

Benefits Open Enrollment

Audience: Employees



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:

- [Access Open Enrollment](#)
- [Select Your Benefits](#)
- [Add/Modify Dependents](#)
- [Insurance Benefits](#)
- [Add/Modify Beneficiaries](#)
- [Complete Your Enrollment](#)
- [Submitting Required Documentation](#)

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**.

Inbox

Actions Archive

Viewing: All Sort By: Newest

Update Personal Information: EQUIPMENT OPERATOR II - Sam Houston
7 day(s) ago - Effective 04/01/2023

Open Enrollment Change: Sam Houston on 01/01/2024
20 day(s) ago - Effective 01/01/2024

Change Benefits for Open Enrollment

20 day(s) ago - Effective 01/01/2024

Open Enrollment 04/26/2023-04/30/2023

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started

Benefits Open Enrollment

Audience: Employees



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

Projected Total Cost (Semimonthly)
\$13.87

Health Care and Accounts

Medical/Dental
Waived

Enroll

Voluntary Dental
Waived

Enroll

Voluntary Vision
Waived

Enroll

Healthcare FSA
Waived

Enroll

Insurance

Employee Group Term Life/AD&D
Prudential (Employee)

Cost (Semimonthly) Included
Coverage \$50,000

Manage

Spouse Group Term Life
Waived

Enroll

Child(ren) Group Term Life
Waived

Enroll

Short Term Disability (STD)
Prudential (Employee)

Cost (Semimonthly) \$13.87
Coverage 60% of Salary

Manage

Long Term Disability (LTD)
Waived

Enroll

Voluntary Life/A&D Employee
Waived

Enroll

Voluntary Life Spouse
Waived

Enroll

Voluntary Life Child(ren)
Waived

Enroll

Insurance

Review and Sign

Save for Later

Benefits Open Enrollment





Audience: Employees



Select Your Benefits

1. 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 Waived Enroll	 Voluntary Dental Waived Enroll	 Voluntary Vision Waived 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 displayed cost of waived plans assumes coverage for Single.

1 item

*Selection	Benefit Plan Details	You Pay (Semimonthly)	Company Contribution (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	LGHIP (BCBS) PPO Wellness	\$55.00	\$238.50

[Confirm and Continue](#) [Cancel](#)

Benefits Open Enrollment

Audience: Employees



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](#)

[Save](#) [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.

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.

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

Health Care and Accounts

UPDATED

Medical/Dental
LGHIP (BCBS) PPO Wellness

Cost (Semimonthly) \$134.50

Coverage Family

Dependents 1

[Manage](#)

Voluntary Dental
Waived

[Enroll](#)

Voluntary Vision
Waived

[Enroll](#)

Benefits Open Enrollment

Audience: Employees



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.

1 item

*Selection	Benefit Plan Details	You Pay (Semimonthly)	Company Contribution (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Southland	\$6.00	\$0.00

Confirm and Continue

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

Voluntary Vision - Southland

Projected Total Cost (Semimonthly)
\$158.37

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage *** Family**

Plan cost (Semimonthly) \$10.00

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Betty Houston	Spouse	05/16/1991

Save

Health Care Instructions

Provider Website [Southland](#)

Benefits Open Enrollment

Audience: Employees



- 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.

- On the *Healthcare FSA* card, click Enroll.

A screenshot of a web interface. On the left, a card titled "Voluntary Vision Southland" has an "UPDATED" badge. It lists "Cost (Semimonthly) \$10.00", "Coverage Family", and "Dependents 1". A "Manage" button is at the bottom. On the right, a card titled "Healthcare FSA" shows "Waived" and an "Enroll" button.

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

A screenshot of the "Healthcare FSA" selection screen. It shows a "Projected Total Cost (Semimonthly) \$158.37". Under "Plans Available", it says "Select a plan or Waive to opt out of Healthcare FSA." and "1 item". A table lists the available plan: "Health Equity". The table has columns for "*Selection", "Benefit Plan Details", "You Contribute (Semimonthly)", and "Company Contribution (Semimonthly)". The "Health Equity" row has a "Select" radio button selected and a "Waive" radio button unselected. At the bottom, there are "Confirm and Continue" and "Cancel" buttons.

Benefits Open Enrollment

Audience: Employees



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

Projected Total Cost (Semimonthly)
\$165.45

Contribute ▼ Spending Account Instructions

Per Paycheck Provider Website [Health Equity](#)

Annual

Total Paychecks 14

Minimum Annual Amount: \$100.00
Maximum Annual Amount: \$3,050.00

Summary

Contribution (Semimonthly)	\$27.08
Total Annual Contribution	\$350.00

Healthcare FSA - Health Equity

Projected Total Cost (Semimonthly)
\$161.54

Contribute ⬇ Spending Account Instructions

Per Paycheck Provider Website [Health Equity](#)

Annual

Total Paychecks 14

Minimum Annual Amount: \$100.00
Maximum Annual Amount: \$3,050.00

Summary

Contribution (Semimonthly)	\$15.48
Total Annual Contribution	\$200.00

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.

Your Healthcare FSA 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.

Benefits Open Enrollment

Audience: Employees



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

Save For Later Confirmation Open Enrollment for Sam Houston ☰

Initiated On 04/26/2023

Submit Elections By 04/30/2023 Total Employee Cost/Credit
\$185.45 Semimonthly Cost

Event Date 01/01/2024

You've saved your benefits in a draft. Your elections aren't submitted until you complete your enrollment and click the Submit button on or before the Submit Elections By deadline.

Elected Coverages 5 items 🔍 📄 🗑️ 📱 🖨️

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semimonthly)	Employer Contribution (Semimonthly)
Medical/Dental - LGHIP (BCBS) PPO Wellness	01/01/2024	01/01/2024	Family		Betty Houston		\$134.50	\$582.00
Voluntary Vision - Southland	01/01/2024	01/01/2024	Family		Betty Houston		\$10.00	
Healthcare FSA - Health Equity	01/01/2024	01/01/2024	\$350.00 Annual				\$27.08	
Employee Group Term Life/AD&D - Prudential (Employee)	04/01/2023	04/01/2023	\$50,000	\$50,000.00				\$8.25
Short Term Disability (STD) - Prudential (Employee)	04/01/2023	04/01/2023	60% of Salary	\$422.88			\$13.87	
Total:							\$185.45	\$590.25

Done

Benefits Open Enrollment

Audience: Employees



Add/Modify Dependents

1. 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 ▼ Health Care Instructions

Add a new dependent or select an existing dependent from the list below.

Coverage * Single Provider Website [LGHIP](#)

Plan cost (Semimonthly) \$55.00

Add New Dependent

Save Cancel

2. A message requesting that you add proof of dependent documentation to any of your elections 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**.

Add My Dependent From Enrollment

Sam Houston ⋮

Click OK to add dependents.

OK Cancel

Benefits Open Enrollment

Audience: Employees



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

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Address

Use Existing Address

Country *

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Phone & Email

Country Phone Code

Phone Number

Phone Extension

Email Address

Benefits Open Enrollment

Audience: Employees



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

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country *

National ID Type *

Current ID (empty)

Add/Edit ID *

Issued Date

Expiration Date

Issued By

Series

Verification Date 05/16/2023

Verified By Sam Houston

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

Medical/Dental - LGHIP (BCBS) PPO Wellness

Projected Total Cost (Semimonthly) \$148.37

Dependents Health Care Instructions

Add a new dependent or select an existing dependent from the list below. Provider Website [LGHIP](#)

Coverage * Family

Plan cost (Semimonthly) \$134.50

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Betty Houston	Spouse	05/16/1991

Benefits Open Enrollment

Audience: Employees



- 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

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

Benefits Open Enrollment

Audience: Employees



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).

1 item

*Selection	Benefit Plan Details	You Pay (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Prudential (Employee)	

Confirm and Continue

3. Review and click **Save**.

Long Term Disability (LTD) - Prudential (Employee)

Projected Total Cost (Semimonthly)
\$187.01

Coverage

Calculated Coverage	\$1,832.48
Coverage	60% of Salary
Plan cost (Semimonthly)	\$1.56

Insurance Instructions

Provider Website [Prudential](#)

Save

4. This pop-up will appear.

Your Long Term Disability (LTD) 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.

Benefits Open Enrollment

Audience: Employees



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

1 item

*Selection	Benefit Plan Details	You Pay (Semimonthly)	Company Contribution (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Prudential (Employee)	Included	\$8.25

Confirm and Continue

6. Click **Save** if no updates to beneficiaries is needed. If you need to add or update beneficiaries, continue to next section, [Add/Modify Beneficiaries](#).

Employee Group Term Life/AD&D - Prudential (Employee)

Projected Total Cost (Semimonthly)
\$187.01

Coverage

Calculated Coverage \$50,000.00
Coverage \$50,000
Plan cost (Semimonthly) Included

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 Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Insurance Instructions

Provider Website [Prudential](#)

Save

Benefits Open Enrollment

Audience: Employees



Add/Modify Beneficiaries

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

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 Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Secondary 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 Beneficiaries

Beneficiary	Percentage
No Data	

Existing Beneficiary Persons >

Existing Trusts >

Add New Beneficiary or Trust

Search

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

Add New Beneficiary or Trust

A beneficiary is the person or entity you name to receive this benefit. A trust is an arrangement that allows a third party, or trustee, to hold assets on behalf of a beneficiary or beneficiaries.

Would you like to add a new beneficiary or trust?

Add New Beneficiary

Add New Trust

Continue Cancel

Benefits Open Enrollment

Audience: Employees



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 *

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

Address

Benefits Open Enrollment

Audience: Employees



Legal Name **Contact Information** National IDs Additional Government IDs

Phone

Country Phone Code *

Phone Number *

Phone Extension

Phone Device *

Type *

Primary Work

Primary Home

Use For (empty)

Visibility Public

Comments

Address

Use Existing Address

Country *

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Usage

Type *

Primary Work

Primary Home

Use For (empty)

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 (Semimonthly)
\$187.01

Coverage

Calculated Coverage \$50,000.00
 Coverage \$50,000
 Plan cost (Semimonthly) Included

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 Beneficiaries 1 item

Beneficiary	Percentage
<input type="text" value="x Betty Houston"/>	<input type="text" value="100"/>

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Insurance Instructions

Benefits Open Enrollment

Audience: Employees



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 ☰ ☰ ☰ ☰ ☰						
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical/Dental LGHIP (BCBS) PPO Wellness	01/01/2024	01/01/2024	Family	Betty Houston		\$134.50
Voluntary Vision Southland	01/01/2024	01/01/2024	Family	Betty Houston		\$10.00
Healthcare FSA Health Equity	01/01/2024	01/01/2024	\$350.00 Annual			\$27.08
Employee Group Term Life/AD&D Prudential (Employee)	04/01/2023	04/01/2023	\$50,000		Betty Houston	Included
Long Term Disability (LTD) Prudential (Employee)	01/01/2024	01/01/2024	60% of Salary			\$1.56

Benefits Open Enrollment

Audience: Employees



Waived Benefits 7 items		
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		
Company Contribution	Employee Cost	Net Cost
\$590.25	\$173.14	\$173.14

3. 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" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I AGREE" checkbox, 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.

I Accept

Submit Cancel

Benefits Open Enrollment

Audience: Employees



4. 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**.

Submitted

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](#)

[Done](#)

Submitting Required Documentation

1. *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.

The screenshot shows the Workday homepage interface. At the top, there is a navigation bar with a 'MENU' icon, a search bar, and notification icons. Below the navigation bar is a large banner image of a lake and trees. The main content area is titled 'Hello There' and includes the date 'It's Tuesday, April 18, 2023'. The 'Awaiting Your Action' section is highlighted with a red box and contains a task card with the title 'Benefit Change - Change in Employment Status : Alaina SAT-A on 03/06/2023' and the text 'Inbox - 3 minute(s) ago'. To the right, the 'Your Top Apps' section is visible, showing a 'Pay' app icon.

Benefits Open Enrollment

Audience: Employees



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**.

This screenshot shows the 'Review Documents' interface. On the left is an 'Inbox' sidebar with a list of items, one of which is highlighted: 'Benefit Change - Change in Employment Status : Alaina SAT-A on 03/06/2023'. The main area is titled 'Review Documents' and shows details for a specific document: 'Review Documents for Benefit Change - Change in Employment Status : Alaina SAT-A on 03/06/2023'. Below this, there is a 'Documents' section with a document titled 'Enrollment Form Instructions'. Instructions are provided for reviewing and attaching documents. A large dashed box contains a 'Drop file here' area with a 'Select files' button. At the bottom, there is a 'Comment' field and three buttons: 'Submit', 'Save for Later', and 'Cancel'. The 'Submit' button is highlighted with an orange border.

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

This screenshot shows the 'Review Documents' interface after a document has been uploaded. The document list now includes 'WD Required attachment.docx' with a status of 'Successfully Uploaded!'. A trash can icon is visible next to this document, indicating it can be removed. The 'Submit' button from the previous screenshot is no longer visible, and the 'Save for Later' and 'Cancel' buttons remain.

Benefits Open Enrollment

Audience: Employees



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

You have submitted

Up Next: Benefits Partner | Approval by Benefits Partner

[View Details](#)

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 Employment Status : Alaina SAT-A on 03/06/2023

Up Next

Benefits Partner
Approval by Benefits Partner

Details and Process

For [Alight Test Organization 2 \(Molli Manager\)](#)

Overall Process [Promotion: Alaina SAT-A](#)

Overall Status [Successfully Completed](#)

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

Step	Status	Completed On
Life Event	Step Completed	04/18/2023
Change Benefits for Life Event	Step Completed	04/18/2023