![workday logo]

Workday Job Aid – New Hire Benefit Enrollment

As a New Hire, you have 31 days from your hire date to enroll or decline benefits. Other opportunities to enroll include Open Enrollment (generally held in November) or with a Qualifying Life Event (refer to Benefits Booklet for further details). New Hire coverage begins the first of the month following 30 days from your date of hire.

To begin your benefit enrollment, select the **Workday** icon workday on OKTA.

1. On the Workday homepage, click the Inbox icon to open your inbox.

2. Open the message with subject: **Change Benefit Elections**.

3. Click **Elect** to choose the benefit(s) you want to add and **Waive** for the benefit(s) you want to decline.

4. **Enrolling Dependent(s)?** Once you elect the benefit plan, click the white box under the **Enroll Dependents** column and choose **Add My Dependent From Enrollment**. *If you are not enrolling dependents, click the Continue button at the bottom of the screen and jump to #10 in this job aid.*

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5. A new page will open where you will choose whether you want your dependent to also be a beneficiary. Select **Yes** or **No.**
6. Then click the **OK** button.

7. You'll be directed to the **Add My Dependent From Enrollment** screen. Complete all the required fields marked with an asterisk (*).

Note: You'll also need to add your dependent's Social Security Number. This can be done by clicking **Add** under **Nation IDs**.

8. Click the **OK** button.

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Your dependent will appear under the **Enroll Dependents** column.

9. Click the **Continue** button to proceed.

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semimonthly)
Medical - Kaiser HMO Southern CA	⦿ Elect ◯ Waive	Test FN Test LN	4 Associate + Child(ren)	$182.00
Medical - United Healthcare EPO	◯ Elect ⦿ Waive			
			1 Associate Only	$24.44

9 Continue | Save for Later | Cancel

Important Note: When enrolling dependents, you will be required to participate in the dependent verification process. For questions or how to submit documentation, see below:

DSI Contact Support: 1. Online: **www.dsiverify.com**
2. Phone: **1.888.374.0150** Monday to Friday 9AM – 7PM CST
3. Email: **support@dsiverify.com**

Submit Documentation:
Documents may be submitted via one of several methods:
• Upload documents online at **www.dsiverify.com**
• Securely Email documents to **verify@dsiverify.com**
• Fax documents to 949-502-0734
• Mail copies (no originals) to P.O. Box 80133, Rancho Santa Margarita, CA 92688
• Don't have a scanner/fax? You can take legible pictures of your documents and upload or email them.

You may click the **Continue** button to move through the next few screens. However, you are required to add beneficiaries to your life insurance benefits on the **Beneficiary Designations** screen.

10. Click the **+** button to create a beneficiary.
11. Enter the beneficiary's name and a percentage amount. **Primary Percentage** is for your main beneficiary and **Contingent Percentage** is for your secondary beneficiary.
12. Click the **Continue** button.

Beneficiary Designations 2 items

	Provider Website	Requires Beneficiary	Beneficiaries		
				*Beneficiary	*Primary Percentage / Contingent Percentage
Guardian (Associate)	Guardian	☑	⊕ **10**		
			⊖	✕ Test FN Test LN ☰	**11** ⦿ Primary Percentage 75 ◯ Contingent Percentage 25
Guardian (Associate)	Guardian	☑	⊕		

12 Continue | Save for Later | Go Back | Cancel

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You'll be directed to the **Benefit Elections Review** screen. Review your benefit elections and _scroll down to the bottom of the page_.

Before submitting your elections, you will be prompted for an electronic signature. Please scroll down to check this box.

Elected Coverages 7 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries
Medical - Kaiser HMO Southern CA	05/01/2019	05/01/2019	4 Associate + Child(ren)		Test FN Test LN	
Dental - Guardian PPO 2K	05/01/2019	05/01/2019	1 Associate Only			
Basic Life - Guardian (Associate)	01/01/2019	01/01/2019	1 X Salary	$130,000.00		Test FN Test LN
Basic AD&D - Guardian (Associate)	01/01/2019	01/01/2019	1 X Salary	$130,000.00		Test FN Test LN
401(k) - Fidelity	01/01/2019	01/01/2019	2%			
401(k) - Fidelity Bonus	01/01/2019	01/01/2019	2%			
Employee Assistance Program - Managed Health Network	01/01/2019	01/01/2019				

Important Note: You are automatically enrolled in the tradition 401(k) plan through **Fidelity** on the 1st of the month following 30 days of employment at a 2% deferral rate. You can make a change to your deferrals or opt out at any time through Fidelity's website at www.401k.com.

Submit   Save for Later   Go Back   Cancel

13. At the bottom of the screen, select **I Agree**.
14. Click the **Submit** button.

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" check-box, 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 rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds $50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.

I Agree ☑ 13

14 Submit   Save for Later   Go Back   Cancel

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