**INDIAN PRAIRIE COMMUNITY UNIT SCHOOL DISTRICT 204**

**JOB DESCRIPTION**

**TITLE:** BENEFITS COORDINATOR

**SUMMARY:**  Administers employee benefits plan to include health, life, long-term disability, Section 125 Flexible Spending Accounts and Health Savings Accounts. Ensure employee benefits and cafeteria plan are administered accurately and efficiently. Coordinates benefit plan responsibilities with payroll and risk management. Facilitates district employee wellness promotion program and activity.

**ESSENTIAL JOB FUNCTIONS:**

1. Facilitates the annual open enrollment process for insurance benefits, flexible spending accounts and health savings accounts.
2. Facilitates the district-wide wellness and health promotion program to include processing incentive awards, coordinating health fairs and wellness activities and generally educating and promoting staff on the district’s wellness initiative.
3. Provides support and education to specific employee groups, such as: new hires and upcoming retirees.
4. Provides ongoing education to staff, which promotes various benefit programs. Conducts training sessions and presentations related to the various benefit programs. Develops communications materials for staff.
5. Administers Section 125 Flexible Spending Account including appeals.
6. Facilitates the enrollment process in various benefit plans in coordination with payroll and risk management.
7. Works closely with the payroll department to ensure compliance with all benefit plan rules with respect to contributions, accruals, record keeping, etc. Acts as a resource to human resources department and business department staff on the technical aspects of the various benefit plans.
8. Monitors overall activity of various plans: medical, dental, vision, wellness, Section 125, prescriptions, disability, workers compensation, etc. Make recommendations for plan changes to Administration and the Insurance committee.
9. Monitors high claim cases to offer support and referral services the District provides.
10. Participates in the District Insurance Committee. Advises committee on process and procedures within the management of the health plan.
11. Monitors and facilitates timely communication to ensure customer satisfaction and recommendations for enhanced communication systems.
12. Perform other duties as assigned.

Revised January, 2019

Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IPCA and Non-Bargaining Unit Goal Setting Document**

**Goal Setting:**

My professional goal(s) for the school year is/are in reference to number(s) \_\_\_\_\_on the evaluation instrument for my job classification. Growth in this/these area(s) will be evidenced by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further definition of goal area(s):**

**(To be completed by the supervisor/administrator as needed)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Bargaining Employee Evaluation and Goal Employee’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review Form Employee’s ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indian Prairie School District #204 Conference Date:­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: BENEFITS COORDINATOR

This form is used by supervisors of non-bargaining staff members who are working in part-time or full-time positions with the Indian Prairie School District #204. The non-bargaining employee’s immediate supervisor may complete the form. If the employee’s immediate supervisor is not a District administrator, the administrator who supervises the program or areas in which the classified employee works must sign the form. The employee must be provided with a copy of the signed and completed evaluation.

**Key:**

(P) Proficient—indicates that the numbered statement is true

(E) Emerging—points to growth needed in the area; the rating includes a comment

(U) Unsatisfactory—requires a comment which defines the area of concern and expectations for improvement

(NA) Not Applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | P | E | U | NA | Comments |
| 1. Facilitates the annual open enrollment process for insurance benefits, flexible spending accounts and health savings accounts. |  |  |  |  |  |
| 2. Facilitates the district-wide wellness and health promotion program to include processing incentive awards, coordinating health fairs and wellness activities and generally educating and promoting staff on the district’s wellness initiative. |  |  |  |  |  |
| 3. Provides support and education to specific employee groups, such as: new hires and upcoming retirees. |  |  |  |  |  |
| 4. Provides ongoing education to staff, which promotes various benefit programs. Conducts training sessions and presentations related to the various benefit programs. Develops communications materials for staff. |  |  |  |  |  |
| 5. Administers Section 125 Flexible Spending Account including appeals. |  |  |  |  |  |
| 6. Facilitates the enrollment process in various benefit plans in coordination with payroll and risk management. |  |  |  |  |  |
| 7. Works closely with the payroll department to ensure compliance with all benefit plan rules with respect to contributions, accruals, record keeping, etc. Acts as a resource to human resources department and business department staff on the technical aspects of the various benefit plans. |  |  |  |  |  |
|  | P | E | U | NA | Comments |
| 8. Monitors overall activity of various plans: medical, dental, vision, wellness, Section 125, prescriptions, disability, workers compensation, etc. Make recommendations for plan changes to Administration and the Insurance committee. |  |  |  |  |  |
| 9. Monitors high claim cases to offer support and referral services the District provides. |  |  |  |  |  |
| 10. Participates in the District Insurance Committee. Advises committee on process and procedures within the management of the health plan. |  |  |  |  |  |
| 11. Monitors and facilitates timely communication to ensure customer satisfaction and recommendations for enhanced communication systems. |  |  |  |  |  |
| 12. Handles special requests with competence and grace. |  |  |  |  |  |
| 13. Maintains a professional demeanor, appearance, and work ethic. |  |  |  |  |  |
| 14. Maintains confidentiality regarding student, staff, and parent information. |  |  |  |  |  |
| 15. Works well with students, teachers, colleagues, staff, administration and parents/community members |  |  |  |  |  |
| 16. Uses technology effectively to perform job-related tasks. |  |  |  |  |  |
| 17. Is on site and ready for work at the appropriate time each day. Honors lunch and break rules as well as rules relating to length of the work day. |  |  |  |  |  |
| 18. Performs other duties as assigned. |  |  |  |  |  |

**Additional comments as needed:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The employee’s signature on this form does not necessarily mean that he/she agrees with this evaluation. The employee may submit a written statement about this evaluation to the Assistant Superintendent for Human Resources within ten (10) days of receiving this evaluation.) The written response will be attached to the evaluation form prior to placing it in the employee’s personnel file.