**Monthly Agency Insured Report, Invoice and Adjustment Roster Instructions**

**Overview**

In accordance with Administrative Bulletin 24-01: Operational Requirements to Implement the Reduced New Hire Waiting Period, please review your invoice, the detailed report of enrollees’ coverages and the Roster Adjustment Report (only available if coverage changes occurred). The Roster Adjustment report details coverage and premium changes that occurred during the prior month. The agency is responsible for collecting these outstanding premiums and refunding premium overpayments to the enrollees. The GIC will not issue bills or refunds to enrollees who missed a deduction or overpaid their monthly premium. The Roster Adjustment total is added to your monthly invoice.

**Please take the following steps to pay your monthly employee share invoice and report discrepancies:**

* View your Monthly Agency Insured Report and Monthly Employee Share Invoice available in the Reports tab of the MAGIC system (refer to the HELP tab for the Agency Invoice & Report Schedule for the due date) Note: The premiums to pay your employee share invoice should be deducted from the enrollee’s paycheck in advance (for example, the August 2024 premium should be deducted in the month of July 2024).
  + The Monthly Agency Insured Report lists all the enrollees’ coverages and premiums.
  + The invoice includes payments, any outstanding balances or credits, the total number of enrollees by coverage type, premiums owed by coverage type and total amount due.
* Complete the Statement of Verification (Discrepancy Report) form available in the Discrepancy Report tab in the MAGIC system. Please be sure to verify all the information on the Monthly Agency Insured Report by checking the coverage we have indicated for each enrollee and report **coverage discrepancies** only by listing the discrepancies on the Statement of Verification.
  + Indicate your Agency/Division and Premium Month in the top right-hand corner of the SOV
  + Indicate any coverage discrepancies by listing the Enrollee’s SSN (last 4), Name of Enrollee, Coverage Discrepancy, and Effective Date of Coverage Change on the SOV form
  + Indicate the Total Amount Due next to the Total Amount Due Line (This amount can be found on the top right-hand side of the billing invoice.)
  + Indicate the Total Premium you are paying for each agency you are responsible for. If paying for more than 1 agency, please report each payment and the agency/division #s for each agency.
* Follow the instructions on the billing invoice to remit your payment and Statement of Verification.