

## How to View/Update your Payroll Beneficiary Designation

- 1. You will need to collect your beneficiary information in order to complete your designation, such as their Name, Social Security Number or Tax ID, Address and Phone Number. Once you have this information, you will be ready to proceed.
- **2.** After logging into the Hawaii Information Portal (HIP) system, the Employee Self Service Home Page with various tiles will be displayed.
- **3.** Locate and click on the **Beneficiary Designation** tile to view or update your payroll beneficiary information.

<b>运</b> HAV	VAII Information Portal	▼Employee Self-Service	🕈 ۴	
	Employee Profile	Beneficiary Designation	Pay Statements	
	Tax Withholding	Classic Home	Direct Deposit	
	Self-Service Training	View W-2/W-2c Forms	W-2/W-2c Consent	

4. Beneficiary SSN/Tax ID: First you will need to enter the Social Security Number or Tax ID number in the \*SSN/Tax ID field of your first beneficiary.

Beneficiary Designation			
John Smith		Person ID	
Primary Benefit Total 100	% Contingent Ben	efit Total 0 %	
Beneficiaries			First 🕚 1 of 1 🕑 Last
*SSN / Tax ID	Edit Name		*Primary % of Pay 100 %
			Contingent:
Same Address as Employee:	Phone Nu	nber	
	Country USA United States		
	Address HI	Edit Address	S



5. Beneficiary Name: Click on the "Edit Name" field to enter the name of your first beneficiary.

Beneficiary Designation						
John Smith		Person ID 00	103812			
Primary Benefit T	<b>Fotal</b> 100 %	6 Contingent Benefit Total	0 %			
Beneficiaries					First 🕚 1 d	of 1 🕑 Last
*SSN / Tax ID 1234	56789	Edit Name		*Pi	rimary % of Pay 100 %	+ -
					Contingent:	
Same Address as Emplo	oyee: 🗌	Phone Number				
		Country USA Q United States				
		Address HI		Edit Address		

Please note that if this beneficiary is an organization, please enter a period "." in the first name field and the name of the organization in the last name field.

Name	Name
English Name Format	English Name Format
Name Prefix Q   Example 1: First Name Jane   Name of an individual Middle Name   Last Name Smith Smith	Name Prefix Q   Example 2: First Name   Name of an Middle Name   Organization Last Name of Trust
Name Suffix Q Display Name Formal Name Name	Name Suffix Q Display Name Formal Name Name
OK Cancel Refresh Name	OK Cancel Refresh Name

Select "OK" when the name entry has been completed.

**6. Beneficiary Address:** If the beneficiary has the same address as you, check the box "Same Address as Employee". Your address will then display.

Same Address as Employee: 🖸 🛛 Addres

Address Type HOME

Country USA United States Address 100 Main St Honolulu, HI 96812 Please note that you may select the magnifying glass next to the "Address Type" to change it to your mailing address instead of your "HOME" Payroll address if needed.



**7. Beneficiary Address:** If the beneficiary address is not the same as your address, click on the "Edit Address" button to enter the address information.

Beneficiaries		First 🕚 1 of 1 🕑 Last
*SSN / Tax ID 123456789	Edit Name Jane Smith	*Primary % of Pay 100 % + -
Same Address as Employee:	Phone Number 808/555-1234	Contingent:
	Country USA United States	
	Address HI	Edit Address
Edit Address		
Country	United States Change Country	

Address 1	
Address 2	
Address 3	
City	State HI Q Hawaii
Postal	
County	
OK	Cancel

Select "OK" when you have entered the full address.

8. Beneficiary Phone Number: The beneficiary phone number should be entered in the phone number field with the area code included.

Beneficiaries		
*SSN / Tax ID 123456789	Edit Name Jane Smith	
Same Address as Employee:		Phone Number 808/555-1234
	Country USA 🔍 United State	es
	Address HI	



**9.** Beneficiary Primary or Contingent: Your first beneficiary entry will automatically be entered as the "Primary" beneficiary at 100%. You have the option to list one or more persons to be the primary and/or contingent beneficiaries.

If you are designating multiple primary or contingent beneficiaries, indicate the whole percentage each should receive, ensuring the total of each adds up to 100%. Payments will only be made to the contingent beneficiaries if there are no surviving primary beneficiary(ies).

To indicate the beneficiary is a Primary Beneficiary, enter the percentage to be paid to them under the "\*Primary % of Pay" field.

John Smith		Person	ID	
Primary Benefit Total 100	% С	ontingent Benefit Tot	al 0%	
Beneficiaries				First 🕚 1 of 1 🕑 Last
*SSN / Tax ID 123456789 Same Address as Employee: 🗹	Edit Name Jane Smith Address Type HOME Q Country USA United St Address 100 Main St Honolulu, HI 96812		08/555-1234	*Primary % of Pay 100 % Contingent:

To indicate the beneficiary is a Contingent Beneficiary, select the box next to "Contingent", the percentage field will then update, and you may enter the percentage to be paid to them under the "\*Contingent % of Pay"

John Smith		Person ID	
Primary Benefit Total	0 %	Contingent Benefit Total 100 %	
Beneficiaries			First 🕚 1 of 1 🕑 Last
*SSN / Tax ID 123456789 Same Address as Employee: 🗹	Edit Name Jane Smith Address Type HOME Q Country USA United Address 100 Main St Honolulu, HI 968	Phone Number 808/555-1234 States	*Contingent % of Pay 100 % Contingent:



**10. Add/Remove Primary or Contingent Beneficiary:** To add additional beneficiaries, select the "+" icon to insert an additional row. You will then need to restart the steps to enter the necessary information for the beneficiary that you are adding.

To delete a beneficiary after you have saved your information, select the "-" icon to remove the entire row.

John Smith		Person ID		
Primary Benefit Total 100	%	Contingent Benefit Total	0 %	
Beneficiaries				First 🕚 1 of 1 🕭 Last
*SSN / Tax ID 123456789 Same Address as Employee: 🗹	Edit Name Jane Smith Address Type HOME Country USA United Address 100 Main St Honolulu, HI 968		55-1234	*Primary % of Pay 100 %

**11. Total Beneficiary Election Percentages:** Once you have completed your entries, check under your name at the top of the page to ensure that your Primary Benefit Total and your Contingent Benefit Total are correct and that they do not exceed 100%.

John Smith	Person ID	
Primary Benefit Total 100	% Contingent Benefit Total 0 %	]
Beneficiaries		First 🕚 1 of 1 🕑 Last
*SSN / Tax ID 123456789	Edit Name Jane Smith	*Primary % of Pay 100 %
Same Address as Employee: 🗹	Address Type HOME Q Phone Number 808/555-1234 Country USA United States Address 100 Main St Honolulu, HI 96812	Contingent:

 Please note that if your totals do not equal 100% for your Primary and Contingent Benefit Totals, you may receive an error message when you try to save the information. You will need to click "OK" on the error message and check your percentages again to ensure that they total 100%

**12.** When you are done with your entry, select the **Save** button at the bottom of the page.

	J.H.		mation Portal		
John Smith		Person ID	1		
Primary Benefit T	otal 100 %	Contingent Benefit Total	0 %		
Beneficiaries				First 🕚 1 of 1	🕑 Last
*SSN / Tax ID 12345	6789 Edit Name Jar	ne Smith		6 of Pay 100 %	+ -
Same Address as Employ	Country USA Address 100 Mair	United States		ingent:	
Last Update	ed By	Last Updated	10/17/2019		

- The "Last Updated By" and "Last Updated" fields will update to show that your information was saved successfully.
- **13.** You may view/update your payroll beneficiary information at any time by navigating within HIP to your Beneficiary Designation page.
- **14.** Once you are done updating your beneficiary information, you can navigate back to your login screen using the "Home" icon at the top right of your screen, or you can select the "Sign out" link if you are done in the HIP system.

