

Qualifying Event Quick Guide

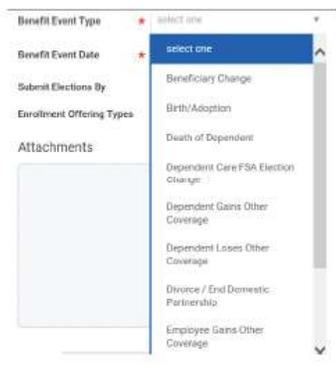


Steps:

1. Once in Workday, click on the **Epiq Benefits** icon. On the right side, click “**Change Benefits**”.



2. Select “Benefit Event Type” and choose the event that best fits your situation. Select the date that the event took place.



3. You **MUST** attach a document under the “**Attachments**” section. This will determine your event eligibility. You can also add any comments for the Benefits Team before you submit. A comment is not required.



4. To get to the change benefit elections screen, click the “**Open**” button or click “**Done**” and go back to your Workday inbox and select the benefit change task. The Benefits Team will review the event for approval.

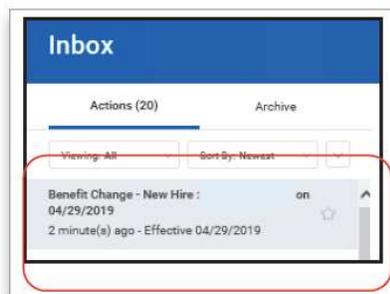


Benefit Enrollment Quick Guide



Steps:

1. Select the **Change Benefits** task from the Inbox; you may use the **Expand** icon for a full screen view of the task.



2. For each plan you will select or waive and then click **CONFIRM AND CONTINUE**

Plans Available

Select a plan or Waive to opt out of Medical - US. The displayed cost of waived plans assumes coverage fo

3 items

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contrib
CIGNA HDHP Consumer Driven HSA GBTS	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$74.24	\$270.65
CIGNA HDHP Value HSA GBTS	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$41.23	\$279.62
CIGNA OAP Traditional Co-Pay GBTS	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$147.19	\$194.45

Confirm and Continue

Cancel

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3. You can now add a dependent.

- i. If **Existing Dependents** is selected:
 - a. Select the name of the dependent(s) you wish to add to that specific plan.
- ii. If **Add My Dependent From Enrollment** is selected:
 - a. Use the buttons to indicate if the new dependent will be a **Beneficiary**.
 - b. Click **OK**.
 - c. Under **Add My Dependent From Enrollment** enter the **First Name, Last Name, Relationship, Date of Birth, and Gender** of the dependent you wish to add.
 - d. Under the **Address** section verify the existing information or use the Clear Value icon next to the existing address to remove it and enter the **Address Line 1, City, State, Postal Code, and Type**.
 - e. Click **OK**.

***Note: All dependents covered under an Epiq medical plan must have a Social Security Number (SSN) listed in Workday. Please verify each dependent covered under your medical plan has an SSN listed. Add or update this information as required.*

The screenshot shows the 'Add My Dependent From Enrollment' form. Red boxes highlight the following fields: First Name, Middle Name, Last Name, Relationship, Date of Birth, Gender, and the 'Add' button at the bottom. The form also includes sections for 'Personal Information' (Citizenship, Marital Status, etc.) and 'National IDs'.

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In this step, you will review your elections and complete the electronic signature. Please make sure you receive deductions, elections and dependents.

Please also note, any additional evidence of insurability requirements will be noted at the top of this step.

Once you have verified your elections, it is important that you print your confirmation statement for your records. To do so, click **Print**.

Benefit Plan	Coverage Begin Date	Effective Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (\$/month)	Employer Contribution (\$/month)	Benefit Credit (\$/month)
<p>Message Voluntary Associate Life - Lincoln Financial (Associate) You must submit evidence of insurability for the \$275,000 election. Your election will be reduced to \$250,000 until evidence of insurability is received and approved.</p>									
<p>Selected Coverages 12 items</p>									
Medical - US - ODNA-EDHP Consumer Driven HSA	06/01/2020	06/01/2020	Associate + Family		Richard Smith Wilma Smith-Watson		\$220.96	\$811.88	
Spouse/Domestic Partner Surcharge - ODNA Required Election - Employee existing in a ODNA Medical Plan must acknowledge sign form.	01/01/2017	01/01/2017	Does Not Apply						
Dental - US - ODNA Dental DRPO-PPO	06/01/2020	06/01/2020	Associate + Family		Richard Smith Wilma Smith-Watson		\$27.51	\$14.65	
Vision - US - EyeMed Vision	06/01/2020	06/01/2020	Associate + Family		Richard Smith Wilma Smith-Watson		\$9.25		
FDA - Lincoln Financial	11/01/2019	11/01/2019	Associate Only					\$0.59	
Critical Illness Insurance - Voice Rollover Critical Illness High Plan	06/01/2020	06/01/2020	Associate + Children		Richard Smith		\$8.45		
Health Savings Account - ODNA	06/01/2020	06/01/2020	\$520.00 Annual				\$20.00		
Health Care FSA - WageWorks	06/01/2020	06/01/2020	\$1,040.00 Annual				\$40.00		
Dependent Care FSA - WageWorks	06/01/2020	06/01/2020	\$2,480.00 Annual				\$100.00		
Basic Life & AD&D - Lincoln Financial (Associate)	06/01/2020	06/01/2020	1 X Salary	\$30,000.00		Arden Smith Robert Walters			\$1.78
Voluntary Associate Life - Lincoln	06/01/2020	06/01/2020	\$275,000	\$170,000.00		Arden Smith			\$3.71

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

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings if
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit election
- You understand that you will not pay income tax or FICA tax on your medical, dental, vision, Flexible Spending Account(s), and Health Savings Account(s)
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a
- All qualified life events will require you to verify eligibility by providing appropriate documentation in order to make changes to certain

Description of benefits are not a guarantee of current or future employment. If there is any conflict between the electronic summary of ben

I Agree



enter your comment