

#### Overview:

Once a year, Open Enrollment allows you to update your benefit elections. During this period, you will receive a task in your Workday Inbox to begin the process.

Keep in mind that the options you have for your benefits depends on your eligibility.

This job aid covers the following:

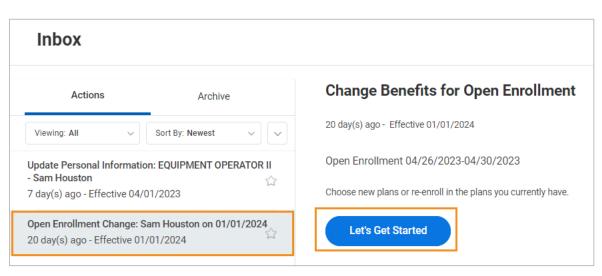
- <u>Access Open Enrollment</u>
- Select Your Benefits
- <u>Add/Modify Dependents</u>
- Insurance Benefits
- Add/Modify Beneficiaries
- <u>Complete Your Enrollment</u>
- <u>Submitting Required Documentation</u>

### **Access Open Enrollment**

1. From the Workday Homepage, click the **Inbox** icon.



2. Find the **Open Enrollment Change** action and click **Let's Get Started**.





3. The Open Enrollment dashboard opens. This is where you will select and manage your Open Enrollment elections. Each enrollment election type will have its own card and will have the option to **Enroll**, **Manage**, **Select** or **Waive** the elections. Track the **Projected Total Cost Per Paycheck** at the top of the screen as benefits are

selected. Click **Save for Later** at anytime to save your progress.

Note: If you save for later, you will be able to access your updated elections in your Inbox.

Open Enrollment		XIII
Projected Total Cost (Semimonthly) \$13.87		
Health Care and Accounts		
Medical/Dental Walved	Voluntary Dental Waived	Voluntary Vision Waived
Enroll	Enroll	Enroll
Healthcare FSA Waived		
Enroll		
Insurance		
Employee Group Term Life/AD&D Prudential (Employee) Cost (Semimonthly) Included	Spouse Group Term Life Waived	Child(ren) Group Term Life
Coverage \$50,000	Enroll	Enroll
Manage		
Short Term Disability (STD) Prudential (Employee) Cost (Semimonthly) \$13.87	Long Term Disability (LTD) Walved	Voluntary Life/A&D Employee Waived
Coverage 60% of Salary	Enroll	Enroll
Manage		
Voluntary Life Spouse Walved	Voluntary Life Child(ren) Waived	
Enroll	Enroll	





#### **Select Your Benefits**

 In the Health Care and Accounts section, select a card to review and update. In this example we will select the Medica/Dental card by clicking Enroll. Note: You will have the option to Manage benefit if you are currently enrolled, or Enroll in a benefit, if you are not currently enrolled.

	·	
Health Care and Accounts		
Medical/Dental Walved	Voluntary Dental Waived	COC Voluntary Vision Walved
Enroll	Enroll	Enroll
Healthcare FSA Waived		
Enroll		

2. Select a plan or Waive to opt out of Medical/Dental.

Note: Use the link(s) under the **Benefit Plan Details** column to see the coverage details. Click **Confirm and Continue**.

Medical/Dental			
Projected Total Cost (Semimonthly) \$13.87			
Plans Available Select a plan or Waive to opt out of Medical/Dental. The display	yed cost of waived plans assume	es coverage for Single.	
*Selection	Benefit Plan Details	You Pay (Semimonthly)	Company Contribution (Semimonthly)
Select Waive	LGHIP (BCBS) PPO Wellness	\$55.00	\$238.50
4			
Confirm and Continue Cancel			

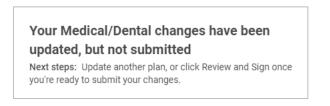


3. If you are not adding any dependents, or if your existing dependents appear and are still eligible, click **Save**.

Note: To add new dependents, continue to next section, Add/Modify Dependents.

Medical/Dental - LGHIP (BCBS) PPO Wellness	
Projected Total Cost (Semimonthly) \$68.87	
Dependents	✓ Health Care Instructions
Add a new dependent or select an existing dependent from the list below.	Provider Website LGHIP
Coverage * Single	
Plan cost (Semimonthly) \$55.00	
Add New Dependent	
Cancel	

4. Your medical changes have been updated, but not submitted. Update another health care, such as *Vision*, or click **Review and Sign** once you are ready to submit your changes.



5. On the Voluntary Vision card, click **Enroll**.

		Waived	00	Waived
Cost (Semimonthly) \$134 Coverage Far		Enroll		Enroll
Dependents	1			



6. Select your vision plan or Waive, and click Confirm and Continue.

Voluntary Vision							
Projected Total Cost (Semimonthly) \$148.37							
Plans Available Select a plan or Waive to opt out of Voluntary Vision. The displayed cost of waived plans assumes coverage for Single.							
*Selection	Benefit Plan Details	You Pay (Semimonthly)	Company Contribution (Semimonthly)				
Select Waive	Southland	\$6.00	\$0.00				
4							
Confirm and Continue Cancel	$\supset$						

7. Add dependents to the Vision plan by clicking the check box next to their name(s). Click **Save**.

Volu	Voluntary Vision - Southland							
Projecte \$158.37	Projected Total Cost (Semimonthly) \$158.37							
Depei	Dependents Y Health Care Instructions							
Add a ne	Add a new dependent or select an existing dependent from the list below. Provider Website Southland							
Plan cos	Coverage * Family Plan cost (Semimonthly) \$10.00 Add New Dependent							
1 item	1 item 😇 🖬 📭							
Select	Dependent	Relationship	Date of Birth					
	Betty Houston Spouse 05/16/1991							
	4							
s	Save Cancel							



8. Your vision changes have been updated, but not submitted. Update another health care, such as *Healthcare FSA*, or click **Review and Sign** once you are ready to submit your changes.

Your Voluntary Vision changes have been updated, but not submitted Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

9. On the Healthcare FSA card, click Enroll.

VOluntary Vision Southland		Healthcare FSA Waived
Cost (Semimonthly) Coverage Dependents	\$10.00 Family 1	Enroll
Manage		

10. Select your Healthcare FSA plan or Waive, and click Confirm and Continue.

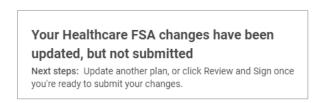
Healthcare FSA						
Projected Total Cost (Semimonthly) \$158.37						
Plans Available Select a plan or Waive to opt out of Healthcare FS	SA.		-			
*Selection	Benefit Plan Details	You Contribute (Semimonthly)	Company Contribution (Semimonthly)	_		
Select Waive	Health Equity					
4						
Confirm and Continue	ancel					



11. Under the Contribute section, enter the amount in the Per Paycheck field you want to contribute to your FSA plan. The Annual amount will auto-calculate. Or you can enter the Annual amount and the Per Paycheck amount will auto-calculate. Click Save.

Healthcare FSA - Health Equity		Healthcare FSA - Health Equity	
Projected Total Cost (Semimonthly) \$185.45		Projected Total Cost (Semimonthly) \$161.54	
Contribute	Spending Account Instructions	Contribute	Spending Account Instructions
Per Paycheck 25.00 Annual 350.00 Total Paychecks 14 Minimum Annual Amount: \$100.00 Maximum Annual Amount: \$3,050.00 Summary Contribution \$27.08 (Semimonthly) Total Annual \$350.00	Provider Website Health Equity	Per Paycheck     14.29       Annual     200.00       Total Paychecks     14       Minimum Annual Amount: \$100.00       Maximum Annual Amount: \$3,050.00       Summary       Contribution     \$15.48       (Semimonthly)       Total Annual     \$200.00       Contribution     \$200.00	Provider Website Health Equity
Contribution Save Cancel		Save	

12. Your Healthcare FSA changes have been updated, but not submitted. Update another health care card, move down to the *Insurance* section, or click **Review and Sign** once you are ready to submit your changes.





13. If you choose to click **Save for Later**, you will see a Save For Later Confirmation screen. Review and click **Done**.

tiated On 04/26/2023								
Ibmit Elections By 04/30,	/2023	Total Emp \$185.45 \$	bloyee Cost/Credit Semimonthly Cost					
vent Date 01/01	/2024							
u've saved your benefits in a dra	ft. Your elections	aren't submitted un	til you complete your enroll	Iment and click the	Submit button on or before	the Submit Elections By dea	dline.	
				<u>^</u>				
ected Coverages 5 items							XII II	] ╤ 00 🖂 ⊾ [
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semimonthly)	Emplo Contribut (Semimonth
Medical/Dental - LGHIP (BCBS) PPO Wellness	01/01/2024	01/01/2024	Family		Betty Houston		\$134.50	\$582
/oluntary Vision - Southland	01/01/2024	01/01/2024	Family		Betty Houston		\$10.00	
lealthcare FSA - Health Equity	01/01/2024	01/01/2024	\$350.00 Annual				\$27.08	
Employee Group Term .ife/AD&D - Prudential Employee)	04/01/2023	04/01/2023	\$50,000	\$50,000.00				\$8
Short Term Disability (STD) -	04/01/2023	04/01/2023	60% of Salary	\$422.88			\$13.87	

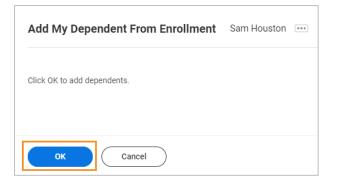


### Add/Modify Dependents

 As you are Enrolling/Managing your benefits during the Open Enrollment period, you may need to add a dependent. To add a dependent, click the Add New Dependent button. Add more words and same screen shot.

Medical/Dental - LGHIP (BCBS) PPO Wellness						
Projected Total Cost (Semimonthly) \$68.87						
Dependents	Y Health Care Instructions					
Add a new dependent or select an existing dependent from the list below.	Provider Website LGHIP					
Coverage * Single						
Plan cost (Semimonthly) \$55.00						
Add New Dependent						
Save Cancel						

 A message requesting that you add proof of dependent documentation to any of your elecions displays. This can be a copy of a marriage certificate, birth certificate, etc.
 Note: You can attach supporting documents during the completion of your enrollment. Click OK.





3. In the Name, Personal Information and Address sections, complete the required fields, noted by a red astrisk. Then in the National IDs section, click **Add**.

Add My Dependent From Enrollment	
Name	Personal Information
Country * X United States of America	Relationship *
Prefix :=	Date of Birth * MM/DD/YYYY
First Name *	Age (empty)
Middle Name	Gender ★
Last Name *	Citizenship Status :=
	Full-time Student
Suffix	Student Status Start Date
	Student Status End Date
	Disabled
Allow Duplicate Name Check this box only when there is more than one dependent with the same name. National IDs	
Click the Add button to enter one or more National Identifiers for this dependent.	
Add	
Address	Phone & Email
Use Existing Address	Country Phone Code
Country * X United States of America	Phone Number
Address Line 1 *	Phone Extension
Address Line 2	Email Address
City *	
State * ∷≣	
Postal Code *	
County	



4. In the National IDs section, enter the required information for the dependent. Click **Save**.

Vational IDs	er one or more National Identifiers for this dependent.			
Country *	× United States of America ∷			
National ID Type *	× Social Security Number (SSN) ∷Ξ			
Current ID	(empty)			
Add/Edit ID *				
Issued Date	MM/DD/YYYY			
Expiration Date	MM/DD/YYYY			
Issued By				
Series				
Verification Date	05/16/2023			
Verified By	Sam Houston			
Remove				
Add				
Save	Cancel			

5. You can now see the new dependant. To add another, click **Add New Dependent** or click **Save**.

Projecte \$148.37	d Total Cost (Semimonth	ly)			
Deper	ndents			✓ Hea	Ith Care Instructio
Add a ne	w dependent or select an exis	sting dependent from the	list below.	Provider W	ebsite LGHIP
Coverag	e 🔸 Famil	ly			
Plan cos	t (Semimonthly) \$134	.50			
Ad	d New Dependent				
1 item			≡ ⊡		
1 item Select	Dependent	Relationship	च ा Date of Birth		
	Dependent Betty Houston	Relationship			
Select			Date of Birth		
Select			Date of Birth 05/16/1991		
Select			Date of Birth 05/16/1991		



6. Your medical changes have been updated, but not submitted. Update another health care, such as *Vision*, or click **Review and Sign** once you are ready to submit your changes. If you would like to continue to update your benefit elections, go back to the **Select Your Benefits** section, step #5.

Your Medical/Dental changes have been updated, but not submitted Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

#### **Insurance Benefits**

1. Group Term Life and AD&D and Short Term Disability are included benefits at no cost to you and do not require any elections.

Click **Manage** or **Enroll** to view and make additional elections to these benefits and/or select beneficiaries.

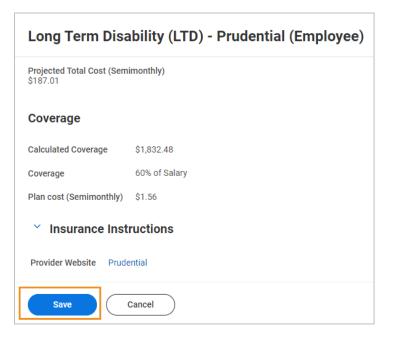
Insurance				
Employee Group Term Life/AD&D Prudential (Employee)	Spouse Group Term Life Waived	Child(ren) Group Term Life		
Cost (Semimonthly) Included				
Coverage \$50,000	Enroll	Enroll		
Manage				
Short Term Disability (STD) Prudential (Employee)	Long Term Disability (LTD) Waived	Voluntary Life/A&D Employee Waived		
Cost (Semimonthly) \$13.87				
Coverage 60% of Salary	Enroll	Enroll		
Manage				
Voluntary Life Spouse Waived	Voluntary Life Child(ren) Waived			
Enroll	Enroll			



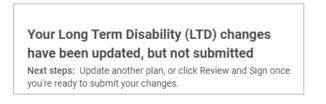
2. On the Long Term Disability (LTD) card, click **Enroll. Select** plan or **Waive**, and click **Confirm and Continue**.

Long Term Disability (LTD)				
Projected Total Cost (Semimonthly) \$185.45				
Plans Available Select a plan or Waive to opt out of Long Term Disability (LTD).				
Select a plan of waive to opt out of Long Term Disability (LTD).				
*Selection	Benefit Plan Details	You Pay (Semimonthly)		
Select	Prudential (Employee)			
4				
Confirm and Continue Cancel				

3. Review and click **Save**.



4. This pop-up will appear.





5. On the Employee Group Term Life/AD&D card, select **Manage**. The options are grayed out because this is an automatic benefit with the County. Click **Confirm and Continue**.

Employee Group Term Life/AD&D					
Projected Total Cost (Semimonthly) \$187.01					
Plans Available					
*Selection	Benefit Plan Details	You Pay (Semimonthly)	Company Contribution (Semimonthly)		
Select         Waive					
4					
Confirm and Continue Cancel					

6. Click **Save** if no updates to beneficiaries is needed. If you need to add or update beneficiaries, continue to next section, <u>Add/Modify Beneficiaries</u>.

Employee Group Term Life/AD&D - Prudential (Employee)					
Projected Total Cost (Sem \$187.01	imonthly)				
Coverage					
Calculated Coverage	\$50,000.00				
Coverage	\$50,000				
Plan cost (Semimonthly)	Included				
Beneficiaries				<ul> <li>Insurance</li> </ul>	Instructions
Select an existing or add a nev percentage allocation for each	v beneficiary person or trust to this pla beneficiary.	n. You can also adjust th	ie	Provider Website	Prudential
Primary Beneficiaries 0 iten	ns		.7		
(+) Beneficiary		Percentage			
	No Data				
Secondary Beneficiaries 0 i	tems	= □	2		
+ Beneficiary		Percentage			
	No Data				
Save Cancel					



# Add/Modify Beneficiaries

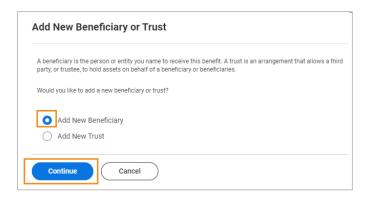
1. To add a Primary Beneficiary, click the **plus sign**.

	existing or add a new beneficiary pers e allocation for each beneficiary.	son or trust to this plan. You can also adjust the
Primary B	eneficiaries 0 items	≣ 🖬 🖬
(+)	Beneficiary	Percentage
	No	Data
Secondar	y Beneficiaries 0 items	≡ 🖬 🖬
(+)	Beneficiary	Percentage
	No	Data

2. Click in the Beneficiary field to select an **Existing Beneficiary Person** or **Add a New Beneficiary or Trust**. If you have no existing beneficiaries listed, select **Add New Beneficiary or Trust**.

Beneficiaries					
Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.					
Primary Bene	Existing Beneficiary Persons	>	≡ E	1.7	
+	Existing Trusts	>	Percentage		
	Add New Beneficiary or Trust				
$\bigcirc$					
$\bigcirc$	Search	:=	0	-	
4			· · ·		

3. Select Add New Beneficiary if you are adding a person to be your beneficiary. Click Continue.





4. Enter the required information in the header and on the Legal Name tab.

Add New Beneficiary or Trust Sam Houston
Relationship *
Use as Beneficiary
Date of Birth
Age (empty)
Gender :=
Allow Duplicate Name
Legal Name Contact Information National IDs Additional Government IDs
Country * X United States of America
Prefix :=
First Name *
Middle Name
Last Name *
Suffix :=

5. On the **Contact Information** tab, under *Phone*, click **Add**. Enter required information. Under *Address*, click **Add**. Enter required information.

Legal Name Contact	Information National IDs	Additional Government IDs
Phone Add		
Address		



Legal Name Contact Information National IDs Additional Government IDs	Address
	Use Existing Address Search :=
Phone	Country ★ × United States of America :=
Country Phone Code *   Search :=	Address Line 1 *
× United States of America (+1)	Address Line 2
Phone Number *	City *
Phone Extension	State *
Phone Device * select one *	Postal Code *
Туре * ∷≡	County
	Usage
Primary Work	Туре ★
Primary Home	Primary Work
Use For (empty)	Primary Home
Visibility Public	Use For (empty)
Comments	Visibility Public
	Comments

6. Click OK.



7. Your new beneficiary is populated. Enter the **Percentage amount**, if multiple beneficiaries, they must add up to to a total of 100%. Click **Save**.

Employee Group Term Life/AD&D - Prudential (Employee)					
Projected Total Cost (Sem \$187.01	imonthly)				
Coverage					
Calculated Coverage	\$50,000.00				
Coverage	\$50,000				
Plan cost (Semimonthly)	Included				
Beneficiaries Select an existing or add a new each beneficiary. Primary Beneficiaries 1 item		gjust the percentage allocation for $\overline{=} \ \overline{10} \ \mathbf{k}^{T}$ Percentage 100			
4		↓ →			
Secondary Beneficiaries 0 i	items	<b>≣</b> ⊡ ."			
Beneficiary		Percentage			
No Data					
Insurance Inst	ructions				
Save Cancel					



8. This pop-up appears.

Your Employee Group Term Life/AD&D changes have been updated, but not... Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

9. When you have finished making your election selections, continue to the next section, **Complete Your Enrollment.** 

#### **Complete Your Enrollment**

After viewing and making all your elections in Open Enrollment, it is time to finalize your choices.

1. Click **Review and Sign**.

Review and Sign	Save for Later
-----------------	----------------

2. Review your selections in the **Summary** page. Scrolling down.

View Summary						
Projected Total Cost (Semimonthly) \$173.14						
Selected Benefits 5 items						₹ 🗆 L <sup>1</sup> 🎟 🖪
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical/Dental	01/01/2024	01/01/2024	Family	Betty Houston		\$134.50
LGHIP (BCBS) PPO Wellness						
Voluntary Vision	01/01/2024	01/01/2024	Family	Betty Houston		\$10.00
Southland						
Healthcare FSA	01/01/2024	01/01/2024	\$350.00 Annual			\$27.08
Health Equity						
Employee Group Term Life/AD&D	04/01/2023	04/01/2023	\$50,000		Betty Houston	Included
Prudential (Employee)						
Long Term Disability (LTD)	01/01/2024	01/01/2024	60% of Salary			\$1.56
Prudential (Employee)						



Waived Benefits 7 items		田 L7 🔳	▦
			•
Voluntary Dental		Waived	
Spouse Group Term Life		Waived	
Child(ren) Group Term Life		Waived	
Short Term Disability (STD)		Waived	
Voluntary Life/A&D Employee		Waived	
Voluntary Life Spouse		Waived	
Voluntary Life Child(ren)		Waived	•
Total Benefits Cost 1 item \Xi 🖬 📭			
Company Contribution	Employee Cost	Net Cost	¢
\$590.25	\$173.14	\$173.14	-

 If documentation is required for your selected benefits (uploading proof of dependent for example), upload files to the Attachments section.
 Review the Electronic Signature legal notice and click the I Accept box.

Click Submit.

Attachments						
	Drop files here or Select files					
Electronic Signature						
LEGAL NOTICE: Please Read						
Your Name and Password are considered your "Electronic Signature" a When you check the "I AGREE" checkbox, you are certifying that:	and will serve as your confirmation of the accuracy of the information being submitted.					
<ol> <li>You understand that your benefit elections are legal and binding transactions.</li> <li>You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers.</li> </ol>						
I Accept						
Submit Cancel						



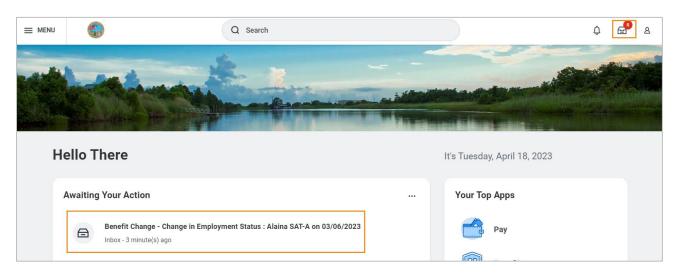
 You will receive a confirmation message that your elections have been submitted. Note: You can make updates to your selections up until the final date listed in the confirmation message. Click Done.

You've submitted your elections. Important Dates: Benefits go into effect 01/01/2024 Final day to update benefits 04/30/2023 View 2024 Benefits Statement	Submitted	
Benefits go into effect 01/01/2024 Final day to update benefits 04/30/2023	You've submitted yo	ur elections.
Final day to update benefits 04/30/2023	Important Dates:	
	Benefits go into effect	01/01/2024
View 2024 Benefits Statement	Final day to update benefits	04/30/2023
	View 2024 Benefits Stat	ement
	Dana	
	Done	

### Submitting Required Documentation

 Benefit enrollment that involves dependents, declination of benefits and cancellation of coverage will require documentation. You will be sent an Inbox task requesting documentation if you did not provide the attachment(s) during the completion of Enrollment.

From the Workday homepage Awaiting Your Action section or Inbox, select the task.





2. Drag and drop the required document or click **Select files** in the Documents field to add a document. Once your document is added, click **Submit**.

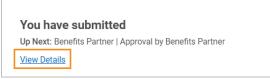
Inbox	
Actions     Archive       Viewing: All     Sort By: Newest     Image: Change in Employment Status : Alaina SAT-A on 03/06/2023       7 minute(s) ago - Effective 03/06/2023     Image: Change in Employment Status : Alaina SAT-A on 03/06/2023	Review Documents Review Documents for Benefit Change - Change in Employment Status : Alaina SAT-A on 03/06/2023 ••• 7 minute(s) ago - Effective 03/06/2023 Documents
	Document       Enrollment Form Instructions         Instructions       Pleaser review the attached document and follow the instructions to download, complete, and attach the required form(s). Be sure to also attach any supporting qualifying event documentation as instructed.         Upper file here       or         Select files       Select files
	Comment Submit Save for Later Cancel

3. If you need to remove the uploaded document before submitting, click the Trash Can icon.

Iments			
inchio		ŝ	
nts for Benefit Change - Change in Employment Status : Alaina SAT-A on 03/06/2023			
ective 03/06/2023			
Enrollment Form Instructions			
Pleaser review the attached document and follow the instructions to download, complete, and attach the required to also attach any supporting qualifying event documentation as instructed.	form(s).	Be sure	•
WD Required attachment.docx ✓ Successfully Uploaded!		1	□
Comment			
	Enrollment Form Instructions Pleaser review the attached document and follow the instructions to download, complete, and attach the required to also attach any supporting qualifying event documentation as instructed. WD Required attachment.docx	ective 03/06/2023  Enrollment Form Instructions  Pleaser review the attached document and follow the instructions to download, complete, and attach the required form(s). to also attach any supporting qualifying event documentation as instructed.  WD Required attachment.docx  Successfully Uploaded!	ective 03/06/2023  Enrollment Form Instructions  Pleaser review the attached document and follow the instructions to download, complete, and attach the required form(s). Be sure to also attach any supporting qualifying event documentation as instructed.  WD Required attachment.docx  Successfully Uploaded!



4. After successfully submitting, a pop-up will appear showing what is up next. Click the **View Details** link.



5. Click the expand icon to the left of **Details and Process**. View the **Details** tab to see a summary of the benefit coverages. View the **Process** tab to see where the attachment updates are in the business process. Click **Done**.

You have submitted	Benefit Change - Change in Empl	oyment Status : Alaina SAT	A on 03/06/2023 🚥			
Up Next Benefits Partner Approval by Benefits Partner Details and Process						
For     Alight Test Organ       Overall Process     Promotion: Alaina       Overall Status     Successfully Com       Details     Process						
Current Process       Benefit Change - Change in Employment Status : Alaina SAT-A on 03/06/2023         Process Status       In Progress         Process History       4 items						
Done						