
Department of Administrative Services
Lead. Empower. Collaborate.
Flexible Benefits Program Business Process Training
Human Resources Administration (HRA)

We're Here — for You

FLEXIBLE BENEFITS FOR YOU

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Benefits Process Training Video

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Agenda

- Overview
- Key Terms
- Employee Data Transmission Process
- How to Access and Navigate the GaBreeze Employer Website
- Key Business Processes
- Imputed Income
- Legal Documents
- Annual Benefit Base Rate (ABBR) Instructions
- Leave Without Pay (LWOP) Process
- Dependent Verification Process
- Disability and Life Claims
- Resources

Overview

The purpose of the Flexible Benefits Program Business Process Training is to provide current and new Benefits Coordinators as well as Human Resource staff with guidance on how to perform day-to-day operations for Flexible Benefits. The training will focus on the Flexible Benefits Program Business-Processes and the importance of timely and accurate data entry.

During the training, we will discuss a series of scenarios on how these processes impact an employee's coverage. The training will also provide additional resources to facilitate employees' inquiries concerning their coverage.

Key Terms

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Alight (GaBreeze)

The eligibility and enrollment administrator for the Flexible Benefits Program.

Department of Administrative Services (DOAS) Human Resources Administration (HRA)

The DOAS HRA supports various state HR programs including Flexible Benefits.

Enrollment Period

The 31-day period for new hires to enroll or employees to enroll and/or make changes to their coverage due to a Qualifying Life Event (QLE). The 31-day enrollment period for new hires begins the date Alight mails the enrollment packet to the employee.

GaBreeze Employee Website

The online portal for eligible employees to enroll and/or make changes to their flexible benefits.

GaBreeze Employer Website

The website for authorized entity contacts to view employees' flexible benefits, reports, and file layouts for their entity.

State Accounting Office (SAO) TeamWorks HCM

The State Accounting Office (SAO) TeamWorks Human Capital Management (HCM) System is used for HR records, transactions, and operations.

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Employee Data Transmission Process

Employee Data Transmission Process

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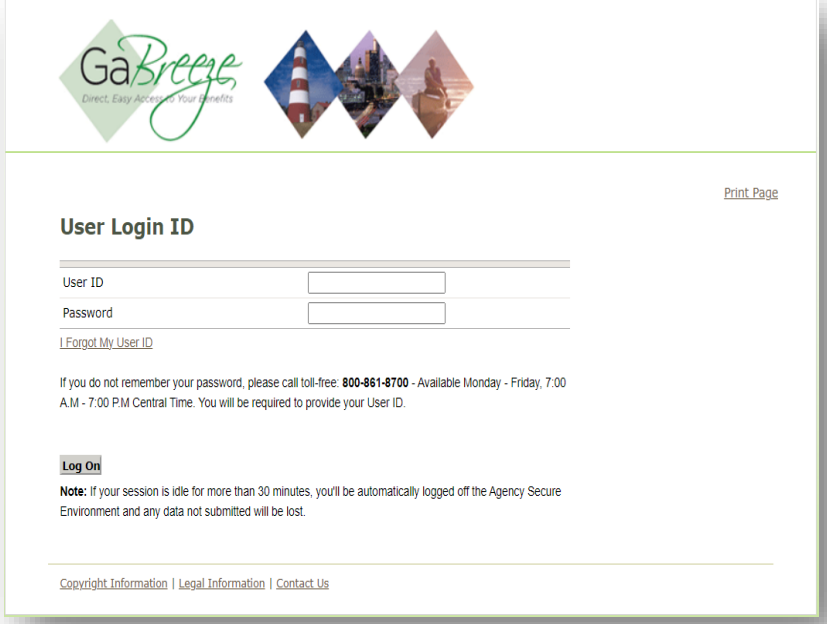
How does Alight receive employee data?

SAO, Hybrid, Dekalb BOE and Clayton BOE Entities

Secured File Transfer Protocol (SFTP)

Manual Entities

Manual Entry Smart Form



***Note:** Hybrid Entities includes Community Service Boards (CSB), Health Districts, DFCS regions, and Mental Health Centers (MHC)

GaBreeze Employer Website Smart Form Guide: https://sga-qc.ap.alight.com/sga/qc/login.htm

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How to Access and Navigate the GaBreeze Employer Website

Print Page

User Login ID

User ID	
Password	

I Forgot My User ID

If you do not remember your password, please call toll-free: **800-861-8700** - Available Monday - Friday, 7:00 A.M - 7:00 P.M Central Time. You will be required to provide your User ID.

Log On

Note: If your session is idle for more than 30 minutes, you'll be automatically logged off the Agency Secure Environment and any data not submitted will be lost.

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GaBreeze Employer Website Access

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New Entity

During the onboarding process, Alight will grant access to new entities

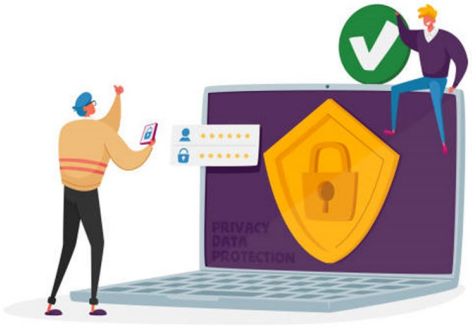
New User

The entity's administrative user can grant access or submit a request to the HRA Flexible Benefits email box if there are no administrative users available

Maintaining Access

Each entity is responsible for adding, updating and/or deleting users from their entity's profile

NOTE: Only Administrative users can modify entity contacts' access



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How to Navigate the GaBreeze Employer Website

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- Employee Inquiry – Provides employees HR data and coverage details
- Smart Forms - Manual entities tool for employee data entry
- Your Reports - Flexible Benefits Reports
- File Sharing – Share files from GaBreeze
- PSR Funding – 401K Benefits
- Agency Profile – Maintain agency contacts
- Audit Log – A detail list of transactions that occurred for an entity on the Employer Website

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Flexible Benefits Reports

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HR Reports

- Bad Address
- FLX Pending Enrollment Status

Payroll Reports

- FLX Benefit Deduction
- FLX Annual Benefit Deduction
- FLX Retroactive Deduction
- FLX Imputed Income
- FLX Annual Imputed Income
- FLX Annual Inactive Imputed Income

Financial Reports

- FLX Financial Manager Detail
- FLX Financial Manager Summary

How to Access and Navigate the GaBreeze Employer Website

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How to Access the Flexible Benefits Premium tool and the Reconciliation Report

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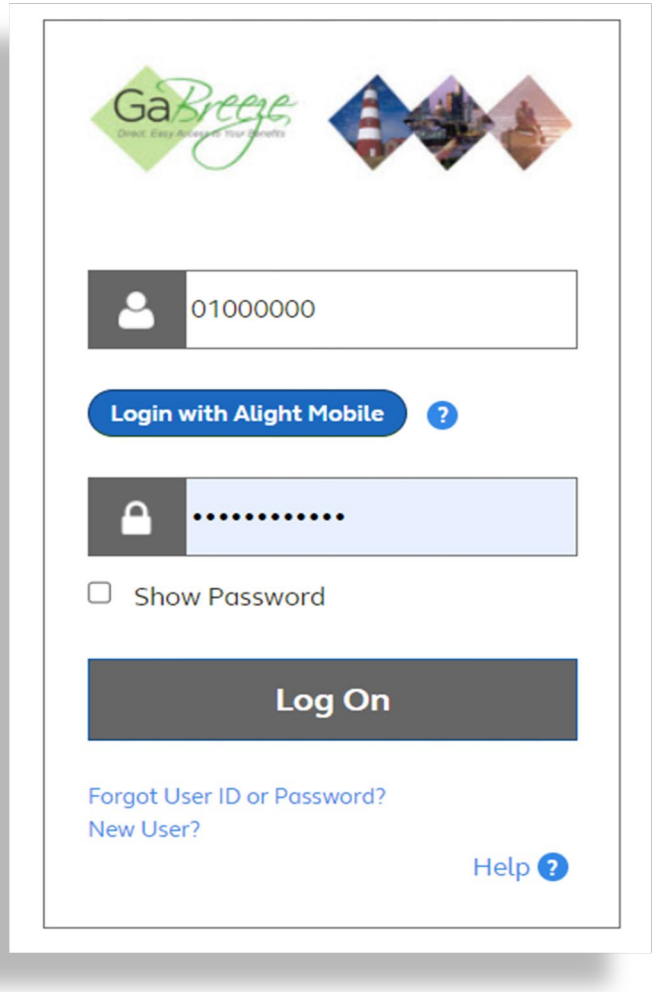
The Flexible Benefits Premium tool is an online financial management application that simplifies payment and reporting processes for entities that participate in the Flexible Benefits Program.

Premium Tool features:

- Review and confirm payments
- Pay the invoiced amount and/or another amount
- View invoices, statements, and certain reports to reconcile data

To access the tool, visit GaBreeze at www.GaBreeze.ga.gov. Click on Administrative Tools, Administrative Tools Summary, Flexible Benefits Premium, Select and Confirm Entity.



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How to Access the Flexible Benefits Premium tool and the Reconciliation Report (cont'd)

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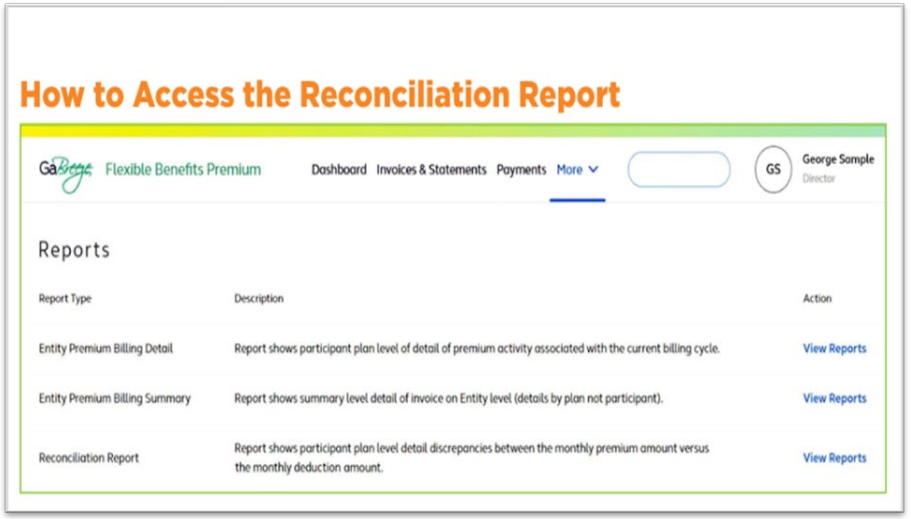
The Reconciliation Report helps ensure payment accuracy by identifying differences between Alight's (GaBreeze) monthly coverage premium amounts for active employees and the monthly payroll deductions collected by each entity. The Entity Premium Billing Detail report lists all premiums that should have been withheld from employees' paychecks and can be compared to a Payroll Deductions report.

To simplify the reconciliation process, a monthly Reconciliation Report is available, which automatically compares Alight's premium amounts to the actual Payroll deductions that were withheld. The Reconciliation Report only displays employees with differences between Flexible Benefits and Payroll.



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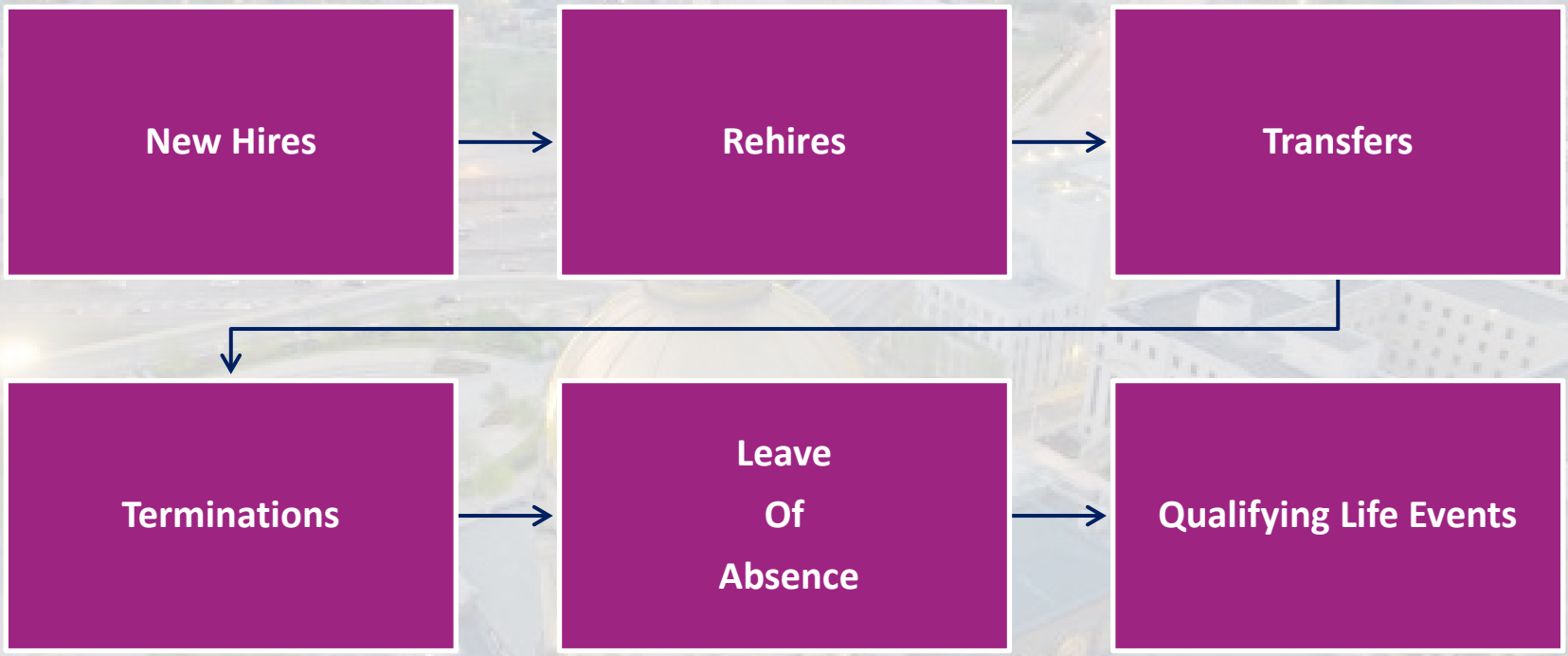
Key Business Processes

Key Business Processes



New Hire Enrollment Process Flow

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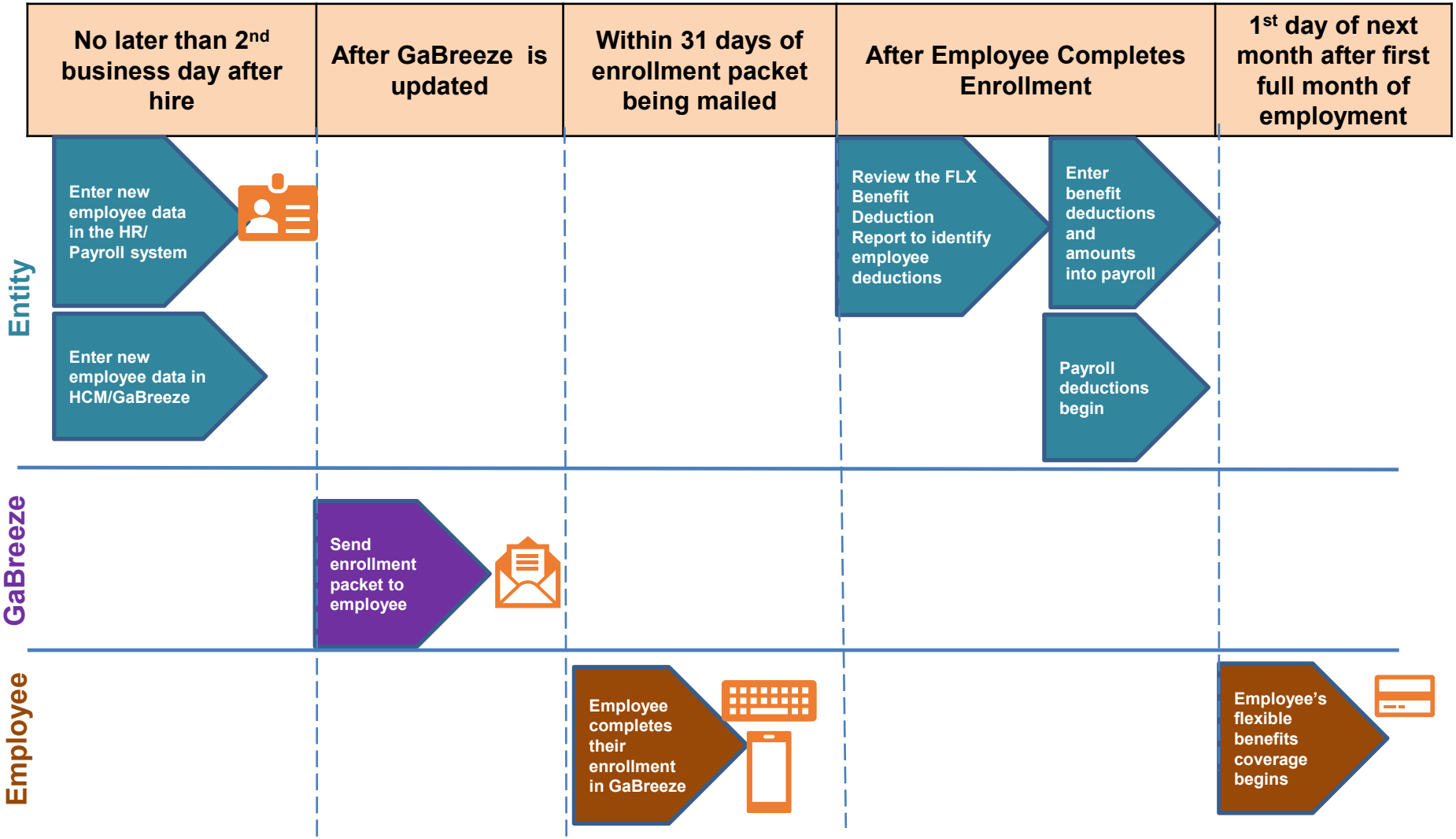

Key Business Processes

New Hires

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Scenario

A new employee hired on August 25, 2023, missed the 31-day deadline for Flexible Benefits enrollment

New Hire Process

- Benefits Coordinators should enter the new hire data and check the FLX Pending Enrollment Status report regularly. They should communicate the importance of timely enrollment to the employee, emphasizing the 31-day deadline.

- New hires can enroll via GaBreeze.ga.gov, Alight mobile app, or by calling GaBreeze Benefits Center at 1-877-342-7339.

Rehires

Scenario

An employee, terminated on April 1, 2023, was rehired on June 1, 2023, and wants to continue coverage. Due to the break in service, a new enrollment is required.

I'm finally back where I belong!

Returning to work after 30 days, I'm treated as a new hire, and it is required for me to reenroll for coverage.

New Hire Process

- Benefits Coordinators should complete data entry timely, ensuring that employee records are entered accurately. Employees that are rehired within 30-days of the same plan year, will maintain previous benefits unless they have a QLE. Employees rehired after 30 days are considered new hires.
- Employees rehired after 30 days are considered new hires.

Transfers

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Scenario

An employee's coverage did not transfer to the new entity.

Transfer Process

- Benefits Coordinators should complete data entry timely. If not, the employee faces a gap in coverage, impacting their benefits.
- The Benefits Coordinators at the hiring entity communicates with the former entity to ensure timely termination. Prompt data entry is crucial for seamless transfer to the new entity. GaBreeze continues coverage once the termination notice is received, ensuring uninterrupted benefits for the employee.

Note

✓ A make-up deduction may be required depending on the time of the event

Transfer Process Guide

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Transfer Event	Start/Change/End Coverage & Deductions	Coverage Effective Date	Active Deductions	Example	Comments
Transfer to a New Entity **(If the termination status effective date from previous entity was prior to the 16th of the month.)**	Coverages: Continue Deductions: Start (new payroll) End (prior payroll)	First of the month after the new entity and employment status effective date.	First of the month in which the new entity and employment status effective date.	- New entity effective 09/14 - Active coverage starts under new entity effective 10/01. - Active start deduction effective 09/01 (for new entity) - Active stop deduction effective 09/01 (for prior entity)	This assumes the new entity effective date is the day after the prior entity ends. Otherwise, if there is a gap between the prior entity ending and the new entity starting, COBRA will apply and the rehire or newly eligible rules will apply.
Transfer to a New Entity **(If termination status effective date from previous entity was on or after the 16th of the month.)**	Coverages: Continue Deductions: Start (new payroll) End (prior payroll)	First of the month following the month after the new entity and employment status effective date.	First of the month after the new entity and employment status effective date.	- New entity effective 09/21 - Active coverage starts under new entity effective 11/01. - Active start deduction effective 10/01 (for new entity). - Active stop deduction effective 10/01 (for prior entity).	This assumes the new entity effective date is the day after the prior entity ends. Otherwise, if there is a gap between the prior entity ending and the new entity starting, COBRA will apply and the rehire or newly eligible rules will apply.

***Note:** Deductions should not be taken until your entity receives an updated file with instructions concerning the change from Alight

Terminations

1st thru 15th

Terminations that occur before the 16th of the month.

STEP 1

No Deductions

Coverage ends on the last day of the current month.

16thth thru 31st

Terminations that occur on or after the 16th of the month.

STEP 2

Deductions

Coverage ends on the last day of the following month.

Employee Terminations – 16th of the month Rule

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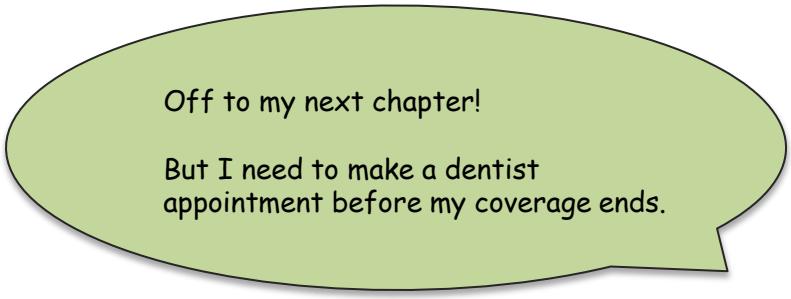
Scenario:

On July 27, 2023, an employee enrolled in the dental and vision plans voluntarily resigned and needs to know the termination date of Flexible Benefits coverage.



Termination Process

- The Benefits Coordinators should complete the data entry. This involves ensuring the termination date and reason code are properly recorded accurately and timely.
- The Benefits Coordinators should initiate the termination process, abiding by the 16th of the month rule. Given that the termination date falls after the 16th day of the month, the employee's coverage will end on the last day of the following month.

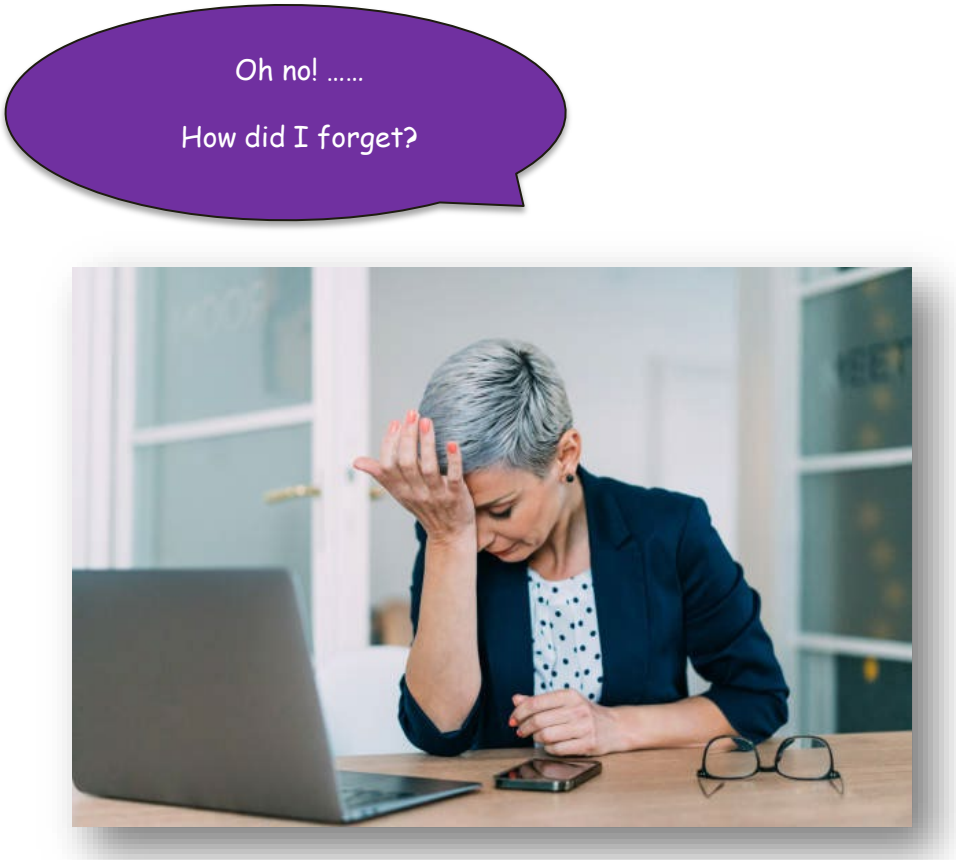
Note

✓ Deductions should be taken if the termination occurs on or after the 16th

Qualifying Life Events (QLE)

Scenario

Three months after getting married, an employee noticed she had failed to report the change in martial status.



Status Change Process

- Benefits Coordinators should inform the employee that they should have declared the QLE within 31 days of the event via GaBreeze, Alight's mobile app, or by contacting GaBreeze Benefits Center.

Note

✓ Subject to supporting documentation.
For birth or adoption, it is 90 days, retroactive to the date of the event.

Qualifying Life Events (QLE)

- Marriage or divorce
- Birth, adoption, or placement for adoption
- Legal guardianship
- Death of a dependent
- Gain or loss of coverage

- Employees with a QLE must notify GaBreeze via the website, mobile app, or by phone within 31 days of the event.

- Coverage is effective the first day of the next month.

Note: Birth of a child, adoption or placement for adoption must be reported within 90 days and coverage is effective the date of the event

Terminations

End of the Year Terminations that occur after December 16th

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Scenario

An employee terminated on December 29, 2023, and no deductions were taken from her last paycheck.

I thought my coverage was scheduled to end next month?

Why weren't any deductions taken from my paycheck?

End of the Year Termination Process

- Benefits Coordinators should complete termination data entry including the reason code and follow the 16th day business rule process.

Note

- ✓ For terminations after December 16th, deductions should be taken, and coverage will end on the last day of the following month

Terminations – Terminations for Summer-Paid Board of Education (BOE) employees

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Scenario

The school year ended May 22, 2023, and Mrs. Jones a schoolteacher, will continue to receive Flexible Benefits coverage until the end of the summer.

BOE Termination Process

- Benefits Coordinators must promptly complete timely data entry for the termination date, along with the appropriate action reason code.

Note

- ✓ For Summer-Paid Board of Education (BOE) employees, coverage ends based on the termination date entered by the Benefits Coordinator

Retirement Process

Scenario

An employee starting retirement needs to transition from employee dental coverage to Retiree Dental.

Retirement Process

- Benefits Coordinators must act promptly by completing the retirement data entry, securing continuous dental coverage for the retiree.
- Failure to promptly complete the retirement data entry process would lead to a disruption in dental coverage during retirement for the employee.

Note

✓ To continue coverage, the participant must have been enrolled in dental coverage immediately before retirement

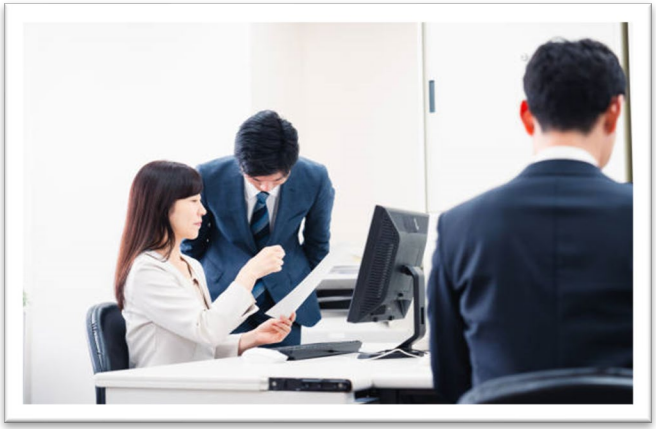
Variances

Scenario

An employee had a qualifying life event in which their spouse lost coverage, and, in the same month, experienced a birth of a child. These changes generate an increase in employee contributions. During the month-end reconciliation process, the entity notices that the difference in premiums was not deducted from the employee's paycheck, causing a variance in the monthly payment amount to Alight.

The payroll deductions does not match what is listed for this employee on the FLX Manager Detail report.

Did we deduct the appropriate amount from the employee's paycheck?.....



Variances

- Benefits Coordinators must compare their entity's payroll report to the FLX Financial Manager Detail report to identify any outstanding items where an adjustment may have occurred to an employee's premiums.
- Failure to do so will impact the correct payment amount that is remitted to Alight.

Note

✓ If the entity has access to the Reconciliation report the variance can be quickly identified

Data Entry Corrections

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Indicative Data Entry Corrections

- Peoplesoft entity users must make employee data corrections in PeopleSoft.
- Manual entities must send a notification to HRA.Flexbenefits@doas.ga.gov for corrections in GaBreeze.

Note

✓ This includes social security numbers, date of birth, and name changes.

Late Terminations

- Peoplesoft entity users must make employee data corrections in PeopleSoft.
- Manual entities must send a notification to HRA.Flexbenefits@doas.ga.gov for terminations over 45 days.

Note

✓ Peoplesoft entities must confirm that a missed transaction (late termination) has been updated on the GaBreeze Employer website by reviewing the employee's account information.

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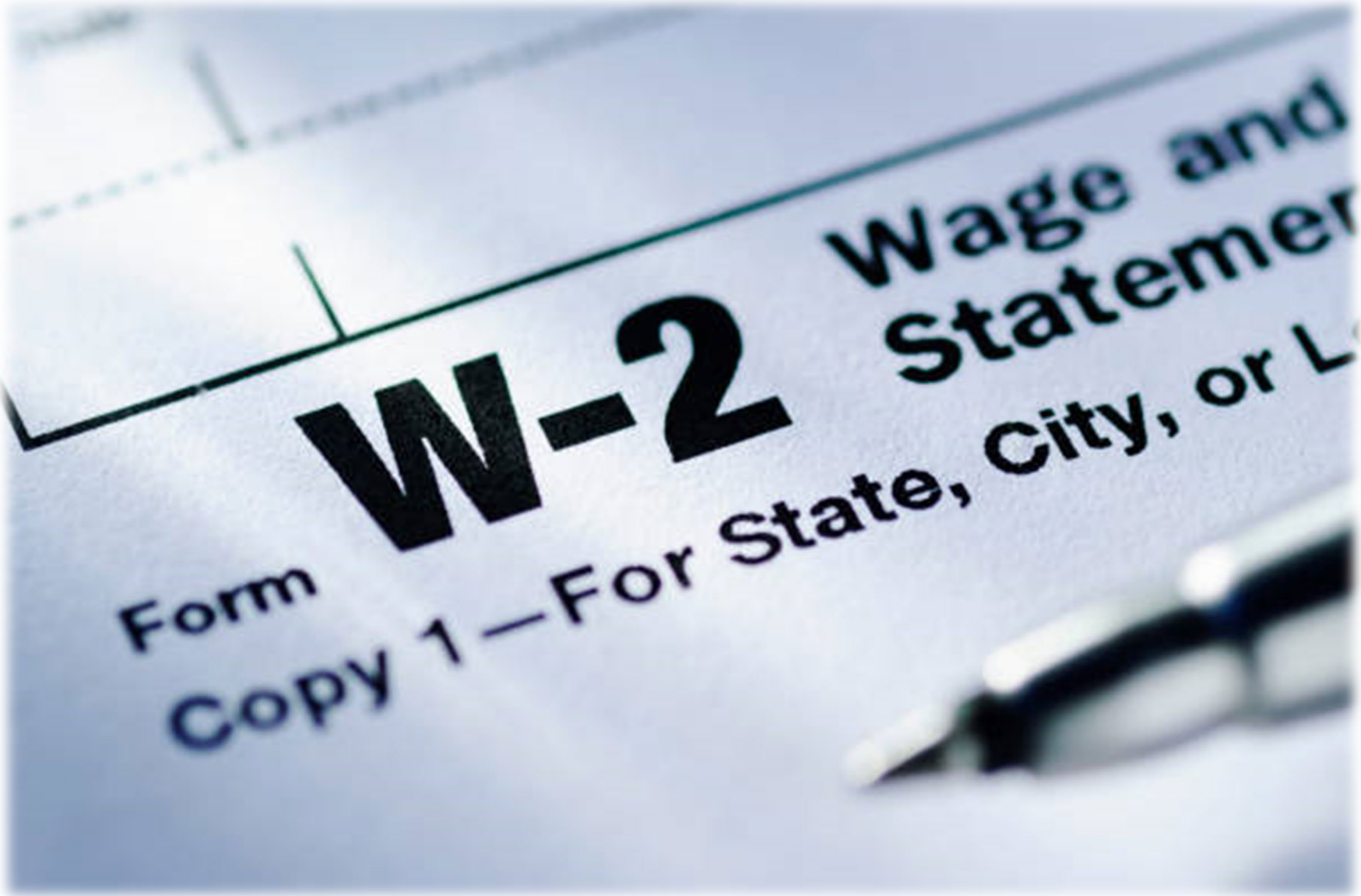
Imputed Income



Imputed Income

Entities are required to report imputed income on the value of employer-provided employee group-term life insurance, as well as spouse life insurance, even if the employer does not pay any of the policy's cost. Imputed Income is calculated on group-term life insurance that is more than $50,000. The Imputed Income reports provides the imputed income that should be reported on an employee's W2. The reports can be retrieved from the GaBreeze Employer Website. The charts below provides an example on how the imputed income is calculated.

Note

- ✓ The Annual Imputed Income report is an interface to SAO. The report is also posted on GaBreeze Employer Website.

Calculating Imputed Income

Table 2-2
Rates:

Employee Age	Monthly Cost per $1,000
Under 25	$0.05
25 - 29	$0.06
30 - 34	$0.08
35 - 39	$0.09
40 - 44	$0.10
45 - 49	$0.15
50 - 54	$0.23
55 - 59	$0.43
60 - 64	$0.66
65 - 69	$1.27
70+	$2.06

EE Life

Coverage Amount = $104,000
Employee Age = 43

$104,000 - $50,000 = $54,000 (excess coverage subject to imputed income)
($54,000 / $1,000) = 54

54 x Table 2-2 rate = 54 x $0.10 = $5.40/month
Annual Imputed Income = $5.40 x 12 months = $64.80

Spouse Life

Coverage Amount = $60,000
Dependent Age = 43

($60,000 / $1,000) = 60

60 x Table 2-2 rate = 60 x $0.10 = $6.00/month
Annual Imputed Income = $6.00 x 12 months = $72.00

Note: Always subtract After-Tax deductions from the imputed income amount

Legal Documents

Legal Documents

Legal documents affecting Flexible Benefits

- Power of Attorney
- Guardianship
- Subpoenas (related to flexible benefits)

Legal documents should be immediately routed to the HRA Flexible Benefits Team and/or GaBreeze due to potential impact on flexible benefits and possible liabilities such as benefit eligibility (in reference to guardianship), Health Insurance Portability and Accountability Act (HIPAA) violations, and fraud.

Annual Benefit Base Rate (ABBR) Instructions

Completing the ABBR Process

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Manual Entities Only

In preparation for Open Enrollment, it is important to update the Annual Benefit Base Rate (ABBR) for employees that have had salary changes. This is needed to calculate flexible benefits premiums on STD, LTD, Employee Life, and AD&D plan options for the upcoming plan year.

Preparation Activities for Open Enrollment

- Salary Updates – Any annual salary changes as of October 1st of the previous year.
- Report Annual Salaries only - Do not report biweekly or monthly amounts.
- Report changes only – Salaries that remain the same do not require any updates.
- An email communication will be sent concerning the details of the ABBR process.

Annual Benefit Base Rate Instructions

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How to Provide Salary Updates?

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Step 1

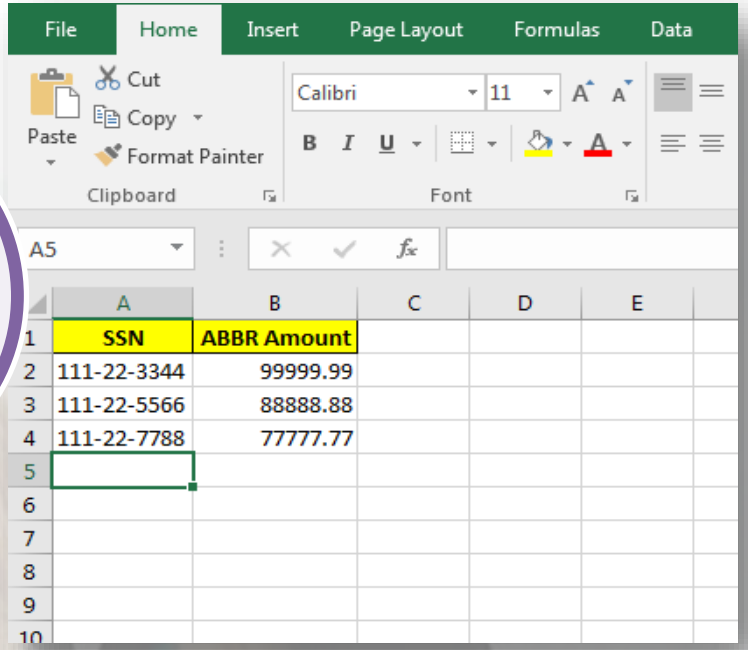
Provide the Employee's full Social Security number and include the dashes

Step 2

Include the employee's updated salary amounts carried out to (2) two decimal places.

Step 3

Password protect the worksheet. The password will be provided by HRA.



Note: Format must be exact and should not include any special characters other than the decimal in the salary amount and the dash in the social security number

Annual Benefit Base Rate Instructions

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Completing the ABBR Process

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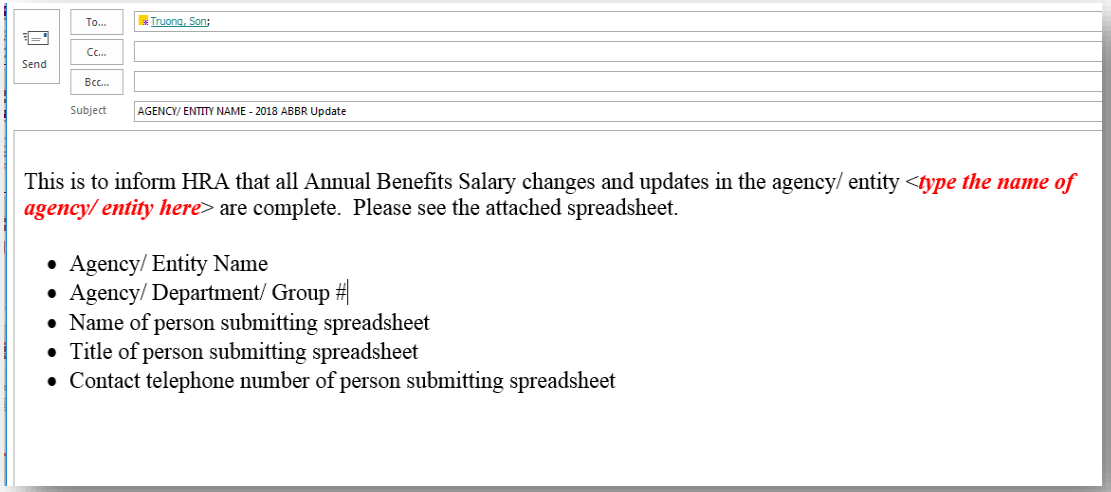
Instructions

1. Email the completed spreadsheet by the specified deadline to HRA using the following address: Son.Truong@doas.ga.gov

2. Include the following information in the email:
   - Name of your agency
   - Agency ID #
   - Your name
   - Your title
   - Your phone number



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Annual Benefit Base Rate Instructions

Leave Without Pay (LWOP) Process

Leave Without Pay (LWOP) Process

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Types of Leave

- Approved Leave Without Pay (LWOP)
- Approved Family Medical Leave Without Pay
- Military Leave Without Pay

Data Entry Process and Responsibilities

- ✓ Timely data entry of the employment data to reflect the leave of absence and the return to active status.
- ✓ Do not report LWOP less than 16 days.
- ✓ Do not enter future dated transactions
- ✓ Entities that have collected the premiums after cancellation of the flexible benefits coverage should refund the premiums to the EE.

Employee Responsibilities

- Receive direct bills from GaBreeze
- Submit payments directly to GaBreeze

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Leave Without Pay (LWOP) Process (cont'd)

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Things to Remember

Employees on Leave Without Pay (LWOP) are responsible for paying the direct bills to avoid cancellation of coverage

Direct bills are automatically generated when the employee's data reflects a LWOP status and is received by GaBreeze

GaBreeze will send a report to stop deductions to the entity while the employee is on LWOP

If the employee coverage is still active when the employee returns from leave, GaBreeze will send a report to the entity to restart the deductions

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Leave Without Pay (LWOP) Process (cont'd)

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Things to Remember (cont.)

If the employee's coverage is cancelled for non-payment while on leave, GaBreeze will send a report to the entity to stop the deductions

Employees can discontinue coverage during Open Enrollment while on LWOP

Employees on FML without pay can request a rein-statement within 31 days of returning from leave; if coverage was cancelled, the effective date will *not* be retroactive

Employees on Military Leave Without Pay can declare a Qualifying Life Event (QLE), to makes changes in their flexible benefits coverage

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Leave Without Pay Matrix

What Plans do Employees have access to while on leave of absence?

The table below lists the plans and if an employee is able to continue coverage while on leave provided, they had coverage in the applicable plan as an active employee.

Plan	Unpaid LOA (LOANP)	Unpaid LOA (LOAFM)	Unpaid Military (LOAMIL)	Return To Work Reduced Hours (RTWRH)
Dental	Y	Y	Y	Y
Vision	Y	Y	Y	Y
Short Term Disability	Y	Y	N	Y
Long Term Disability	Y	Y	N	Y
Critical Illness	Y	Y	Y	Y
Spouse Critical Illness	Y	Y	Y	Y
Child Critical Illness	Y	Y	Y	Y
Accident Insurance	Y	Y	Y	Y
Hospital Indemnity	Y	Y	Y	Y
Cancer Insurance	Y	Y	Y	Y
Accidental Death & Dismemberment (AD&D)	Y	Y	N	Y
Long-Term Care	Y	Y	Y	Y
Employee Life	Y	Y	Y	Y
Spouse Life	Y	Y	Y	Y
Child Life	Y	Y	Y	Y
Health Care Flexible Spending Account	Y (Through the end of the current plan year)	Y (Through the end of the current plan year)	Y (Through the end of the current plan year)	Y (Through the end of the current plan year)
Dependent Care Flexible Spending Account	N	N	Y (Through the end of the current plan year)	N
Legal	Y	Y	Y	Y

***Note:** Employees will be direct billed by Alight (GaBreeze). If enrolled in Long-Term Care, Unium will bill the employee.

Dependent Verification Process

Dependent Verification Process

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Dependent Verification is the process of validating the eligibility of dependents enrolled in the Flexible Benefits Program. Participants with dependents enrolled in the Flexible Benefits plan options must provide the required proof of their dependents' eligibility upon request.

Note: Dependents added during the new-hire enrollment process, qualifying life events, and/or Open Enrollment must provide the required documentation of their dependents' eligibility for coverage. Upon request, spouses will be subjected to dependent re-verifications.

Eligible Dependents

- Legal spouses
- Natural-born children, legally adopted children, and stepchildren below age 26
- Adult disabled dependent children whose disabilities began before age 26
- Legal ward (court-ordered guardianship)

https://doas.ga.gov/human-resources-administration/flexible-benefits-program-employees/dependent-verification

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Disability and Life Claims

How To File Disability Claims

Telephone – The easiest and most preferred method for employees to file a Short-Term Disability (STD) or Long-Term Disability (LTD) claim is to call The Standard's service center at 888-641-7186. The Standard's representative will ask the employee questions to start the claim process and explain the next steps.

Online – To file a claim online, the employee will need to go to www.standard.com, create an account, and click "File a Claim" to begin the claim process. Instructions will be provided throughout the claim submission process.

Paper Form – To file a paper claim, an employee can go to www.standard.com and click "Find a Form." The employee will then click the applicable link: Short-Term Disability Claim Packet (Outside NY) or Long-Term Disability Claim Packet (Outside NY). The appropriate PDF claim form can be completed and returned to The Standard. An employee does not need to create an account to find and save forms.

A typical application for disability benefits contains the following documents

- ✓ **Employee's Statement**
  Telephone and/or online submission serves as the Employee's Statement. The Standard will instruct the employees of the other documents require.
- ✓ **Employer's Statement**
  The Standard will contact the entity to obtain information to complete the Employer's Statement.
- ✓ **Attending Physician's Statement**
- ✓ **Authorization to Obtain and Release Information**

IMPORTANT!
Disability claim forms should **not** be submitted to DOAS HRA Flexible Benefits Team

How To File Disability Claims (cont'd)

Monitoring Employee Claims

Benefits Coordinators can monitor claim activity and check the status of claims via the AdminEase Portal. Navigate to "Claims" and then "Reports Online."

For access to the AdminEase portal, send an email to hra.flexbenefits@doas.ga.gov. Include **"AdminEase"** in the subject line. Also, provide your full name, email address, agency's physical address, and phone number.

Waiver of Premiums

The Standard will waive STD and/or LTD premiums while disability benefits are being paid. Entities will see a $0 deduction on the FLX Financial Manager Detail Report for employees receiving STD and/or LTD benefits. The waiver of premiums will end once the disability claim is closed.

STD Benefit Waiting Period

- **7-day benefit waiting period** - No STD benefits are payable during the benefit waiting period.
- **30-day benefit waiting period** – No STD benefits are payable during the benefit waiting period.

LTD Benefit Waiting Period

180-day benefit waiting period - No LTD benefits are payable during the benefit waiting period.

How To File Disability Claims (cont'd)

Late Enrollments

Penalty - An employee choosing coverage for the first time more than 31-days after beginning employment is considered a late entrant. For STD late entrants who become disabled due to physical disease, pregnancy, or mental disorder during the 12 months after the date the STD insurance becomes effective, benefits will not begin until the employee has been continuously disabled for 60 days. A penalty also applies when the employee changes the waiting period.

Evidence of Insurability - A late enrollee will be required to provide evidence of insurability (EOI) by completing the required documents. Once the employee elects LTD in GaBreeze, the employee will be prompted to complete the EOI electronically via a portal to The Standard. The Standard will also send a letter to the employee that they need to complete the EOI.

Resources

Employees can visit these links for the STD and LTD Frequently Asked Questions and claim forms.

FAQs and Quick Facts - STD – State of Georgia Employees
https://www.standard.com/eforms/15167_642967ee.pdf

STD Claim Form
https://www.standard.com/eforms/2047.pdf

FAQs and Quick Facts - LTD - State of Georgia
https://www.standard.com/eforms/15529_642967.pdf

LTD Claim Form
https://www.standard.com/eforms/3379_642967.pdf

Decision Support Tool
https://www.standard.com/edu/state-georgia/80731

Initiating a Life Claim

FLEXIBLE BENEFITS FOR YOU

Overview of Process to Start a Claim after a Loss Notification

ACTIVE EMPLOYEES

Once notification of a loss of an active employee has been received by the SOG agency, contact GaBreeze via automation or "smart form".

EE's HR Unit completes a "Personnel Action Request Form.

- Death status is received from the agency via HR file (if automated or "smart form" via the administrator portal on GaBreeze).
- Once the information has been updated in the system, death status loads to TBA (Alight system) and triggers coverage termination and a "Death Claims Notice" (DCN) is triggered.
- The DCN adds the employee to the daily DCN which is transmitted to MetLife nightly for processing.

Note: To expedite the reporting of a claim, the spouse or next of kin may call GaBreeze directly at 877-342-7339.

DEPENDENT LOSS (CHILD/SPOUSE)

For a spousal or child loss, the active employee calls to inform GaBreeze of the dependent loss. (Agency/HR is not responsible for reporting.)

- Upon receipt of notification of the dependent loss, the customer service representative (CSR) updates the account with the death status and triggers a "Qualified Status Change" even which terminates coverage, if applicable – triggering a "Death Claims Notice".
- The DCN adds the dependent to the daily Death Claims File transmitted to MetLife.
- Confirmation of enrollment is sent to MetLife for coverage verification.
- Once MetLife has received the information on the Death Claims file and dependent verification, MetLife is responsible for processing the claim.

CLAIM ESTABLISHED

When the required information is communicated by GaBreeze to MetLife a claim is created and a claim number is generated. This process establishes the death claim.

- After the claim number is generated a beneficiary packet is immediately mailed to the beneficiary on record with detailed instructions on the steps to take next.
- The beneficiary packet will contain forms, the services available from MetLife including, required forms, contact information and numbers, MetLife Advantages and other pertinent information.
- If no beneficiary designation has been established, benefit will be paid out in the following succession:
  (1) Spouse; (2) Child(ren);
  (3) Parents; (4) Siblings.

Important Phone Numbers

Phone Numbers to Keep Close

Answers are a phone call away.

Claim Initiation & Claim Status

Claim Initiation: Call GaBreeze at 1-877-342-7339
Claim Status: Call MetLife at 1-800-638-6420

MetLife Advantage Services

Conversion/Portability: 1-877-275-6387
Funeral Planning Services: 1-866-853-0954 or www.finalwishesplanning.com
Grief Counseling Services: 1-855-609-9989, select Prompt 2 for Grief Counseling
Will Preparation – MetLife Legal: 1-800- 821-6400 or www.metlife.com/estateplanning

Other Pertinent Numbers

Social Security Administration: 1-800-772-1213
Veterans Affairs: 1-800-827-1000

MetLife

Resources

Resources

Flexible Benefits Team

DEPARTMENT of ADMINISTRATIVE SERVICES

https://doas.ga.gov/human-resources-administration

Email: hra.flexbenefits@doas.ga.gov

GaBreeze

GaBreeze
Direct, Easy Access to Your Benefits

Employer Website
https://sga-qc.ap.alight.com/sga/qc/login.htm

800-861-8700

Monday - Friday
7 a.m. to 7 p.m. CST
(excluding holidays)

Employee Website
GaBreeze.ga.gov

877-342-7339

Monday - Friday
8 a.m. to 5 p.m. EST
(excluding holidays)

Quarterly Training

Questions?

FLEXIBLE BENEFITS FOR YOU