can only be used to reimburse me for either qualified dependent care expenses under the DCAAccount or qualified health care expenses under the HCSAccount, incurred during the 2010 plan year, and will be forfeited if not used for the 2010 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: Changes to Application requested by SoNY

1. SoNY has requested that the 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 banner has 4 images that rotate each time the user refreshes the page. The 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.



6. SoNY has 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 last 4 digits of the SSN that is entered on the Employee Demographics page and validate that it matches the last 4 digits of their SSN, Department ID and Negotiating Unit (Pay Stub Page).

If the 2 fields do not match, present an error:

The last 4 digits of the SSN entered on this page does not match the last 4 digits [nnnn] entered on the previous page. If the SSN 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 2010 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.

Appendix D: Email Notification Workflow and Confirmation

D.1. 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.state.ny.us**
- The Salutation is:
[First Name, e.g., Jane] [Last Name, e.g., Public].

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

D.2 Annual Enrollment Email Text

This email acknowledges receipt of your 2010 Flex Spending Account application.

Open enrollment ends on 11/16/2009. 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.state.ny.us 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 mid-December. The confirmation notices will be mailed in 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 2010 Flex Spending Account online application process.

We look forward to serving you in 2010.

D.3 Pended - Annual Enrollment Email Text

This email acknowledges receipt of your 2010 Flex Spending Account application, which will be pended until we can verify your payroll information.

Open enrollment ends on 11/16/2009. 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.state.ny.us to complete another application. At the end of the enrollment period, we will use your most recently submitted application as your final election.

I.5.a

If your enrollment application is approved, you will receive your confirmation notice in the mail by mid-December.

If there are any problems with your application or if you are ineligible, we will contact you.

Thank you for participating in the 2010 Flex Spending Account online application process.

We look forward to serving you in 2010.

SoNY Change in Status-New Hire 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 applications (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.

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*

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.

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 – 11/25/2009 10:14:55 AM” or “DCAA CIS/NH – 11/25/2009 10:14:55 AM”.**

2. Pended CIS/NH applications were initially described as “CIS/NH Enrollment – 11/25/2009 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 2010 will appear in the header area.

Text and Data at the top of the page (Pended and Non-Pended):

Employee Information

SSN: 999-99-9999

Name: John Q. Public III

Day Time Phone: (909) 999-9999

Email: JQP@aol.com

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: 11/12/2009
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: **\$1,800.00**

Your Employer Contribution is: **\$ 200.00**

Total DCAA Annual Election is: **\$ 2,000.00**

This annual amount may be reduced slightly due to rounding

Change Event Date: 11/12/2009
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 2010.

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 2010.

Change Event Date: N/A
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:

Administrator Description	Employee Description
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.

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: 11/12/2009

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: 11/12/2009

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. The vendor 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 Negotiating Unit matrix.

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 Negotiating Unit matrix.

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 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.

SoNY created a 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)

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
 - The HCSA portion of the enrollment application that requires documentation is 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 **pended 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 any other circumstance
- 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

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

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 2010 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 < \$13,337 between 7/2/2009 and 7/1/2010 **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 \leq .25 then

Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .25

If the Employee Work Percentage $>$.25 and \leq .50 then

Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .50

If the Employee Work Percentage $>$.50 and \leq .74 then

Employer Contribution Salary = Full Time Annual Salary/Compensation Rate * .75

If the Employee Work Percentage $>$.74 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

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 2009/2010 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); and the NYSTAR employees follow the state's NU codes.

If NYS Negotiating Unit is, '02', '03', '04', '05', '06', '08', '13', '18', '46', '47', '52', '66', '67', '76', '77', '79' or '97' then

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 Contribution Salary is $>$ 70000 then

the Employer Contribution Amount = 300

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

Pay Cycle is not Admin or Inst

If Pay Cycle is not "A", "I", "E", "F", "L", "R" or "S", 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 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 \$13,337) 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 \$13,337 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

Read the Negotiating Unit matrix (FSA Eligibility for 410, 428, 420). If the spreadsheet indicates ineligible, then they're not eligible for HCSA.

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 the vendor. At times, the read may not be possible or successful due to:

- Internet connectivity
- The employee entered a SSN that is not currently on the vendor's system, for example if a self-registered employee made an error typing the SSN.
- 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 Customer Service at 1-800-358-7202 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.

Note: The vendor will send back a "code 100" if the employee has absolutely no coverage on the vendor's 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.
 - SSN: [note: on this page, the SSN 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:*\ul style="list-style-type: none;"> - 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.

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

The Change In Status application will open on 11/17/2009. Change In Status Event Dates will not be allowed prior to 11/01/2009. For New Hires ONLY. Newly hired SoNY employees hired on or after November 1, 2009 may enroll during Open Enrollment or with a Change in Status for the upcoming plan year.

Note: The program will not place a 2010 date on this screen until after 11/16/2009.

Text:

PLEASE READ CAREFULLY: This application will replace any other currently pending applications for 2010 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 2010 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 2010 plan year OR

Your Current 2010 Coverage is:

HCSA	1/1/2010 – 2/28/2010	\$	0.00	Annual
HCSA	3/1/2010 – 5/31/2010	\$	1.00	Biweekly
DCAA	1/1/2010 – 12/31/2010	\$	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 vendor’s 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 NPAY571 information), the employee will not be allowed to enroll and a message will appear instead of the HCSA link and text.

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 \$13,337**, 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 \$13,337** or **Employee Work Percentage is 100%**, employee is **eligible** for HCSA.

Note: For NU 08, if the salary is equal to or greater than \$13,337 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 (\$13,337 for 2009 and 2010), 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 pending applications that are New Hires or Return from Leave Without Pay, the only selections allowed will be for "I want to ENROLL in the HCSA in 2010" 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 last 4 digits of SSN

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 pending and it should not be tagged as a duplicate.

Link:

I want to ENROLL in the HCSA in 2010.

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 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 pending the application and request documentation from the employee.
 - PAY/IHR
 - PAY/LIH
 - PAY/NEW

Display for "I want to ENROLL in the HCSA in 2010."

Not yet enrolled

OR

Enrolled for: [\$nnnn.nn]

Link:

I want to CHANGE my 2010 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 2010 Account”

Not yet changed

OR

Changed to: [\$nnnn.nn]

Link:

I want to TERMINATE my 2010 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 2010 Account”

Not yet terminated

OR

Terminated to \$0.00

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 \$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 2010 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.

Display for "I want to RESTART my 2010 Account"

Not yet restarted

OR

Restarted

Text (bold red)

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 2010.

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 2010"

Not yet enrolled

OR

Enrolled for: [\$nnnn.nn]

Link:

I want to CHANGE my 2010 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 2010 Account"

Not yet changed

OR

Changed to: [\$nnnn.nn]

Link:

I want to TERMINATE my 2010 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 2010 Account”

Not yet terminated

OR

Terminated

Link:

I want to RESTART my 2010 account.

The employee may be returning from a leave of absence. Apply same business rules as for “I want to CHANGE my 2010 account. Action/Reason codes do not apply.

Display for “I want to RESTART my 2010 Account”

Not yet restarted

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 Customer Service at 1-800-358-7202 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 2010. 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 2010, 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 2010. 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 2010, 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.

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 2010 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 2010 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 employee'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 the vendor.

I.5.b

- 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 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 the vendor.
- 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, 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 the vendor.
 - 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 pended 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: 2010 = \$100 and \$4,000

The Health Care Spending Account (HCSA) helps you pay for your un-reimbursed 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 day of employment, otherwise 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 \$4,000. 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 day of employment. Health care services that are provided prior to your 61st day of employment 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 \$4,000.

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:

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 **2010**):
 - Cannot be less than two weeks from today.
"The Payroll Deduction Date cannot be less than two weeks from today."
 - Cannot be greater than 12/2/2010
"The Payroll Deduction Date cannot be greater than 12/2/2010."

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.

Non-Pended Logic:

The CIS employee's current Medical FSA election (the Annual Amount) will be read from the Current Coverage record on the vendor's 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 vendor's back-end system.

In this case, the **Text** will be:

Your current Health Care Spending Account Annual Election Amount is: \$0.00.

The Vendor 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 vendor's back-end system each time the employee logs into the application, for employee enrollment.
- Current coverage information will be read from the vendor's 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.

The maximum and minimum amounts are as follows:

ENROLL – 2010: \$100 minimum and \$4,000 maximum

CHANGE – 2010: \$100 minimum and \$4,000 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)

"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 2010

- 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
2010: "The Annual Election Amount cannot be less than \$100."
- When ENROLL or CHANGE, cannot be greater than the annual maximum, \$4,000, 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
2010: "The Annual Election Amount cannot be over \$4,000."

Annual Contribution Amount for 2010

- When TERMINATE coverage, must be \$0.00.
 - If the user enters a value other than \$0.00
2010: "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
- 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 any other circumstance
- 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

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, then 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 any other circumstance
- 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
- 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 any other circumstance
 - 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.”

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.

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 child care, elder care or disabled care expenses with pre-tax dollars.

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.

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 vendor]
Your current Employer Contribution Amount for the DCAA is:	\$ [value from vendor]
Your current DCAA Total Annual Amount is:	\$ [value from vendor]
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.

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 **2010**):
 - Cannot be less than two weeks from today.
"The Payroll Deduction Date cannot be less than two weeks from today."
 - Cannot be greater than 11/2/2010
"The Payroll Deduction Date cannot be greater than 11/2/2010."

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:

- 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)
 - 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.

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.”

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 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.”

Text:

If you have children in one of the NYS Network child care centers, please select the center from the drop down list. It is not mandatory to use a NYS Network child care center to enroll in the DCAAccount, and selecting a child care center from the drop down list will NOT automatically enroll your child in the selected child care center.

Drop Down List: Child Care Center

The drop down list will allow (but not require) selection of one of the child care centers (list supplied by SoNY):

Validation:

If the Employee selects an area (“-- area name --”) from the NYS child care center drop down list:

“Please select a valid NYS Network child care center.”

DCAA – 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.
"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** DCAAccount 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** DCAAccount, 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 –

- 2010: No minimum and \$5,000.00 maximum

CHANGE –

- 2010: 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 –

- 2010: 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."

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

- 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.

Note: The program will not place a 2010 date on this screen until after 11/16/2009.

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:

Text:

Note: Please make sure that all information is correct before clicking on the “Submit” button at the top 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 top 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

SSN: 999-99-9999

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: 11/12/2010

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: **\$1,800.00**

Your Employer Contribution is: **\$ 200.00**

Total DCAA Annual Election is: **\$ 2,000.00**

This annual amount maybe reduced slightly due to rounding.

Change Event Date: 11/12/2010

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: 11/12/2010
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 2010.

Change Event Date: 11/12/2010
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 2010.

Change Event Date: 11/12/2010
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: **\$1,800.00**

Your Employer Contribution is: **\$ 200.00**

Total DCAA Annual Election is: **\$ 2,000.00**

This annual amount maybe reduced slightly due to rounding.

Change Event Date: 11/21/2010
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: 11/21/2010
Change Event Reason: Marriage

Dependent Care Advantage Account (DCAA)

You have made no changes to your current DCAA annual election amount.

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: The “I agree” statement and radio buttons should appear directly above the disclaimer information.)

I agree to the terms and conditions below and verify that all personal information is correct.

- Yes
- No
- There is 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

Note: The program will not place a 2010 date on this screen until after 11/16/2009.

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 the email address you supplied in your application or your spam blocker has not been adjusted to accept email from fsa@goer.state.ny.us.

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 2010 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”

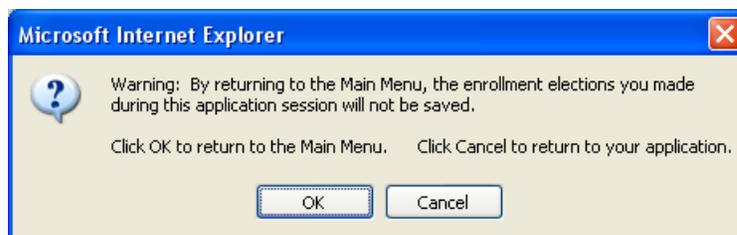
Navigation Button:

Back To Main Menu: This takes the user to the Employee Main Menu.

Log Out: This takes the user to the SoNY login page.

Appendix A: Changes to Application

1. SoNY requires that the 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 banner has 4 images that rotate each time the user refreshes the page. The 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.



6. SoNY requires that the Employee Name be added to the left side of the OE pages, under the progress bar.
7. Add the ET label after the time on all pages.
8. A pop up message appears when the 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 2010 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.

Appendix D: Email Notification Workflow and Confirmation

D.1 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.state.ny.us**
- 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

D.2 Change In Status/New Hire Email Text

This email acknowledges receipt of your Change in Status or New Hire 2010 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.

I.5.b

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 2010 Flex Spending Account Change in Status/New Hire application process.

We look forward to serving you in 2010.

D.3 Pended - Change In Status/New Hire Email Text

This email acknowledges receipt of your Change in Status or New Hire 2010 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 2010 Flex Spending Account Change in Status/New Hire application process.

We look forward to serving you in 2010.

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) 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 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 2010 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: CR 6533.014 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 the vendor 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 the vendor 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.
2. Remove the HCSA Doc Due selection from the drop down box on the Group Manage Pended Transactions and View Pended Transaction Reports.

I.5.b

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.

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.

**Process Flow for NYS-Ride
NPAY518 File – Deduction File**

I.6.a

Issue	Detailed Description	Pass/Voucher Order Cancelled	Stop Issued	Refunds & Forfeiture Process
Routine Situations				
#1 Deductions Match	Npay518 data and the vendor data match exactly.	NA	NA	NA
#2 Inadequate Funds – Deduction Not Taken by State (Example: Employee goes on leave and did not receive enough pay)	Information is included in the Npay518 file that a planned deduction was not taken for an employee.	Cancel current passes that are not already fully funded (i.e., both deductions have been processed)	1 st Deduction – the vendor sends stop for this employee on 2 nd deduction file.	1 st deduction – No refund or forfeiture.
			2 nd Deduction – the vendor will send stop for this EE on next deduction file.	2 nd deduction -- If employee has had 1 st deduction, but not second, initiate refund for 1 st deduction.
#3 Incorrect Social Security number (Example: Employee purposely gives wrong Social Security number)	Employee is not in the Npay518 file because Social Security number was incorrect	Cancel passes that are not already fully funded (i.e., both deductions have been processed)	No Stop needed.	NA
# 4a – Missing employee Record in Deduction File Ineligible Negotiating Unit	Employee is not in the Npay518 file because the employee has switched to an ineligible negotiating unit.	Cancel passes that are not already fully funded (i.e., both deductions have been processed)	No Stop needed. State has stopped deductions.	1 st deduction – No refund or forfeiture.
				2 nd deduction -- If employee has had 1 st deduction, but not second, initiate refund for 1 st deduction.
#4b Missing employee Record in Deduction File. Switched Department ID and Pay Cycles	Employee is not in the Npay518 file because the employee has switched payroll cycles.	Attempt to modify deductions in new payroll cycle to allow pass to be fully funded. Cancel current pass if pass cannot be fully funded.	1 st deduction - No stop needed. 2 nd deduction – No stop needed.	1 st deduction – No refund or forfeiture.
				2 nd deduction -- If employee has had 1 st deduction, but not second, initiate credit for 1 st deduction.

Issue	Detailed Description	Pass/Voucher Order Cancelled	Stop Issued	Refunds & Forfeiture Process
<p>#4c Missing employee Record in Deduction File</p> <p>Contract Employee with less than 26 scheduled pay periods</p>	<p>Employee is not in the Npay518 file because the Employee is not scheduled to be paid in that pay period</p>	<p>Cancel passes that are not already fully funded (i.e., both deductions have been processed)</p>	<p>The vendor sends stop for this EE</p>	<p>1st deduction – No refund or forfeiture.</p>
				<p>2nd deduction -- If employee has had 1st deduction, but not second, initiate credit for 1st deduction.</p>
<p>#5 Under Deduction</p> <p>(Most likely caused because employee has recently switched departments)</p>	<p>The amount of funds deducted by the State according to the Npay518 file is less than the requested amount.</p>	<p>1st deduction -- Attempt to increase deductions for 2nd deduction to allow pass to be fully funded.</p>	<p>1st deduction – the vendor sends change request for increased 2nd deduction.</p>	<p>No refund or forfeiture.</p>
		<p>2nd deduction (rare situation) -- Cancel pass because pass will not be fully funded.</p>	<p>2nd deduction – No Stop needed.</p>	<p>2nd deduction – Refund employee for all deductions taken if pass could not be fully funded.</p>
<p>#6 Over Deduction</p> <p>(Most likely caused because employee has recently switched departments)</p>	<p>The amount deducted by the State exceeds the amount of the requested pass.</p>	<p>Orders are not cancelled since pass order is fully funded.</p>	<p>1st deduction – the vendor sends change request for reduced 2nd deduction.</p>	<p>No refund or forfeiture because over deduction was corrected on 2nd deduction.</p>
			<p>2nd deduction (rare situation) – No Stop needed.</p>	<p>Over-deduction amount is refunded to employee on next paycheck</p>

**Process Flow for NYS-Ride
Change Codes – NBEN530 File**

I.6.b

Code	Description	Employee Profile Updated	Pass/Voucher Order Cancelled	Stop Issued	Refunds & Forfeiture Process
Profile-Related					
804	Social Security Number Change	Update Social Security number and employee ID # in the vendor system.	NA	NA	NA
807	Name Change	Update where provided	NA	NA	NA
Termination-Related					
808	Termination	NA	Cancel Passes that are not already fully funded (i.e., both deductions have been processed)	Stop issued	If employee has had 1 st deduction, but not second, forfeiture rules apply
808 – Termination Notes – There may be situations where the State sends a termination code for a particular employee (i.e., the employee is only switching pay cycles (Administration/Institution), but the vendor is sent a termination code. When this situation is identified on the 902 Report, the vendor will follow the procedures described in 4b of the Npay518 Process Flow document, and reverse the termination status.					
809	Deceased	NA	Cancel Passes that are not already fully funded (i.e., both deductions have been processed)	Stop issued	If employee has had 1 st deduction, but not second, forfeiture rules apply
810	Retirement	NA	Cancel Passes that are not already fully funded (i.e., both deductions have been processed)	Stop issued	If employee has had 1 st deduction, but not second, forfeiture rules apply

Code	Description	Employee Profile Updated	Pass/Voucher Order Cancelled	Stop Issued	Refunds & Forfeiture Process
Other Changes					
805	Transfer to Ineligible Agency/ Location	Update	Cancel Passes that are not already fully funded (i.e., both deductions have been processed)	Stop issued	If employee has had 1 st deduction, but not second, initiate refund for 1 st deduction.
	Transfer to Eligible Agency	Update	No impact	No stop	NA
920	Transfer to Ineligible Negotiating Unit	Update	Cancel Passes that are not already fully funded (i.e., both deductions have been processed)	No stop needed. Cancelled by State.	If employee has had 1 st deduction, but not second, initiate refund for 1 st deduction.
	Transfer to Eligible Negotiating Unit	Update	No impact	No stop.	NA
806	Unpaid Leave of Absence	NA	Cancel Passes that are not already fully funded (i.e., both deductions have been processed)	Stop needed.	If employee has had 1 st deduction, but not second, create credit for employee in the vendor system. Credit could be forfeited at a later date if not used. Credits will be forfeited after year
812	Return from Leave	NA	None	No Stop.	None
818	Workers Compensation Leave	NA	Cancel Passes that are not already fully funded (i.e., both deductions have been processed)	Stop needed.	If employee has had 1 st deduction, but not second, create credit for employee in the vendor's system. Credit could be forfeited at a later date if not used. Credits will be forfeited after 1 year

Code	Description	Employee Profile Updated	Pass/Voucher Order Cancelled	Stop Issued	Refunds & Forfeiture Process
819	Family Medical Leave	NA	Cancel Passes that are not already fully funded (i.e., both deductions have been processed)	Stop needed.	If employee has had 1 st deduction, but not second, create credit for employee in the vendor system. Credit could be forfeited at a later date if not used. Credits will be forfeited after 1 year

FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account

A State employee benefit that puts money in your pocket

Thursday, June 25, 2009



First Time User? [Register Now](#)

If already a Registered User, please enter login information:

User ID:

Password:

[Forgot Your Password?](#)

Welcome:

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 v6.0 SP2 and above or Mozilla Firefox 2.0 and above.

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 e-mail from fsa@goer.state.ny.us.

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

If you need assistance, please call FBMC Customer Service at 1-800-342-8017 Monday to Friday 7:00 AM to 10:00 PM.

FLEX SPENDING ACCOUNT
Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Thursday, June 25, 2009 Log Out

Paystub Information Not Found

Further Identify

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.

SUNY Research Foundation

2009

FLEX SPENDING ACCOUNT
Dependent Care Advantage Account • Health Care Spending Account
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Thursday, June 25, 2009 Log Out

Paystub Information Not Found

Further Identify

We need to further verification of your eligibility to enroll in the FSA. From the menu below, please select the choice that best describes your situation.

Please select One of the Following

FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account

A State employee benefit that puts money in your pocket

Thursday, June 25, 2009
Log Out

Your payroll information has not been updated in the State payroll system. You may register, create a User ID and submit your application, which will be pended until your payroll record has been updated by your agency.

Enter Pay Stub Information

Get New User Info

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 day time 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.state.ny.us. Your email address will only be used to communicate FSA program information or program deadlines.

We require your full SSN 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.

First Name: *	<input type="text"/>	MI: <input type="text"/>	Last Name: *	<input type="text"/>	Suffix: <input type="text"/>
Birthday:(MM/DD)*	<input type="text"/> - <input type="text"/>		Mailing Address 1: *	<input type="text"/>	
SSN: *	<input type="text"/> - <input type="text"/> - <input type="text"/>		Mailing Address 2:	<input type="text"/>	
Confirm SSN: *	<input type="text"/> - <input type="text"/> - <input type="text"/>		City: *	<input type="text"/>	
Day Time Phone: *	<input type="text"/> - <input type="text"/> - <input type="text"/>		State: *	<input type="text" value="NY"/>	Zip: *
				<input type="text"/>	- <input type="text"/>
Email:	<input type="text"/>		Confirm Email:	<input type="text"/>	

FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Tuesday, July 14, 2009 Log Out

Enter Desired Account Information

Create User Account

Please enter information in all required(*) fields below and the 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. Your password must be at least 6 characters long and may not include any four consecutive characters of your User ID.

User ID: *

Password: *

Confirm Password: *

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: *

Security Answer: *

NEW YORK STATE



FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Tuesday, July 14, 2009 [Important Links](#) | [Back to Main](#)



PROGRESS BAR

- Demographics ▾
- HCSA Open Enrollment
- DCAA Open Enrollment
- Summary Page

Sample Employee

Annual Enrollment

Demographics

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.

First Name:*	<input type="text" value="Sample"/>	MI:	<input type="text"/>	Last Name:*	<input type="text" value="Employee"/>	Suffix:	<input type="text"/>
Birthdate:*	<input type="text" value="11"/> / <input type="text" value="11"/> [MM / DD]		Mailing Address 1:*	<input type="text" value="11 Oak Street"/>			
SSN:	<input type="text" value="111-11-111"/>		Mailing Address 2:	<input type="text"/>			
Day Time Phone:*	<input type="text" value="518"/>	<input type="text" value="474"/>	<input type="text" value="1111"/>	City:*	<input type="text" value="Albany"/>		
Email:	<input type="text"/>		State:*	<input type="text" value="NY"/>	Zip Code:*	<input type="text" value="12223"/>	<input type="text"/>
	<input type="text"/>		Confirm Email:	<input type="text"/>			

The screenshot shows the homepage of the FLEX SPENDING ACCOUNT system. At the top, the title "FLEX SPENDING ACCOUNT" is displayed in large blue and yellow letters, with the subtitle "Dependent Care Advantage Account • Health Care Spending Account" and the tagline "A State employee benefit that puts money in your pocket" below it. A dark blue navigation bar contains the date "Tuesday, July 14, 2009" on the left and "Contact Us | Log Out" on the right. The main content area is divided into a left sidebar and a central menu. The sidebar features a "Welcome:" section with a "Sample Employee Member Accounts" link, accompanied by an image of US dollar bills. The central menu consists of four green-bordered boxes, each with a title and a list of links: "Enrollment" (with links for Open Enrollment Application, Change In Status/New Hire Application, and My Saved Enrollment Applications), "Current Coverage" (with link for My Current Year FSA Elections), "Access and Demographics" (with link for Manage My User ID and Personal Information), and "Important Information" (with link for Links).

NEW YORK STATE



FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Tuesday, July 14, 2009 Important Links | Back to Main



PROGRESS BAR

- Demographics
- HCSA Open Enrollment
- DCAA Open Enrollment
- Summary Page

Sample Employee

Annual Enrollment

PLEASE READ CAREFULLY: This application will replace any other currently pending applications for 2009 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 2009 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, 2009 and wish to have deductions taken throughout the plan year.

If you do not expect to be on the payroll continuously from January 1- December 31, 2009,

OR

If you prefer to contribute your total annual election over a fewer number of pay periods in 2009,

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 2009 plan year,

[Click Here](#)

NEW YORK STATE



FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Tuesday, July 14, 2009 [Important Links](#) | [Back to Main](#)



PROGRESS BAR

- Demographics
- HCSA Open Enrollment
- DCAA Open Enrollment
- Summary Page

[Sample Employee](#)

Annual Enrollment

Planning to retire or take leave of absence If you expect to receive fewer than 26 paychecks due to a planned retirement or leave of absence, 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 2009.

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 1/7/09 or 1/15/09 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.

Please make a selection

[Previous Page](#) [Next Page](#)

NEW YORK STATE



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Dependent Care Advantage Account • Health Care Spending Account
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PROGRESS BAR

- Demographics
- HCSA Open Enrollment
- DCAA Open Enrollment
- Summary Page

Sample Employee

Annual Enrollment

Number of Deductions: 20

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.

[Health Care Spending Account](#)

HCSA Annual Contribution: Not yet enrolled

[Dependent Care Advantage Account](#)

Employee Contribution: Not yet enrolled
Employer Contribution: Not yet enrolled
DCAA Total Annual Contribution: Not yet enrolled

After you make your elections, you must Continue to the Summary Page to Submit your application.

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NEW YORK STATE

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PROGRESS BAR

- Demographics
- HCSA Open Enrollment**
- DCAA Open Enrollment
- Summary Page

[Sample Employee](#)

Annual Enrollment

Health Care Spending Account (HCSA)

Do you wish to apply for enrollment in the Health Care Spending Account to help pay for your unreimbursed health care expenses with pre-tax dollars?*

Yes: **No:**

For the 2009 plan year, I elect the following amount as my HCSAccount total annual contribution.

You must elect at least \$100, but no more than \$4,000. 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.

Annual Election Amount: * \$

Number of Payrolls: 20

Estimated Biweekly Deduction: \$25.00
Estimated Annual Amount: \$500.00
(# of Payrolls X Biweekly Deductions)

* Required



NEW YORK STATE






FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account

A State employee benefit that puts money in your pocket

Tuesday, July 14, 2009
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PROGRESS BAR

Demographics

HCSA Open Enrollment

DCAA Open Enrollment ▶

Summary Page

Sample Employee

Annual Enrollment

Dependent Care Advantage Account (DCAA)

Do you wish to apply for enrollment in the Dependent Care Advantage Account to help pay for child care, elder care, or disabled care expenses with pre-tax dollars?*

Yes: No:

Please select your tax filing status below:*

Married, Filing Jointly - Max election \$5,000

If your spouse is also a New York State employee, and intends to enroll in the DCAAaccount 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 DCAAaccount 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 2009 plan year, you are eligible for an employer contribution (EC) of \$500.00

For the 2009 plan year, I elect the following amount as my TOTAL ANNUAL Dependent Care Advantage Account contribution:

Total DCAA Election Amount:*	\$ <input style="width: 50px;" type="text" value="5000"/>
Employer Contribution:	\$500.00
Employee Contribution:	\$4,500.00
Number of Payrolls:	20

Calculate Deduction And Annual Amount

Estimated Biweekly Deduction:	\$225.00
Estimated Annual Amount: (# of payrolls X Biweekly Deductions)	\$5,000.00

Please select the type of care. You may select all that apply.*

Child Care: Elder Care: Disabled Care:

If you have children in one of the NYS Network child care centers, please select the center from the drop down list. It is not mandatory to use a NYS Network child care center to enroll in the DCAAaccount, and selecting a child care center from the drop down list will NOT automatically enroll your child in the selected child care center.

I. Technical Attachments

FSA Open Enrollment
Screen Shots

Child Care Center:	
<input type="text" value="Pool's Corner (Capital District DDSO)"/>	
* Required	<input type="button" value="Previous Page"/> <input type="button" value="Next Page"/>

NEW YORK STATE



FLEX SPENDING ACCOUNT

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PROGRESS BAR

- Demographics
- HCSA Open Enrollment
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- Summary Page

Sample Employee

Annual Enrollment

Number of Deductions: 20

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.

[Health Care Spending Account](#)

HCSA Annual Contribution: \$500.00

[Dependent Care Advantage Account](#)

Employee Contribution: \$4,500.00
Employer Contribution: \$500.00
DCAA Total Annual Contribution: \$5,000.00

After you make your elections, you must Continue to the Summary Page to Submit your application.



NEW YORK STATE

FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account

A State employee benefit that puts money in your pocket



Tuesday, July 14, 2009
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PROGRESS BAR

Demographics

HCSA Open Enrollment

DCAA Open Enrollment

Summary Page ▶

Sample Employee

Annual Enrollment	
Enrollment Selection Summary	
<p>Note: Please make sure that all information is correct before clicking on the "Submit" button at the bottom of the page.</p> <p>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, 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 selections 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 that indicates your application was submitted successfully.</p>	
Employee Information	
SSN: 111-11-1111	
Name: Sample Employee	
Day Time Phone: (518) 474-1111	
Email:	
Number of Payrolls: 20	
Health Care Spending Account (HCSA)	
Your HCSA Annual Election Amount is:	\$500.00
Your Estimated Biweekly Deduction is:	\$25.00
Your Estimated Annual Amount is:	\$500.00
Dependent Care Advantage Account (DCAA)	
Your Employee Contribution is:	\$4,500.00
Your Employer Contribution is:	\$500.00
Total DCAA Annual Election is:	\$5,000.00
Your Estimated Biweekly Deduction is:	\$225.00
Your Estimated Annual Amount is:	\$5,000.00

I. Technical Attachments

FSA Open Enrollment
Screen Shots

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) 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 2009 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 2009 plan year, and will be forfeited if not used for the 2009 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.

I agree to the above and verify that all personal information is correct.

Yes No

Previous Page

Submit

NEW YORK STATE	
 DEPENDENT CARE ADVANTAGE ACCOUNT • HEALTH CARE SPENDING ACCOUNT A State employee benefit that puts money in your pocket	
Tuesday, July 14, 2009 Important Links Back to Main Log Out	
Annual Enrollment	
Enrollment Selection Summary	Confirmation Number: 66621
<p>Please print a copy of this page and keep it for your records.</p> <p>Print This Page</p> <p>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.state.ny.us.</p> <p>Open enrollment ends on 11/14/2008. 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 11/14/2008, please return to www.flexspend.state.ny.us to complete another application.</p> <p>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 2009 for either account will be superseded by your elections in your new application.</p> <p>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 mid-December.</p> <p>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.</p>	
Employee Information	
SSN: XXX-XX-1111	Confirmation Number: 66621
Name: Sample Employee	
Day Time Phone: (518) 474-1111	
Email:	
Number of Payrolls: 20	
Health Care Spending Account (HCSA)	

Your HCSA Annual Election Amount is:	\$500.00
Your Estimated Biweekly Deduction is:	\$25.00
Your Estimated Annual Amount is:	\$500.00
Dependent Care Advantage Account (DCAA)	
Your Employee Contribution is:	\$4,500.00
Your employer contribution is:	<u>\$500.00</u>
Total DCAA Annual Contribution:	\$5,000.00
Your Estimated Biweekly Deduction is:	\$225.00
Your Estimated Annual Amount is:	\$5,000.00
<p>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) 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.</p> <p>If my application for enrollment is approved, I understand that my election(s) will be in effect throughout the 2009 plan year, unless I experience a change in status that would permit me to adjust my allocation or terminate from the plan.</p> <p>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 2009 plan year, and will be forfeited if not used for the 2009 plan year. I understand that my contributions to the DCAAccount cannot be transferred or commingled with my contributions to the HCSAccount and vice-versa.</p> <p>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.</p>	
<input type="button" value="Back To Main Menu"/> <input type="button" value="Log Out"/>	

FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Thursday, June 25, 2009



First Time User? Register Now
If already a Registered User, please enter login information:

User ID:

Password:

[Forgot Your Password?](#)

Welcome:

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 v6.0 SP2 and above or Mozilla Firefox 2.0 and above.

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 e-mail from fsa@goer.state.ny.us.

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

If you need assistance, please call FBMC Customer Service at 1-800-342-8017 Monday to Friday 7:00 AM to 10:00 PM.

FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Tuesday, June 23, 2009 Log Out

Enter Pay Stub Information

Update Info

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, NYSEKDA, NYSEFC or NYSTAR, and don't know your Department ID or Negotiating Unit, click [here](#).

Last 4 digits of your SSN: *

Department ID: *

Negotiating Unit: *

Thomas P. DiNapoli New York State Comptroller		[REDACTED]	Negotiation Unit	Pay Rate	Total Gross	Fed Taxable Gross			
Advice #	27055073	Pay Start Date	07/15/2004	Negotiating Unit	06	Current	2,858.48	2,748.50	
Advice Date	08/11/2004	Pay End Date	07/29/2004	Retirement System	ERS	YTD	44,826.58	44,222.42	
Department ID	01150					Net Pay	1,816.91		
						Pay Rate	74,575.00		
EARNINGS		Current	YTD	TAX DATA		Federal	State	NYC	Yonkers
	Hrs/Days	Earnings	Hrs/Days	Earnings					
[REDACTED]									

Department ID

FLEX SPENDING ACCOUNT
Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Thursday, June 25, 2009 Log Out

Paystub Information Not Found

Further Identify

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.

SUNY Research Foundation

2009

FLEX SPENDING ACCOUNT
Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Thursday, June 25, 2009 Log Out

Paystub Information Not Found

Further Identify

We need to further verification of your eligibility to enroll in the FSA. From the menu below, please select the choice that best describes your situation.

Please select One of the Following

FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account
A State employee benefit that puts money in your pocket

Thursday, June 25, 2009 Log Out

Your payroll information has not been updated in the State payroll system. You may register, create a User ID and submit your application, which will be pended until your payroll record has been updated by your agency.

Enter Pay Stub Information

Get New User Info

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 day time 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.state.ny.us. Your email address will only be used to communicate FSA program information or program deadlines.

We require your full SSN 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.

First Name: *	<input type="text"/>	MI: <input type="text"/>	Last Name: *	<input type="text"/>	Suffix: <input type="text"/>
Birthday:(MM/DD)*	<input type="text"/> - <input type="text"/>		Mailing Address 1: *	<input type="text"/>	
SSN: *	<input type="text"/> - <input type="text"/> - <input type="text"/>		Mailing Address 2:	<input type="text"/>	
Confirm SSN: *	<input type="text"/> - <input type="text"/> - <input type="text"/>		City: *	<input type="text"/>	
Day Time Phone: *	<input type="text"/> - <input type="text"/> - <input type="text"/>		State: *	<input type="text" value="NY"/>	Zip: *
				<input type="text"/>	- <input type="text"/>
Email:	<input type="text"/>		Confirm Email:	<input type="text"/>	

The screenshot displays the homepage of the FLEX SPENDING ACCOUNT system. At the top, the title "FLEX SPENDING ACCOUNT" is prominently displayed in large, bold letters, with "FLEX" in blue and "SPENDING ACCOUNT" in green. Below the title, it specifies "Dependent Care Advantage Account • Health Care Spending Account" and includes the tagline "A State employee benefit that puts money in your pocket". The date "Thursday, June 25, 2009" is shown on the left, and "Contact Us | Log Out" is on the right. A sidebar on the left features a "Welcome:" section with a "Sample Employee Member Accounts" link and an image of US dollar bills. The main content area is organized into several functional sections: "Member Services" (with links for announcements, documents, and links), "Enrollment" (with links for status changes and saved applications), "Current Coverage" (with a link for FSA elections), "Access and Demographics" (with a link to manage user ID and personal info), and "Important Information" (with a link for general links).



NEW YORK STATE



FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account

A State employee benefit that puts money in your pocket

Thursday, June 25, 2009

[Important Links](#) | [Back to Main](#)



PROGRESS BAR

Demographics

HCSA CIS/NH application

DCAA CIS/NH application

Summary Page

Sample Employee

Change In Status/New Hire Application

PLEASE READ CAREFULLY: This application will replace any other currently pending applications for 2009 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 2009 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.

You are either NEW to the 2009 plan year OR Your Current 2009 Coverage is:

HCSA 01/01/2009 - 12/31/2009	\$ 150.00 Annual
DCAA 01/01/2009 - 12/31/2009	\$ 5000.00 Annual

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.

Health Care Spending Account

I want to CHANGE my 2009 account.	Not yet changed.
I want to TERMINATE my 2009 account.	Not yet terminated.
I want to RESTART my 2009 account.	Not yet restarted.

Dependent Care Advantage Account

I want to CHANGE my 2009 account.	Not yet changed.
I want to TERMINATE my 2009 account.	Not yet terminated.
I want to RESTART my 2009 account.	Not yet restarted.

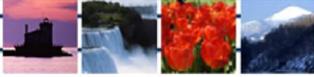
After you make your elections, you must Continue to the Summary Page to Submit your application.

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Continue to Summary Page



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Dependent Care Advantage Account • Health Care Spending Account

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PROGRESS BAR

Demographics

HCSA CIS/NH application

DCAA CIS/NH application

Summary Page

Change In Status Enrollment

Health Care Spending Account (HCSA)

The Health Care Spending Account (HCSA) helps you pay for your un-reimbursed 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 day of employment, otherwise 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.

Sample Employee: You must elect at least \$100, but no more than \$4,000. Remember to include amounts for eligible dental, vision, hearing, prescription drug, hospital and physician expenses that you expect to incur during this 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 day of employment. Health care services that are provided prior to your 61st day of employment 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 \$4,000.

If you have already contributed at least \$100 to your account and are completing a Change In Status application to decrease your account, you must contribute a minimum of \$1.00 per payroll for the remainder of this plan year.

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.

Yes: No:

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.

Take my last deduction from the payroll date closest to: *

(MM/DD/YYYY) / /

Change Event Date: * / /

Change Event Reason: *

Select One

Your current HCSA Annual Election Amount is: \$ 150.00

	<p>New Annual Election Amount: * \$ <input type="text" value="0"/> (Whole Dollars, No Cents)</p> <p>* Required</p> <p><input type="button" value="Previous Page"/> <input type="button" value="Next Page"/></p>
--	--



NEW YORK STATE



FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account

A State employee benefit that puts money in your pocket

Thursday, June 25, 2009

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PROGRESS BAR

Demographics

HCSA CIS/NH application

DCAA CIS/NH application

Summary Page

Change In Status/New Hire Application

Dependent Care Advantage Account (DCAA)

The Dependent Care Advantage Account (DCAA) helps you pay for child care, elder care or disabled care expenses with pre-tax dollars.

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, including any employer contribution for which you may be eligible.

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.

Negotiating Unit: 06

Your current Employee Election Amount for the DCAA is:	\$4,700.00
Your current Employer Contribution Amount for the DCAA is:	\$300.00
Your current DCAA Total Annual Amount is:	\$5,000.00

You are eligible for an Employer Contribution of:

Do you want to distribute your annual election amount equally over the remainder of this plan year?

Yes: No:

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.

Take my last deduction from the payroll date closest to: *

(MM/DD/YYYY) / /

Change Event Date: * / /

Change Event Reason: *

Select One

Tax Filing Status: *

Select One

Please select the type of care. You may select all that apply.*

Child Care: Elder Care: Disabled Care:

If you have children in one of the NYS Network child care centers, please select the center from the drop down list. It is not mandatory to use a NYS Network child care center to enroll in the DCAAccount, and selecting a child care center from the drop down list will **NOT** automatically enroll your child in the selected child care center. For more information visit www.worklife.state.ny.us.

Child Care Center:

Select one, if applicable

The maximum is \$5,000, including the employer contribution for which you may be eligible.

If **you have an existing** DCAAccount with an employer contribution and are making a change, remember to **include** your employer contribution amount (if eligible) in your New DCAA Annual Election Amount.

If **you are applying for a new** DCAAccount **include** your employer contribution (if eligible) in your New DCAA Annual Elected Amount. If you are enrolling solely for the employer contribution (if eligible) enter that amount.

New DCAA Annual Election Amount: * \$ (Whole Dollars, No Cents)

Employer Contribution: \$300.00

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.

* Required



NEW YORK STATE



FLEX SPENDING ACCOUNT

Dependent Care Advantage Account • Health Care Spending Account

A State employee benefit that puts money in your pocket

Thursday, June 25, 2009
Important Links | Back to Main



PROGRESS BAR

Demographics

HCSA CIS/NH application

DCAA CIS/NH application

Summary Page ▶

Change In Status Enrollment

Enrollment Selection Summary

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, 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 selections 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 that indicates your application was submitted successfully.

Employee Information

SSN: 111-11-1111
Name: Sample Employee
Day Time Phone: (518) 474-1111
Email: sampleemployee@yahoo.com

Health Care Spending Account (HCSA)

Date For Last Deduction (Payroll Closest To Date):	N/A
Your HCSA Election Amount is:	\$400.00
This annual amount may be reduced slightly due to rounding.	
Change Event Date:	06/15/2009
Change Event Reason:	Marriage

Dependent Care Advantage Account (DCAA)

Date For Last Deduction (Payroll Closest To Date):	N/A
Your Employee Contribution is:	\$2,700.00
Your Employer Contribution is:	\$300.00
Total DCAA Annual Election is:	\$3,000.00
This annual amount may be reduced slightly due to rounding.	
Change Event Date:	06/01/2009
Change Event Reason:	Dependent reaches age 13

I. Technical Attachments

FSA Change in Status
Screen Shots

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) 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 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 2009 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.

I agree to the above and verify that all personal information is correct.

Yes No



NYS-Ride

A MONEY-SAVING TRANSPORTATION BENEFIT FOR NYS EMPLOYEES AND A CLEANER NEW YORK

User Name:

Password: [LOG ON](#)

▶ [Forgot your username or password?](#)

▶ [FIRST-TIME USER? REGISTER NOW](#)

[Program Brochure \(PDF\)](#)
[Program Brochure \(HTML\)](#)

Your Commute Just Got Easier!

Welcome to *NYS-Ride*, your pre-tax commuter program for New York State employees.

The *NYS-Ride* Program is a qualified transportation benefit that may save you up to 40% off the cost of your commute to work.

- ▶ Simply enter your User Name and Password to log on. If you are new to the *NYS-Ride* program, please select the First-Time User link.

Who is eligible for this program?

As a newly eligible employee you may participate in NYS-Ride if :

- ▶ You are an Executive Branch State employee or an employee of the Unified Court System and receive a regular biweekly paycheck from the Office of the State Comptroller (OSC) and are in an eligible negotiating unit.

David A. Paterson, Governor

NYS-Ride is a benefit provided to New York State employees as a result of collective bargaining and is sponsored by The Governor's Office of Employee Relations.

Please contact us at (866) 428-7781 (TDD 1-866-353-8058) if you are having trouble enrolling in the program or if you are experiencing accessibility problems with this site.

Gary Johnson, Director



NEW YORK STATE

IDENTIFY >> PROFILE >> AGREEMENT >> CONFIRM >> DONE

Enter the following information to verify your identity and begin enrollment. Be sure to enter this information as it currently appears on your pay stub.

Social Security # (last 4 digits): * Need help finding your Department ID and Negotiating Unit Code? See the sample paycheck below or contact your agency personnel office. The labels below point to them.

Department ID: *

Negotiating Unit: *

You will need to complete a short registration process in order to use this site.

Please contact us at (866) 428-7781 (TDD 1-866-353-8058) if you are having trouble enrolling in the program.

Thomas P. DiNapoli New York State Comptroller		Negotiating Unit		Total Gross Pay Taxable Base		
Advice #	27055073	Pay Start Date	07/15/2004	Current	2,861.48	2,748.11
Advice Date	08/11/2004	Pay End Date	07/28/2004	NYC	46,424.88	46,227.57
Department ID	01150	Negotiating Unit	06			
		Retirement System	FRS			
EARNINGS				TAX DATA		
	Ins/Dep	Earnings	Ins/Dep	Earnings	Federal	State
					NYC	Yonkers



IDENTIFY >> **PROFILE** >> AGREEMENT >> CONFIRM >> DONE

Contact Info

We may need to contact you for customer service. Please enter your first name and last name, a daytime phone number where we can contact you (or leave a message) and an e-mail address to which we can send time-sensitive and critical benefits information including confirmations and account statements.

First Name:

Last Name:

Phone: - - Ext.

E-mail:

Confirm E-mail:

Address Info

This address will be used for any orders or communications that we will mail to you. Enter a residential address where you want to receive this mail. Please note -- we cannot guarantee delivery to your work address, a P.O. Box or a non-residential address.

Mailing Address:

City:

State:

ZIP: -

Your Work Location Zip:

User Name and Password

Creating a user name and password will enable you to log into this web site in the future to manage your account.

Your password must be between 8 and 20 characters long and include at least one symbol or one single-digit number. Your password cannot contain your last name, first name, or user name and is case sensitive.

User Name:

Password:

Confirm Password:

Social Security Number, Home Zip and Birthday

Please enter your social security number, home zip code (first 5 digits), and birthday. We need this information to uniquely identify you and communicate your elections to your employer. We will also use this information to identify you if you forget your password.

SSN: - -

Confirm SSN: - -

Home Zip:

Birthday: Month Day

[Contact Us](#) [Privacy Policy](#)

NYS-Ride USER AGREEMENT...(Updated 13-Feb-08)

Terms and Conditions

This agreement affects your rights. Please read it carefully. You will not be able to participate in NYS-Ride unless you consent to this Agreement.

By accepting this Agreement now and each time you place, change or cancel an order or election or perform any transaction related to the *NYS-Ride* program, you represent that you understand and accept the terms and conditions of this Agreement. This Agreement applies to your use of the Third Party Administrator web site, benefits, data and any related products or services (collectively the "Service").

In this Agreement, "you", "your", "Subscriber", "Subscribers", "user" or "users" means any person participating in *NYS-Ride*. "Third Party Administrator", "we", "us" and "our" refer collectively to Third Party Administrator, Inc., its affiliates, contractors, officers, employees and agents.

Portions of this agreement regarding the *NYS-Ride* program apply only to those users who are eligible for and/or who enroll in the program. Portions of this agreement regarding computer access and electronic communication apply only to those users with computer access.

User Responsibilities

In addition to the user responsibilities described for public transportation and vanpool benefits below and rules associated with each transaction you perform, you agree to the following:

Statement of Affirmation. You have read the *NYS-Ride* enrollment information available to you and have elected to apply for enrollment in *NYS-Ride*. You affirm that the information you have provided for this application is correct and that you are eligible to participate in the program. You understand that the program administrator (Third Party Administrator) and your employer (New York State) will use the information you have provided in your application to verify your eligibility to participate in *NYS-Ride*. If your application for enrollment is approved, you understand that your election will remain in effect until you submit a new application to change or cancel your election, or until your paycheck deductions are interrupted due to an unpaid leave of absence, termination of employment, or other circumstance. You understand that if your paycheck deductions are interrupted for any reason, your participation in *NYS-Ride* will terminate and that you must reapply when you return to the State payroll if you wish to participate again in the program.

You further understand that by completing and signing this electronic form, you authorize New York State to deduct the applicable *NYS-Ride* contributions from your paycheck. These contributions can only be used for qualified transportation expenses under the *NYS-Ride* program incurred during your period of coverage and will be forfeited if not used during your period of coverage.

Profile. You agree to provide true, accurate and complete information in your profile and to maintain and promptly update it as applicable. You agree not to impersonate any person or use a name that you are not authorized to use. If any information you provide is untrue, inaccurate, not current, or incomplete, without limiting other remedies, we have the right to terminate your participation in *NYS-Ride* and to recover from you any costs or losses incurred as a direct or indirect result of the inaccurate or incomplete information. You authorize Third Party Administrator to make any inquiries it considers necessary to validate your profile information.

Mailing address. You have the sole responsibility for providing us with a correct and operational mailing address. Many notifications that we normally provide will be made to this address and may not be available by e-mail. We will not be liable for any undelivered benefits or mail, or any costs you incur to maintain a mailing address. You must promptly notify us (in accordance with the monthly order/election deadline for the benefit selected) of any change in your mailing address. If you do not have a U.S. mailing address and wish to provide us with the mailing address of another person who will forward any mail communications to you, you may do so at your own risk. If you provide us with a mailing address, then you consent to the delivery of related information via regular USPS (i.e., unregistered, uncertified, no return receipt).

Email address. You have the sole responsibility for providing us with a correct and operational e-mail address. Many notifications that we normally provide will be made to this e-mail address and may not be available by mail. We will not be liable for any undelivered e-mail communications or any costs you incur for maintaining Internet access and an electronic mail account. You must promptly notify us of any change in your e-mail address. If you do not have an e-mail address and wish to provide us with the e-mail address of another person who will forward any e-mail communications to you, you may do so at your own risk. If you provide us with an e-mail address, then you consent to the transmission of related information via unsecured electronic mail.

Hacking. If you use or attempt to use the Service for other purposes including but not limited to tampering, hacking, modifying or otherwise corrupting the security or functionality of the Service, your account will be terminated and you will be subject to damages and other penalties, including criminal prosecution where available.

Protecting Against Unauthorized Use. You agree to keep your User Name and Password (collectively "Access ID") confidential and to contact us IMMEDIATELY if you have any reason to believe that another person has obtained or has the means to obtain your Access ID. You agree that you will not reveal your Access ID to any other person, or take actions that could cause your Access ID to be revealed to any person, whether intentional or not (e.g., writing down your Access ID in a document easily seen by others, using an unsecured electronic mailing to transmit your Access ID, providing your Access ID to your administrative assistance to check your account balance). Do not reveal your Access ID to any person who contacts you (e.g., who calls you or sends you an electronic mail) even if that person claims to be from Third Party Administrator. Our customer service agents may request your Access ID to verify your identity, but only on a telephone call that you have placed to us. If we believe that someone else other than you is accessing or modifying your account information or calling us claiming to be you, we will immediately take action to protect your account, including deactivating your account and/or notifying you.

Electronic Delivery and Communication
By enrolling in *NYS-Ride*, you agree to form a contractual relationship with New York State and/or Third Party Administrator using electronics means. To the fullest extent permitted by applicable law, this Agreement and any other agreements, notices or other communications regarding your account and/or your use of the Service ("Communications"), may be provided to you electronically and you agree to receive Communications in an electronic form. Electronic Communications may be posted on the pages within the *NYS-Ride* web site and/or delivered to your electronic mail address. All Communications in either electronic or paper format will be considered to be in "writing," and to have been received no later than five (5) business days after posting or dissemination, whether or not you have received or retrieved the Communication. We reserve the right but assume no obligation to provide Communications in paper format. Your consent to receive Communications electronically is valid until you revoke your consent by terminating this Agreement.

Term and Termination
This Agreement will remain in force until terminated. You may terminate this Agreement by contacting us via electronic mail or our toll free number. We may terminate this Agreement at any time without notice to you, and will do so if New York State determines that you are no longer eligible to participate in *NYS-Ride*, if New York State ceases to be a client of Third Party Administrator, or if there is a material breach of any provision of this Agreement. Other than in the case of fraud, termination will have no impact on any payments outstanding.

Benefit Information: Public Transportation & Vanpool

The benefit information in this Agreement is only relevant if you are eligible for and/or enroll in *NYS-Ride*, as offered to you by New York State as your employer. New York State determines your eligibility for this benefit.

Funds. The Public Transportation and Vanpool benefits program allows you to pay for eligible public transportation and vanpool expenses with pre-tax money. New York State does not set aside any amounts in a bank, trust, or any other accounts. All payments shall be paid out of the general assets of New York State. You have no right to any of New York State's assets or the assets of Third Party Administrator.

Available funds. The *NYS-Ride* program (and not this Agreement) determines the amount of funds available for your use at any given time and the source of those funds.

Deadlines. The deadline for ordering, changing your order, canceling your order and/or changing your mailing address is clearly indicated when you place your order. You are solely responsible for adhering to all applicable deadlines.

Undelivered orders. If you order a tangible transportation pass, you can expect to receive your order by the first day of the benefit month for which the order was placed. If you do not receive your order by the first day of the benefit month, you must contact Third Party Administrator to report the missing order within the first 3 business days of that month. Third Party Administrator reserves the right to not issue reimbursements for any pass that does not arrive: (1) due to an errant or incomplete mailing address provided by you or your employer, (2) because your mail was forwarded, or (3) at an office building mail stop, PO Box or other non-residence. Failure to report an undelivered order in a timely manner may result in your not qualifying to get reimbursed for an undelivered order.

Payment to vanpool service providers. Our responsibility is to deliver payment to the vanpool service provider indicated by you. We will deliver such payments electronically when possible, or otherwise via the USPS. You are

still legally responsible for the bill. The use is not an "assignment of claims" (i.e., neither New York State nor Third Party Administrator has any liability towards your vanpool provider).

No refund, resale or return. You agree that you will not sell, barter, exchange or otherwise transfer to any person for cash or other consideration goods or services obtained through your participation in *NYS-Ride*. You agree not to return goods and services to your provider for cash or any other consideration other than for the exchange of damaged or defective goods. You understand that Third Party Administrator will not refund or credit your account, or seek a refund or credit on your behalf. You agree that you will not solicit or accept a refund or credit from any party for payments made from your account unless you return those funds to your account.

Penalties for misuse. In addition to other legal remedies, your refusal to follow the terms of this Agreement, or the provision of false or fraudulent statements regarding the items or services you have purchased may result in the termination of participation from the *NYS-Ride* program and disciplinary action by your employer. The tax authorities may also initiate tax collections against you.

Advantages and disadvantages. Participation in *NYS-Ride* may produce significant tax savings to you because amounts deducted from your wages on a pre-tax basis (up to the federally permitted limit for the benefits) are not subject to federal taxes, most state income taxes, social security (FICA), and medicare. Your actual savings will depend on your personal situation. There is no guarantee you will save money by participating in *NYS-Ride*. Pre-tax payroll deductions reduce your taxable income and may affect other compensation-based benefits such as life, disability and social security. You should consult your tax advisor if you have any questions regarding your personal situation.

DISCLAIMERS

Privacy

The current version of the Privacy Policy can be viewed at any time under the Help tab on the Third Party Administrator web site.

Limitation On Availability

The availability of *NYS-Ride* may be subject to interruption and delay due to causes beyond our reasonable control (e.g., power outages, acts of nature, acts of war or terrorism) and causes within our reasonable control (e.g., routine maintenance). We are not liable for damages due to interruption or delay in the availability of *NYS-Ride*.

Changes To This Agreement

We may amend this Agreement at any time by posting the amended terms to the Third Party Administrator web site. Amendments will generally be effective immediately without notice to you unless required by applicable law. In such instances, those amendments will be effective on the effective date stated in such notice. Your continued participation in *NYS-Ride* constitutes acceptance of the amended terms. If you do not agree to the amended terms, you may terminate your participation in *NYS-Ride* by contacting us. You may request a paper copy of this Agreement as amended at any time by calling our toll free number. This Agreement was last modified on 11/11/05.

Trademarks

"Third Party Administrator", and its logo are registered trademarks of Third Party Administrator, Inc. MasterCard is a registered trademark of MasterCard International. Other marks may be owned by their respective holders and no license for these marks is granted to any end-user.

License

The Third Party Administrator web site, data and other contents, paper forms, brochures and materials, downloadable documents, and the Services are copyrighted and/or proprietary properties of Third Party Administrator. During the term of this Agreement, we grant to you a non-exclusive, non-transferable, limited license to use the Service at such time as it is generally available solely in accordance with the terms of this Agreement. You agree not to alter or remove any copyright or other proprietary notices or any disclaimers included within the Service.

Not a Bank

You acknowledge that (1) the Service is not a banking service, (2) Service accounts are not insured by any government agency of any nation, and (3) the Service is not subject to banking regulations.

Disclaimer of Warranty

NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, THE SERVICE IS PROVIDED "AS IS" WITHOUT WARRANTY WHATSOEVER EXPRESSED OR IMPLIED, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF

AVAILABILITY, RELIABILITY, USEFULNESS, COURSE OF PERFORMANCE, NON-INFRINGEMENT, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability

WITH THE EXCEPTION OF ACTUAL DAMAGES CAUSED BY ITS OWN WILLFUL MISCONDUCT OR FRAUD, THIRD PARTY ADMINISTRATOR IS NOT LIABLE FOR ANY LOSSES OR DAMAGES TO ANY PERSON AS A CONSEQUENCE OF YOUR USE OF THE SERVICE, INCLUDING, WITHOUT LIMITATION, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES UNDER ANY THEORY OF LIABILITY, EVEN IF WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THIRD PARTY ADMINISTRATOR IS NOT RESPONSIBLE FOR SERVICES PROVIDED OR TO BE PROVIDED BY THIRD PARTIES (SUCH AS PROVIDERS OF PUBLIC TRANSPORTATION OR VANPOOL SERVICES).

Other Provisions

This Agreement may not be assigned, sublicensed or otherwise transferred by you. Should any provision of this Agreement be held to be unenforceable by a court of competent jurisdiction, the validity and enforceability of the other provisions shall not be affected thereby. Failure of any party to enforce any provision of this Agreement shall not constitute or be construed as a waiver of such provision or of the right to enforce such provision. All remedies are independent of each other.

This Agreement shall be governed by and construed under the laws of the State of California without regard to conflicts of laws provisions. You hereby consent to the jurisdiction of the state courts of California and the federal courts within the state with respect to any claim relating to this Agreement. The Disclaimer of Warranty, Indemnity and the Other Provisions sections of this Agreement shall survive the termination of this Agreement. The terms specified herein set forth the entire understanding and Agreement between Third Party Administrator and you and supersede any prior or contemporaneous oral or written agreements or representations.



NEW YORK STATE

IDENTIFY >> PROFILE >> AGREEMENT >> **CONFIRM** >> DONE

Contact Info First Name: NYS Last Name: Ride Phone: 518-888-1212 E-mail: user@email.com	User Name and Password User Name: nysride Password: *****
Address Info Mailing Address: Any St. City: Albany State: NY Zip: 12223 Work Zip: 12223	Home Zip and Birthday Home Zip: 12223 Birthday: 01/01

[Contact Us](#)

The Empire State
New York State

WELCOME COMMUTER HELP

Log Out • User

ACCOUNTS OVERVIEW  [Print Page](#)

MANAGE MY ACCOUNTS

-  [Place Commuter Order](#)
-  [View Account Statement](#)
-  [View Program Info](#)
-  [Edit My Profile](#)
-  [Contact Customer Service](#)

Go to:

ACCOUNT DASHBOARD

Commuter Program (current x 12)	\$0.00
Total	\$0.00
Estimated Savings	\$0.00

MY PROFILE

Mailing Address:	Any St.	Email:	user@email.com
City, State Zip:	Albany, NY	Phone:	518-888-1212
Work Zip:	12223		

The Empire State
New York State

WELCOME **COMMUTER** HELP

Log Out ▪ User

SELECT BENEFIT

Please select a commuter benefit for which you wish to enroll.

Public Transportation **Vanpool**

Commuter Questions? [Click here.](#)

 Tell us how you get to work and we'll show you how you can save.

SELECT AN OPERATOR

PROVIDER >> PASS >> CONTACT >> REVIEW & PLACE ORDER >> DONE

SELECT YOUR SERVICE PROVIDER

-  Capital District Transportation Authority (CDTA)
-  Amtrak - Northeast
-  Columbia County Public Transportation
-  Schoharie County Public Transportation
-  Bonanza Bus Lines
-  Yankee Trails
-  Adirondack Trailways Plus Hill Trailways
-  Upstate Transit

Search by ZIP:

Search by Name:



Having trouble finding your provider? Try another one of the search functions above.

No luck? Click on the (computer) icon to contact Customer Service so we can help.

SELECT A PASS

PROVIDER >> **PASS** >> CONTACT >> REVIEW & PLACE ORDER >> DONE

SELECT YOUR PASS



Capital District Transportation Authority (CDTA)

Capital District Transportation Authority (Albany)

<http://www.cdt.org>

Pass	Description	For Benefits	Order By
<input type="radio"/> Ten Ride Ticket	Valid for 10 one-way rides on CDTA Bus Lines.	Sep-09	01-Jul-09
<input type="radio"/> WageWorks Commuter Card	A reusable stored value card that can be used to purchase CDTA tickets and passes at the CDTA online store. Note: This card cannot be used at locations such as grocery stores, drug stores, or newsstands.	Sep-09	01-Jul-09
<input type="radio"/> Commuter 10-Ride Pass	Provides 10 one-way rides in specific NX zones on Upstate Transit and the CDTA.	Sep-09	01-Jul-09
<input checked="" type="radio"/> Swiper Card	Valid for unlimited rides on CDTA services for the time period specified on the pass.	Sep-09	01-Jul-09



Read the description carefully for complete information about your order.

BUY A TRANSIT PASS

PROVIDER >> **PASS** >> CONTACT >> REVIEW & PLACE ORDER >> DONE

SELECT YOUR PASS OPTIONS

STANDARD OPTIONS

Operator:  Capital District Transportation Authority (CDTA)

Pass: Swiper Card

Start Date:

Span:

Zone:

Period:

Frequency: Every Month One Month Only

Quantity:

TOTAL COST AS SELECTED: \$49.50

Select **Every Month** and you'll automatically get the same order every month until you change or cancel it.

 **Transit Benefit FAQs** - [Click here.](#)

BUY A TRANSIT PASS

PROVIDER >> PASS >> CONTACT >> REVIEW & PLACE ORDER >> DONE

CONFIRM YOUR MAILING ADDRESS AND CONTACT INFO

Mailing Address: *

City: *
State: *
ZIP: * -
Work ZIP: *
Email:
Daytime Phone: - - Ext.

* Check here if this contact info is accurate.

[Click here to view our Privacy Policy.](#)

This address will be used for any orders or communications that we will mail to you.

- DO enter a residential address where you want to receive this mail.
- DO NOT enter your work address, a PO Box or a non-residential address.



Updates: This address will not be communicated to your employer or any other party. Be sure to update your address here and separately notify any other party who should be aware of a change in your mailing address.

Operator: **CDTA** Capital District Transportation Authority (CDTA)

Pass: Swiper Card

Description: Valid for unlimited base fare rides Monday-Friday on CDTA services for one calendar month.

Start Date: First of Month

Span: Monthly

Zone: Base Fare

Period: Mon-Fri

Quantity: 1

Total Cost: \$49.50

First Benefit Month: Sep-09

Frequency: Every Month

**Change/Cancel Until: 1st of Month
Two Months Prior to the Benefit Month**

Your order will be mailed to you by the first day of the First Benefit Month (and every month thereafter, if you selected the Every Month frequency).

Mailing Address and Contact Info: NYS Ride User
123 Any Street
YourTown, NY 12345

Click Order to finalize your enrollment in accordance with the fine print:

 [Click here to view Public Transportation & Vanpool Rules.](#)

[Click here to view User Agreement.](#)

- Reminder! -

Click the **Order** button at the bottom of the page to place this order.

