



Employee Indicative Data Update SMART Form

PURPOSE: This form should be used for the following scenarios:

- Change of employee name or date of birth correction.
- Change of employee primary mailing address or contact phone number.
- Change of employment information.

This form may not be used to change an employee's Social Security Number or change an employee's status. If an employee's SSN needs to be corrected contact the DOAS team. If an employee's status changes, use one of the status change Smart Forms.

Indicative Data Updates

When using the employee indicative data or employment update SMART FORM, you may use the information below as a guideline for determination of needed updates.

- **Employee Name** – first and last names are required with a limitation of 50 characters.
- **Employee Date of Birth** – mm/dd/yyyy
- **Primary Mailing Address** – used as the primary address for related communication, unless otherwise noted by the employee through self service, with a limitation of 30 characters.
- **Primary Contact Phone Number** – used as the primary phone contact for related communication, unless otherwise noted by the employee through self service.
- **Data Change Effective Date** - the date the system will use to 'effective - date' the Employment and Address information. This date may not be in the future or prior to 01/01/2010. Data changes should be in consecutive order over time.
- **Department Code** – used to identify what agency the employee works for. The first seven characters of the Department Code need to be the same as the Agency/Group ID that you entered on the Home page after login. The remaining three characters are open for each agency to use.
- **Full Time/Part-Time** - used to determine eligibility. If the user selects Full Time, the Benefit Program field will automatically be set to Flex Eligible. If Part-Time is selected, the employee will be set to Ineligible. Changing an employee's Full Time/Part-Time indicator will result in the employee either gaining or losing eligibility. If they are gaining eligibility, a Newly Eligible event will be triggered. If they are losing eligibility, a Coverage Termination event will be triggered.
- **Annual Benefit Salary** - used to calculate Flex benefits. Changes to Annual Benefit Salary in this smart form during the year will not impact an employee's benefits for the current year. Please see the Frozen Annual Benefit Salary Smart Form Related Information for more details regarding any updates.
- **FICA Status** - used for calculating the Disability premiums. Changes to the FICA Status in this smart form during the year will not impact an employee's benefits for the current year. It will have an impact on benefits for the next plan year if the change is made before the October cutoff date for annual enrollment

On GaBreeze Employer Web site's home page, select Smart Forms

[Agency Listing](#) | [Log Off](#)



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Agency Secure Environment

Step 1: Choose an Agency

Select Agency/Group ID

Step 2: Choose a Section/Task

- Employee Inquiry**--View employee HR indicative data.
- Smart Forms**--Process employee HR indicative data updates.
- Your Reports**--Download or upload reports.
- File Sharing**--Share files with SPA, ERS or other agencies.
- PSR Funding**--View and/or Confirm Payroll Control Totals.
- Agency Profile**--View and update agency information, contacts and security.
- Audit Log**--View and track actions take on the site by agency users.

[Continue](#)

Related Information
[Change Password](#)

Enter employee SSN

[Choose a different agency](#) | [Agency Listing](#) | [Log Off](#)



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Look Up Employee

To work with Smart Forms, enter an employee's SSN.

SSN - - [Continue](#)

Select the Employee Demographic Update Form

Smart Forms

-- Choose One --

-- Choose One --

Employee Demographic Update Form

Frozen Annual Benefit Salary Correction

Leave Commencement

Leave Completion

New Secondary Job Set Up

Retirement Notice

Secondary Job Data Update

Termination Notice

Enter employee Information

[Home](#) | [Employee Inquiry](#) | **Smart Forms** | [Your Reports](#) | [File Sharing](#) | [Agency Profile](#) | [Audit Log](#)

[Print Page](#)

Step 1:
Employee Information

Step 2:
Employment Information

Step 3:
Employee Contact Information

Related Information
[How to complete Employee Demographic Update](#)

Data change information

Step 1: Employee Information

SSN	<input type="text" value="xxx - xxx - 3696"/>
Employee ID	<input type="text"/>
First Name *	<input type="text" value="JOHN"/>
Middle Name	<input type="text"/>
Last Name *	<input type="text" value="DOE"/>
Suffix	<input type="text"/>
Date of Birth *	<input type="text" value="07-24-1986"/> <input type="button" value="📅"/> (mm-dd-yyyy)
Gender *	<input checked="" type="radio"/> Male <input type="radio"/> Female

All fields marked with an asterisk (*) are required.

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Related Information

[How to complete Employee Demographic Update](#)

Step 1:
Employee
Information

**Step 2:
Employment
Information**

Step 3:
Employee Contact
Information

Data change information

Step 2: Employment Information

Data Change Effective Date *	<input type="text" value="08-17-2011"/> (mm-dd-yyyy)
Department Code*	<input type="text" value="6551000"/>
FT/PT Status *	<input checked="" type="radio"/> Full time <input type="radio"/> Part time
Benefit Program Code	<input type="text" value="FLX - Benefits Eligible"/>
Annual Salary (Required for FLX)	<input type="text"/> (\$,###.##)
Annual Benefit Salary *	<input type="text" value="29,047.20"/> (\$,###.##)
FICA Status *	<input type="text" value="N - Subject to FICA"/>
Retirement System *	<input type="text" value="T - TRS"/>
GSEPS 401k Initial Opt Out Indicator	<input type="radio"/> Y-Opt Out <input checked="" type="radio"/> N-No Opt Out
Standard Weekly Hours	<input type="text"/> (##.##)
Job Code	<input type="text"/>
Teacher Certification Indicator	<input checked="" type="radio"/> Yes <input type="radio"/> No
Pay Frequency *	<input type="text"/>
Hourly/Salary	<input type="text" value="-- Select --"/>
EEO Code	<input type="text" value="-- Select --"/>
Mail Drop	<input type="text" value="840-400040"/>

All fields marked with an asterisk (*) are required.

Submit the information to upload successfully into GaBreeze

New fields were added to the existing data maintenance forms.

- On the Employment Information section:
 - Annual Salary (optional)
 - Hourly Salary (optional)
 - EEO Code – Equal Employment Opportunity (optional)
 - The GSEPS Initial Opt Out Indicator field will be visible but if selected a critical edit will appear if GSEPS is selected as the Retirement Code for a new employee since your agency is not GSEPS-participating.

- On the Employee Address and Phone Number Section:
 - Work e-mail address (optional). If you enter a work e-mail address it must be unique per each individual. It cannot be a shared e-mail address among several employees (i.e. group distribution e-mail).

All fields with an asterisk * are required.

Submit the information to upload successfully into GaBreeze

Data change information Completed Successfully

Your request to **Change Employee Information** is complete.

Return to [Smart Forms](#).

Transaction Recap

Employee Information

SSN	999-99-9999
Employee ID	EMP000000275200
Name	Jack Sample Sr.
Date of Birth	04-19-1966
Gender	Male

Employment Information

Data Change Effective Date	09-01-2004
Department Code	12701
FT/PT Status	Full time
Benefit Program Code	FLX - Benefits Eligible
Annual Benefit Salary	\$99,999.99
FICA Status	E - Exempt
Retirement System	No Pension
Standard Weekly Hours	40.00
Job Code	TCHER - Teacher Position
Teacher Certification Indicator	Yes
Pay Frequency	S - Semi-monthly
Mail Drop	<Mail Drop>

Employee Address and Phone Number

Address	1234 Main Street Atlanta, GA 30334
Phone Number	
Contact	555-555-####

Step 3: Employee Contact Information

Address *

Zip Code * (#### or #####-####)

Phone Number (###)###-####

Work Email Address

Please do not enter in a group e-mail; but rather only an individual unique employee e-mail address into the work e-mail address field

All fields marked with an asterisk (*) are required.

Need Help?

If you need help navigating the GaBreeze Employer Web site or have questions about any of the features described in this job aide, you can contact the DOAS Team at 1-888-968-0490, or 404-656-2730 if calling within the metro-Atlanta area, Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time.



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