

Qualifying Event Changes

The IRS limits the benefit changes you can make during the year for pre-tax benefit elections on medical, dental, vision, and FSA. Changes can be made outside the open enrollment period only if you and/or your family experiences a qualifying event. Please note, when experiencing a QLE to add a dependent, a plan change is not permitted, only adding that dependent to your current plan is allowed.

All changes must be requested through Workday **within 30 calendar days** of experiencing a qualifying life event.

Please note: You must complete the entire process in Workday within 30 days. Simply uploading documentation is not sufficient. Supporting documentation must be submitted, and changes must be made in your Workday benefit event within the 30 day period. If you have questions or need assistance with this process, please create a Workday Ticket

If you fail to submit the request and supporting documentation through Workday within 30 days, you will not be allowed to make benefit changes until the next open enrollment period.

If you are unaware of the documentation you need to submit, click the grid to the right.

Life Event	Required Documentation
Change in Marital Status	
Marriage	Marriage Certificate/Marriage License showing date of marriage
Divorce	Divorce Decree
Annulment	Legal documents including ending of health care responsibility
Legal Separation	Certified copy of divorce petition or affidavit of marital separation status
Death of Employee/Spouse	Death Certificate
Change in Dependent Child(ren)	
Birth	Birth Certificate/Birth Facts/Verification of Birth
Adoption	Legal Adoption Agreement
Death of Dependent	Death Certificate
Medical Support Order	Medical Support Court Order showing the effective date on the order
Dependent Child Loses Benefits Eligibility Due to Age (Age Max 26)	
Add Self (Age 26)	PDF copy of documentation from employer on company letterhead/ COBRA letter with effective/termination date
Add Spouse (Age 26)	
Drop Dependent (Age 26)	Health Insurance "Aging Off" Letter
Change in Spouse Employment Status	
Spouse Or Dependent Loses/Gains Eligibility	PDF copy of documentation from employer on company letterhead/ COBRA letter with effective/termination date
Spouse Open Enrollment	Copy of Open Enrollment Documentation
Spouse Increase/ Decrease In Work Hours And Cost (Leave Of Absence, Full-Time To Part-Time, Part-Time To Full-Time)	PDF copy of documentation from employer on company letterhead/ COBRA letter with effective/termination date
Change in Employee/Dependent Coverage Status	
Employee Or Dependent Loses/Gains Eligibility	PDF copy of documentation from employer on company letterhead/ COBRA letter with effective/termination date
Change in SCHIP/Medicaid/Medicare	
Employee/ Spouse on Medicare	Documentation from (state/Department of Health & Human service)/Letter from Medicaid of Children Health Insurance Plan (CHIP) stating when coverage terminated or began
Medicaid Eligible	
Medicaid Ineligible	
SCHIP Eligible	
SCHIP Ineligible	Medicare Card showing Part A and B with effective date
Medicare Eligible	

Please submit benefit elections and documentation within 30 days of the event date.

Qualifying Life Event Quick Guide

1. Search CHANGE BENEFITS in the Workday Search Bar

Change Reason *

select one



It's Th

2. Choose the event that fits your needs, the date of the change, and attach documentation and then hit submit

•**Supporting Documentation:** Required when submitting a QLE.

- The submission must include supporting documentation that clearly shows:
 - The name(s) of the individual(s) gaining and/or losing coverage
 - The specific line(s) of coverage being gained and/or lost
 - The effective date of the coverage gain or loss
- A general COBRA notice stating coverage ended for ‘the insured and all eligible dependents’ does not, on its own, meet the documentation requirement for medical, dental, or vision if it does not confirm which dependents were covered. We do require documentation confirming that each dependent being enrolled was covered under the prior plan and lost that coverage as part of the qualifying event

3. Open the event. It will also be in your Workday Tasks. Click LETS GET STARTED

Change Benefit Elections

Initiated On 03/12/2026

Submit Elections By 04/10/2026

Let's Get Started

4. You will need to click in EACH individual benefit, and click MANAGE.

Health Care and Accounts



Medical - US

CIGNA HDHP Value HSA Local Plus

Cost per paycheck \$29.40

Coverage Associate Only

[Manage](#)

- 5.
- 1) If you **lost coverage for yourself** and need to enroll, select the plan you want to enroll in.
 - 2) If you are **gaining other coverage**, select Waive for your current plan.
 - 3) If you are **adding or removing a dependent**, you'll notice those options are greyed out. This is expected—plan changes are not allowed at this step, you need to move to the next step to add/remove a dependent

When finished, click CONFIRM AND CONTINUE to move forward.

Plans Available

3 items

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
CIGNA HDHP Consumer Driven HSA Local Plus	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$56.12	\$285.54
CIGNA HDHP Value HSA Local Plus	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$29.40	\$297.30
CIGNA OAP Traditional Co-Pay Local Plus	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$122.92	\$235.00

Confirm and Continue

Cancel

6. If needing to add a dependent, click Add New Dependent and follow prompts to add the dependent information.

Dependents

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

Coverage * Associate Only

Plan cost per paycheck \$29.40

[Add New Dependent](#)

If Existing Dependents is already listed:

a. Select the name of the dependent(s) you wish to add/remove to that specific plan.

Dependents

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

Coverage * Associate + Children

Plan cost per paycheck \$301.34

[Add New Dependent](#)

2 items

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	<input type="text"/>	Child
<input checked="" type="checkbox"/>	<input type="text"/>	Child

7. Once all benefits have been updated per your QLE, scroll to the bottom and hit REVIEW AND SIGN

[Enroll](#)

[Enroll](#)

[Manage](#)

[Enroll](#)

Insurance and Retirement

Voluntary Associate Life
Waived

[Enroll](#)

Voluntary Spouse Life
Waived

[Enroll](#)

Voluntary Child Life
Waived

[Enroll](#)

Basic STD
New York Life Group Benefit Solutions (Associate)

Cost per paycheck: Included

Coverage: 60% of Salary

[View](#)

Voluntary LTD
Waived

[Enroll](#)

401k Roth
Fidelity Investments

Contribution: 0%

[Manage](#)

401k Catch-up
Fidelity Investments

Contribution: 0%

[Manage](#)

401k Roth Catch-up
Fidelity Investments

Contribution: 0%

[Manage](#)

Additional Benefits

Parking
2 Plans

WageWorks Post-tax: \$0.00

WageWorks Pre-Tax: \$0.00

[Manage](#)

Transit
2 Plans

WageWorks Post-tax: \$0.00

WageWorks Pre-tax: \$0.00

[Manage](#)

DigitalGuard Complete
Waived

[Enroll](#)

Legal
Waived

[Enroll](#)

[Review and Sign](#)

[Save for Later](#)

8. Agree to the terms, hit SUBMIT and you are all set.

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

When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the a
- You understand and acknowledge that under the Internal Revenue Code regulations, you may not change your benefit elections during
- All qualified life events will require you to verify eligibility by providing appropriate documentation to make changes to certain benefit e
- You confirm that any spouse, domestic partner and/or dependent(s) you have added are eligible for coverage based on Epiq's depende
- You understand it is your responsibility to notify benefits in writing within 30 days of a change in eligibility status of your dependent(s).
- You understand that you will not pay income tax or FICA tax on your medical, dental, vision, Flexible Spending Account(s), and Health S

Description of benefits are not a guarantee of future employment.

If there is any conflict between the electronic summary of benefits and the official plan documents, the official plan documents will govern. Epic

I Accept

[Submit](#)[Save for Later](#)[Cancel](#)