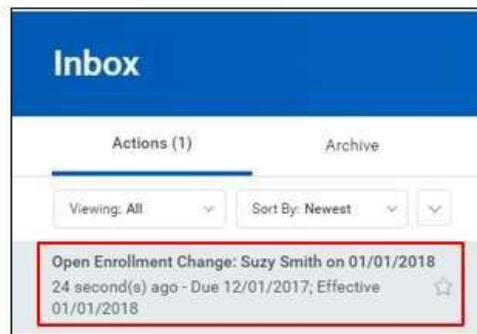


New Hire Quick Guide 2024



Enrollment Steps:

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



2. Select desired **Benefit Plan** by using the buttons under **Enroll**. (you will continue this step for each benedit option)
3. Select the plan you would like to elect by hitting “**Select**”, then hit “**Confirm and Continue**” at the bottom of the page

Plans Available

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

3 items

Benefit Plan	*Selection	My Peers Chose	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
CIGNA HDHP Consumer Driven HSA Local Plus	<input checked="" type="radio"/> Select <input type="radio"/> Waive	25%	\$169.77	\$802.86
CIGNA HDHP Value HSA Local Plus	<input type="radio"/> Select <input checked="" type="radio"/> Waive	33.3%	\$104.10	\$795.00
CIGNA OAP Traditional Co-Pay Local Plus	<input type="radio"/> Select <input checked="" type="radio"/> Waive	41.7%	\$349.68	\$701.22

Confirm and Continue

Cancel

Benefit Enrollment Quick Guide



4. If anyone other than the employee is going to be covered, this is the time to add them.

i. Click **“Add New Dependent”**

****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.**

Dependents

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

Coverage * Associate Only

Plan cost per paycheck \$55.02

[Add New Dependent](#)

2 items



Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Test Spouse	Spouse	01/01/1990
<input type="checkbox"/>	Test Child	Child	01/01/2023

Benefit Enrollment Quick Guide



How to Add a New Dependent:

- Use the buttons to indicate if the new dependent will be a **Beneficiary**.
- Click **OK**.
- 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.
- 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**.
- 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.

Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Citizenship Status

Full-time Student

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

Benefit Enrollment Quick Guide



5. If you have enrolled either the Cigna Consumer Driven HSA or Cigna Value HSA medical plan you may elect to contribute additional funds to a **Health Savings Account (HSA)**. You are eligible to contribute to the **Flexible Spending Account (FSA)** if you elected the Traditional Copay OAP medical plan or waived the medical plan. You are eligible to contribute to the **Dependent Care Flexible Spending Account (DCFSA)** with no requirement of enrolling in a medical plan.

You will make the elections by hitting “**Select**”, then “**Confirm and Continue**” at the bottom of the page

Plans Available

Select a plan or Waive to opt out of Dependent Care FSA.

1 item

Benefit Plan	*Selection	You Contribute (Bi-weekly)
WageWorks	<input checked="" type="radio"/> Select <input type="radio"/> Waive	

You may either enter the total annual amount you would like to contribute for the full plan year and the system will calculate the per-pay-period amount, **OR** enter the per-pay-period amount and the system will calculate the annual amount.

Contribute

Per Paycheck Annual Total Paychecks 16

Maximum Annual Amount: \$187,200.00

Summary

Total Annual HSA Contribution \$0.00

Benefit Enrollment Quick Guide



- 7. You will now be prompted to review your **Life Insurance** elections.. In this step, you can elect voluntary life insurance for yourself and your eligible dependents as well as long-term disability (LTD). On this page, you will see Basic life & AD&D and the Basic STD plans are set to Manage and View. **These are employer-paid benefits and cannot be waived, please take time to add a beneficiary to the Basic Life & AD&D plan as this is required.**
- 8. Please review the text provided for this step in Workday for the guaranteed issue (GI) coverage amount as well as requirements for submitting evidence of insurability (EOI).

Insurance

Basic Life & AD&D Voya Financial (Associate) Cost per paycheck: Included Coverage: 1 X Salary Manage	Voluntary Associate Life Waived Enroll
Voluntary Spouse Life Waived Enroll	Voluntary Child Life Waived Enroll
Basic STD Voya Financial (Associate) Cost per paycheck: Included Coverage: 60% of Salary View	Voluntary LTD Waived Enroll

401(k)

All Epiq employees are eligible to participate in the 401(k) retirement plan following the completion of one month of service. Once becoming eligible, participants must enroll directly with Fidelity at www.401k.com or by calling 800-835-5097

Benefit Enrollment Quick Guide



Review and Sign

In this step, you will review your elections and complete the electronic signature. Please make sure you review deductions, elections and dependents as this is the last opportunity to make changes until our next Open Enrollment. Please also note, any additional evidence of insurability requirements will be noted at the top of this step.

Once you have verified your elections, do not forget to hit submit

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:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations, you may not change your benefit elections during the plan year unless you experience a qualified life event.
- All qualified life events will require you to verify eligibility by providing appropriate documentation to make changes to certain benefit elections.
- You confirm that any spouse, domestic partner and/or dependent(s) you have added are eligible for coverage based on Epiq's dependent eligibility requirements. To view eligibility requirements, click [here](#).
- 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 Savings Account contributions. These benefits are paid on a pre-tax basis. However, domestic partner coverage is paid on a post-tax basis.

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. Epiq reserves the right to modify, amend, suspend or terminate these benefits at any time.

If you wish to make a contribution to the Epiq Charitable Foundation, you hereby authorize the company to deduct from your earnings the amount you elected from each pay date. This amount can be changed or cancelled at any time and takes up to 2 pay periods for changes to take effect.

I Accept

Selected Benefits 4 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents
Medical - US CIGNA HDHP Value HSA Local Plus	06/01/2024	06/01/2024	Associate + Family	Test Child Test Spouse
FMLA Voya Financial	12/01/2022	12/01/2022	Associate Only	
Basic Life & AD&D Voya Financial (Associate)	12/01/2022	12/01/2022	1 X Salary	
Basic STD Voya Financial (Associate)	12/01/2022	12/01/2022	60% of Salary	

Waived Benefits 14 items

Dental - US
