



The New Hire Benefit Event will be part of your onboarding process in Workday. ***This event MUST be completed within 30 days of date of hire***; if it is not completed within that window, it will be closed and you will have waived coverage in Five Star's health plan.

Access the Event through your Workday Inbox. This will open the Event for you to complete.

The screenshot shows a Workday interface with a list of actions. The 'Actions (7)' tab is selected, and the list is sorted by 'Newest'. The 'Change Benefits for Life Event' item is highlighted with a red box. The list includes the following items:

Action Item	Time Ago	Effective Date	Star Icon
Complete Form I-9	12 second(s) ago	Effective 09/01/2018	☆
Change Benefits for Life Event	12 second(s) ago	Due 09/18/2018; Effective 09/01/2018	☆
Complete Federal Withholding Elections	12 second(s) ago	Effective 09/01/2018	☆
Payment Election Enrollment Event	12 second(s) ago		☆
Complete State and Local Withholding Elections	12 second(s) ago	Effective 09/01/2018	☆
Change Emergency Contacts	12 second(s) ago	Due 09/18/2018	☆
Review Documents	12 second(s) ago	Effective 09/01/2018	☆

Note: The order of these action items



Step 1: Change Benefit Elections. To make your election, click the circle next to “Elect” for the coverage if you wish to enroll. Once you elect a coverage, you will be able to enroll a dependent. Please see the “Adding Dependents” job aid if you are adding dependents. After you’ve made your elections, click continue.

Bishop Jacobs - Step 1 of 5

Change Benefit Elections New Hire for Bishop Jacobs - Step 1 of 5 [Actions](#)

Total Cost
\$0.00

Event Date 09/01/2018
Initiated On 09/16/2018
Submit Elections By 10/01/2018
1 hour(s) ago - Due 09/18/2018; Effective 09/01/2018

Please note that if you wish to enroll in Five Star Senior Living's health insurance plan, you must actively enroll in the plan you want. In addition, to add dependents you should follow the steps given to you by your HR Partner at orientation.

> Health Care Plan Dependencies

Health Care Elections 5 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Bi-weekly)
Medical - Value Plan - United HealthCare CDHP Wellness	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical - Premium - United HealthCare CDHP Wellness	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Dental - United HealthCare DPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Vision - VSP VIS Choice Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Vision - VSP VIS Signature Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
				0

[Continue](#) [Cancel](#) [Back](#) [Next](#) [Help](#)



Step 2: Insurance Elections. Please notice company-provided insurance benefits. As this is provided to you at no cost by Five Star, this insurance election cannot be changed. Please click "Continue."

Bishop Jacobs - Step 2 of 5

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1 hour(s) ago - Due 09/18/2018; Effective 09/01/2018

Please note that the total benefit amount is subject to Age Reductions. Please review your Insurance Summary or Summary of Benefits and Coverage.

> Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 1 item

Benefit Plan	*Elect / Waive	Coverage Level	Coverage
Basic Life and Accidental Death and Dismemberment (AD&D) - The Standard (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	1 X Salary	

[Continue](#) [Save for Later](#) [Go Back](#) [Cancel](#)

Bishop Jacobs - Step 3 of 5

Step 3: Retirement Savings. All 401(k) changes must be completed directly with our provider, Empower Retirement. Therefore, you cannot make changes on this screen. However, please review the important notice regarding auto-enrollment and see your HR Partner if you want information about changing your elections.

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All team members 18 years of age or older are eligible for 401(k) on their 91st day of employment. Employees are automatically enrolled in our Traditional (pre-tax) 401(k) at a 3% contribution amount. Members may opt out or change their contribution amount by contacting Empower Retirement, Five Star Senior Living's 401(k) provider, at 800.338.4015 or [empowerretirement.com](#).

Retirement Savings Elections 2 items

Benefit Plan	*Elect / Waive	Employee Contribution
401(k) - Empower Retirement	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Percent 0 Amount (Bi-weekly) 0.00
401(k) Roth - Empower Retirement	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Percent 0 Amount (Bi-weekly) 0.00

[Continue](#) [Save for Later](#) [Go Back](#) [Cancel](#)

Step 4: Additional Insurance. This screen indicates the company-provided Employee Assistance Program, which cannot be changed. There is also important information regarding Supplemental Insurance that you may elect at your cost; please see your HR Partner for more information.

Bishop Jacobs - Step 4 of 5

Team Members working 25 or more standard hours/week are eligible for the Employee Assistance Program (EAP) starting the first month following 60 days of employment. You will be scheduled for a meeting with BenTec when you become eligible by your HR Partner. Should you have BenTec, please call them directly at 800.735.0080.

Additional Benefits Elections 1 item

Benefit Plan	*Elect / Waive
Employee Assistance Program - EFR	<input checked="" type="radio"/> Elect <input type="radio"/> Waive

Continue Save for Later Go Back Cancel

Change Benefit Elections

Benefit Elections Review for New Hire - Step 5 of 5

Step 5: Review and Submit. Carefully review your elections and either “Save for Later” or “Go Back” if you need to make changes. Please read the Electronic Signature and click “I Agree” and “Submit” if your elections are ready to be submitted. **Once submitted, no changes can be made.**

Elected Coverages 5 items

Benefit Plan	Coverage Begin Date
Medical - Value Plan - United HealthCare CDHP Wellness	11/01/2018
Dental - United HealthCare DPO	11/01/2018
Vision - VSP VIS Signature Plan	11/01/2018
Basic Life and Accidental Death and Dismemberment	12/01/2018

Electronic Signature

HEALTH INSURANCE ENROLLMENT AND CHANGE FORM ACKNOWLEDGEMENT AND ELECTRONIC SIGNATURE: I, the applicant, have read and understand the Health Insurance Enrollment and Change Form. I have agreed to submit this Health Insurance Enrollment and Change Form electronically. By signing this Acknowledgement electronically, I have agreed to submit this Health Insurance Enrollment and Change Form and have opted for the Health Insurance Enrollment and Change Form. I also understand that I have thirty-one (31) days to cancel my election; otherwise, I will need to wait until the next open enrollment period. My election will be cancelled upon the date of my termination from Five Star Senior Living Inc. part-time, if applicable.

*By checking the box in the form attached to this Health Insurance Enrollment and Change Form, I agree that I am signing this Acknowledgement and Change Form's terms and conditions.

I Agree ☒

Submit Save for Later Go Back Cancel