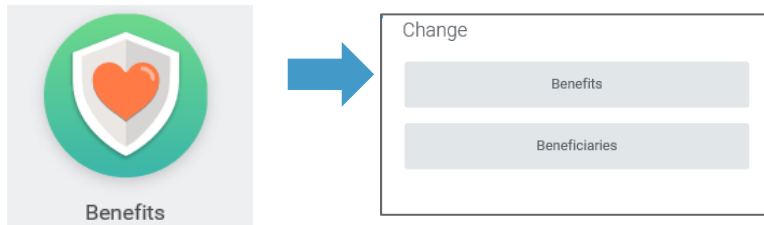


## Change your Benefits due to a Life Event (Marriage, Birth, Loss of Coverage)

For a qualifying life event to be processed, it must be completed within 30 days of the actual event.

Click the **Benefits** icon from the Workday homepage. A menu of options will open. To complete this transaction, there are two steps involved.



Step 1: From the Benefits icon:

1. Click **Benefits**.
2. Select the appropriate life event to add or remove a spouse, child, or legal dependent or select **Enrollment Due To Loss of Other Coverage** according to your circumstance.

The following events require you to [supply documentation](#) of the qualifying event prior to making changes to your coverage. Please attach the appropriate documentation to move forward.

- Add/Remove Dependent
- Enrollment due to loss of other coverage

**401k contribution changes** need to be made directly at Empower's website [HERE](#).

Changes to Health savings account, Parking or Dependent Care must be completed on **noon on the 8th** of the month for the **mid-month check** and noon on the **23rd of the month** for the **end of month check**.

The screenshot shows the 'Change' interface in Workday. On the left, there are fields for 'Benefit Event Type' and 'Benefit Event Date', both with a red asterisk and a dropdown menu showing 'select one'. Below these are sections for 'Submit Elections By', 'Enrollment Offering Types' (with 'Birth/Adoption/Legal Guardianship' highlighted in a red box), and 'Attachments' (0 items). A 'Comment' field is visible with a red arrow pointing to it. On the right, there is a table with a 'No Data' header. A large red box highlights a list of life events: 'Death of Dependent', 'Divorce/Domestic Partnership Dissolution', 'Enrollment Due To Loss of Other Coverage', 'Gain of other Coverage', and 'Marriage/Domestic Partnership'. A curved black arrow points from this list towards the 'Comment' field.

- Click the **Calendar** icon to enter the date of the Benefit event. For events that involve adding or removing a dependent, you will need to **attach documentation**. Refer to the chart below for acceptable documentation.

Attachments 1 item

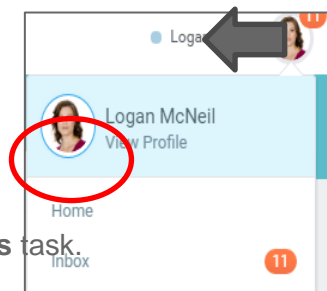
+	Attachment	Comment	
-			Attach

Qualifying Life Event	Documentation Required :
Marriage	Marriage certificate
Divorce	Divorce decree
Loss of coverage under another medical plan	Severance agreement, termination/separation notification, COBRA notification
Reached age 26	None required
Newborn	Birth certificate, Social Security Card
Medical Support Order	Contact corporate benefits
Coverage under another medical plan	Open enrollment communication, member ID card

- Click **Submit > Done**.

Step 2: After your documentation has been reviewed and approved, a task will route to your Inbox to change your Benefits.

- Click your **Profile** icon in the upper right hand corner of Workday and go to your **Inbox**.



- Click the **Change Benefits** task.



- For Medical Dental and Vision, select the plan option in which you want to enroll and click **Elect**. Select the **Coverage** that fits your personal situation (Employee Only, Family, etc.). You are only able to change your coverage level, not the benefits plan.

Health Care Elections 14 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
MEDICAL - UnitedHealthcare HDHP UHC \$1500 Plan	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	<input checked="" type="radio"/> Employee + Spouse

- To enroll a new dependent on a plan, click on the drop-down box under **Enroll Dependents**. You may select from **Existing Dependents** or create a new dependent from **Add My Dependent From Enrollment**.

Health Care Elections 14 items

Benefit Plan	*Elect / Waive	Enroll Dependents
MEDICAL - UnitedHealthcare HDHP UHC \$1500 Plan	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	search Existing Dependents > Add My Dependent From Enrollment
MEDICAL - UnitedHealthcare HDHP UHC \$2500 Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	

- To create a new dependent, you will be taken to a screen to **Add My Dependent From Enrollment**. You can select to *add a dependent* that is an existing beneficiary or emergency contact and if not you can select to use your new dependent as a beneficiary as shown below. You will then be taken to the form to add your dependent name, relationship, date of birth, gender and SSN (listed under National IDs).

### Add My Dependent From Enrollment

Is your new dependent already a beneficiary or emergency contact?

Yes

No

If yes, which one?

⋮

Use your new dependent as a beneficiary?

Yes

No

- After you create your new dependent you will be routed back to the Health Care Elections page and see your dependent listed. You will now be able to add the newly created dependent to Dental and Vision coverages.

Health Care Elections 14 items				
Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	
MEDICAL - UnitedHealthcare HDHP UHC \$1500 Plan	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="Craig Grant"/>	<input type="text" value="Employee + Spouse"/>	

- Complete your Health Care elections and click Continue to move to the next page.
- To enroll in Health Savings, make sure **Elect** is selected for your plan and then enter the amount you'd like to contribute **Semi-monthly** in the bottom box and click **Continue**.

*Elect / Waive	Contribution Range (Annual)
<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<p>Your number of remaining periods for the year 18</p> <p>Your estimated contributions made this year <input type="text" value="0.00"/></p> <p>How much do you want to contribute for the total year? <input type="text" value="0.00"/></p> <p>How much do you want to contribute (Monthly)? <span style="color: blue; font-size: 2em;">←</span> <input type="text" value="0.00"/></p>

- If you wish to enroll in Flexible Spending Medical, Dependent Care or Parking as a result of your qualifying life event, **Elect** the coverage in which you want to enroll and the *amount* you want to contribute **Semi-monthly** and click **Continue**.

Spending Account Plan Dependencies

Spending Account Elections 3 items

Benefit Plan	*Elect / Waive	Contributions
FSA HEALTH CARE - Health_Equity	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 18 Your estimated contributions made this year 400.00 How much do you want to contribute for the total year? 2,400.00 How much do you want to contribute per paycheck (Semi-monthly)? 100.00
FSA HEALTH CARE - Health_Equity LIMITED	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 18 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Semi-monthly)? 0.00

14. You have the option to elect or remove voluntary Life Insurance for your dependent(s) being added or removed from your benefit plans. Select the dollar amount for your coverage level and select the dependent(s) you are covering under the plan and click **Continue** when finished. If your election requires Evidence of Insurability, you will be required to complete an EOI form prior to your election being in effect.

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 2 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents
SPOUSE SUPPLEMENTAL - Cigna Spouse Supplemental (Spouse/Domestic Partner)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	X \$125,000	X Craig Grant

15. After selecting your Life Insurance, you will be taken to the page to select your **Beneficiaries**. You may select from existing beneficiaries and dependents or create a new beneficiary. Add additional lines if you want to select more than one beneficiary. Select the beneficiaries for each plan as well as the percentage they are to receive (the percentage must equal 100% between all beneficiaries for both primary and contingent beneficiaries). Click **Continue** when finished.

Beneficiary Persons

- Cindy Grant
- Craig Grant
- Craig Grant

Beneficiaries


\*Primary Percentage / Contingent Percentage

Primary Percentage

Contingent Percentage

16. If you receive an error on the Benefit Election review page you will need to go back and correct the error prior to moving forward with your election.

Cross Plan Dependency Exceptions (Must elect) 1 item

Alert	Message
 Critical	Must have secondary plan rule: Electing MEDICAL - UnitedHealthcare HDHP UHC \$1500 Plan requires election of Health Savings - Health Equity 1500 Deductible.

17. On the Benefit Election Review page, review to make sure you have the correct elections. You can **Go Back** to make changes or if you are finished, check the **I Agree** box to provide an electronic signature confirming your changes.

Electronic Signature

**LEGAL NOTICE: Please Read**  
Your Name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I AGREE" check box, you are certifying that

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers.

Agree

18. Click **Submit** to complete your enrollment. **Until you click submit your elections will NOT take effect.**
19. Click **Done** to complete the task or **Print** to launch a printable version of the summary for your records.