

Document Type Description	Document Event/Reason	Naming Convention	Naming Convention Example
Adoption	Adoption	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	00123456, Dental Adoption, 04.15.2021
Age 26 Disabled Dependent	Age_26	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	00123456, SGH Age_26, 05.01.2021
Birth	Birth	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	00123456, SGH Birth, 04.15.2021
Cancel After Tax	Cancel	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	00123456, Vision Cancel, 05.01.2021
Cancel Eligible for Other Coverage	Cancel	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Cancel Less Than Half Time	Cancel	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Premium Increase (this is the same as LTHT)	Cancel	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Death of Dependent	Death Dep	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Divorce	Divorce	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Evidence of Insurability	EOI	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Employer Error	ER Error	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
HSA Amount Change	HSA Change	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Legal Ward	Legal Ward	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Loss of Other Coverage	LOC	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Marriage	Marriage	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
New Hire	New Hire	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
National Medical Support Notice	NMSN	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
Notice of Retirement ET-4413	RET	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective date of Enrollment	

Remove Dependent Eligible for Other Coverage	Remove Dep	Empl ID, Benefit Plan Abbreviation + Event/Reason for application, Effective Date of Enrollment	
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<b>Benefit Plan Description</b>	<b>Benefit Plan Abbreviation</b>
State Group Health	SGH
Delta Dental	Dental
Delta Vision	Vision
Accident Insurance applications	Accident
Accidental Death & Dismemberment Insurance applications	ADD
State Group Life applications	SGL
Individual & Family Life applications	I&F
UW Employees, Inc. Life applications	UWE
Income Continuation Insurance applications	ICI
Flexible Spending Account applications	FSA, LPFSA, DCFSA
Health Savings Account applications	HSA
EZ Enrollment form	EZ
Salary Reduction Agreement form	SRA
WRS Additional Contribution Election form	WRS
Lack of SSN Affidavits	Affidavit
Insurance Selection for Leave of Absence form	LOA Form
Insurance Selection for Furlough form	Furlough Form
Notice of Retirement	ET-4413