

Workday: Enrolling in Benefits due to a Change in Work Schedule or Employment Status

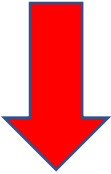
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Data Change FAQs

- Associates may enroll in benefits mid-year if they experience a change in work schedule such as an increase in hours, or a switch between a Part Time non-benefit eligible position to a benefit eligible position.
- If you are already benefits eligible and increase or decrease your hours but continue to work 20 hours per week, you are not eligible to change your benefit elections.
- Associates must work 20 hours per week or a .5 FTE to be eligible for benefits.
- You have 30 days from the effective date to enroll in benefits.
- Enrollment changes are effective the first of the month following the event as a result of a change in employment status.

Locate the Benefit Status Change task in your inbox or “Awaiting Your Action”



Click "Let's Get Started"

Inbox

Actions Archive

Viewing: All Sort By: Newest

Benefit Change - Benefit Eligible Status Change : Choco Bear (999999) on 02/18/2024
21 day(s) ago - Due 02/16/2024; Effective 02/18/2024

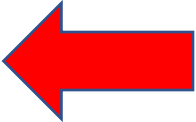
Change Benefit Elections

21 day(s) ago - Due 02/16/2024; Effective 02/18/2024

Initiated On 02/15/2024

Submit Elections By 03/19/2024

Let's Get Started



Enrolling in a Medical Plan



To enroll in a Medical Plan, click “Enroll”

MENU



Search



Benefit Eligible Status Change



Projected Total Cost Per Paycheck
\$0.00

Projected Total Credits
\$0.00

Health Care and Accounts



Medical
Waived

Enroll



Dental
Waived

Enroll



Vision
Waived
REVIEWED

Enroll



Accident
Waived

Enroll



Hospital Indemnity
Waived

Enroll



Critical Illness
Waived

Enroll



Surcharge
CHOC Spouse

Review and Sign

Save for Later

Included



Health Savings Account
Waived
REVIEWED



FSA Medical
Waived



Select the medical plan you wish to enroll in and click “Confirm and Continue”

Medical

Projected Total Cost Per Paycheck
\$97.62

Projected Total Credits
\$0.00

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

5 Items

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Cigna HDHP 2000	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$118.64	\$265.51
Cigna HDHP 6000	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$27.24	\$227.33
Cigna HMO Full Network	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$97.62	\$276.35
Cigna HMO Select Network	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$42.93	\$294.47
Cigna PPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$152.98	\$352.42

Health Care Instructions

General Instructions

When you select the Cigna HMO Select, HMO Full or PPO plans, you may also enroll in the Health Care Flexible Spending Account (FSA). When you select the Cigna HDHP plan, you may also enroll in the Health Savings Account (HSA) and the Limited Purpose FSA.

Definitions:

Health Savings Account (HSA) is a tax-free savings account that works with the Cigna HDHP plan to help you pay for the cost of out-of-pocket health care and prescription expenses.

Health Care FSA reimburses medical, dental, and vision expenses.

Limited Purpose FSA reimburses for dental and vision expenses and may only be used with the Cigna HDHP plan.

Dependent Care FSA reimburses for day/night care expenses for qualifying dependents which include 1) children under the age of 13 who qualify as dependents on your federal tax return or 2) spouse or dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependents on your Federal tax return.

To find information about CHOC Benefits Plans and Programs go to:

<https://benefits.choc.org/>

Confirm and Continue

Cancel

Enrolling a Dependent



If you wish to enroll a dependent, click the checkbox next to their name and then click “Save”.

Medical - Cigna HMO Full Network

Projected Total Cost Per Paycheck
\$352.44

Projected Total Credits
\$0.00

Dependents

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

Coverage * Employee + Family

Plan cost per paycheck \$303.45

Add New Dependent

3 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Ev E	Spouse	03/29/1973
<input checked="" type="checkbox"/>	Wall E	Child	09/02/2007
<input checked="" type="checkbox"/>	Donald Duck	Child	06/01/2009

Save

Cancel

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To add a new dependent, click “Add New Dependent”

Medical - Cigna HMO Full Network

Projected Total Cost Per Paycheck
\$352.44

Projected Total Credits
\$0.00

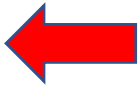
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3 items

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Save

Cancel

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To find information about CHOC Benefits Plans and Programs go to:

<https://benefits.choc.org/>

Select “Create Dependent” then click “OK”.

Add My Dependent From Enrollment Choco Bear (999999) ⋮

Use an Existing Beneficiary or Emergency Contact

Create Dependent


Use as Beneficiary

To find information about CHOC Benefits Plans and Programs go to:
<http://benefits.choc.org>


Enter the required fields marked with an asterisk (*), then click “Save”.

Add My Dependent From Enrollment


Name

 Country *

Prefix

 First Name *

Middle Name

 Last Name *

Suffix

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

 Save


Cancel

Personal Information

 Relationship *

 Date of Birth *

Age (empty)

 Gender *

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Finalizing Benefit Elections












Repeat the process for other benefits you wish to enroll in

Benefit Eligible Status Change

Projected Total Cost Per Paycheck \$159.57
Projected Total Credits \$0.00

Health Care and Accounts

 Medical Cigna HMO Full Network UPDATED Cost per paycheck \$159.57 Coverage Employee + Child(ren) Dependents 1 Manage	 Dental Waived Enroll	 Vision Waived REVIEWED Enroll
 Accident Waived Enroll	 Hospital Indemnity Waived Enroll	 Critical Illness Waived Enroll
 Surcharge Included Review and Sign Save for Later	 Health Savings Account Waived REVIEWED	 FSA Medical Waived

To finalize your benefits enrollment, click “Review and Sign”










Benefit Eligible Status Change

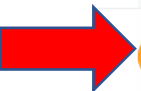


Projected Total Cost Per Paycheck
\$184.95

Projected Total Credits
\$0.00

Health Care and Accounts

 Medical Cigna HMO Full Network UPDATED Cost per paycheck: \$159.57 Coverage: Employee + Child(ren) Dependents: 1 Manage	 Dental Delta Dental PPO UPDATED Cost per paycheck: \$25.38 Coverage: Employee + 1 Dependents: 1 Manage	 Vision Waived REVIEWED Enroll
 Accident Waived Enroll	 Hospital Indemnity Waived Enroll	 Critical Illness Waived Enroll
 Surcharge CHOC Spouse Included Review and Sign Save for Later	 Health Savings Account Waived REVIEWED	 FSA Medical Waived



Review your benefit elections in View Summary

View Summary

Projected Total Cost Per Paycheck \$184.95
Projected Total Credits \$0.00

To find information about CHOC Benefits Plans and Programs go to:
<http://benefits.choc.org>

Please note, you have not completed your enrollment until you select, "I Agree" and "Submit" at the bottom of this page.

Selected Benefits 5 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Cigna HMO Full Network	03/01/2024	03/01/2024	Employee + Child(ren)	Mickey Mouse		\$159.57
Dental Delta Dental PPO	03/01/2024	03/01/2024	Employee + 1	Mickey Mouse		\$25.38
Surcharge CHOC Spouse	03/01/2024	03/01/2024	Spouse/DP is not a dependent.			Included
Basic Life The Hartford (Employee)	03/01/2024	03/01/2024	1 X Salary			Included
Basic AD&D The Hartford (Employee)	03/01/2024	03/01/2024	1 X Salary			Included

Submit Cancel



Continue scrolling down the webpage to submit your benefit elections.

Attachments

Drop files here

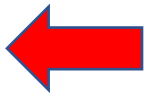
or

Select files

Electronic Signature

I acknowledge that I have been given the opportunity to enroll myself and/or eligible dependents in my employer's benefits plans. I hereby authorize CHOC Children's to take any applicable deductions from my salary with regard to these benefits plans, including applying any start, stop, increase, decrease or change in deduction amount.

I Accept



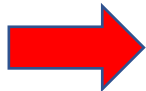
Click "I Accept"

enter your comment

Process History

 Choco Bear (999999)

Due 02/16/2024



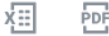
Then, click "Submit" to finalize benefit elections.

Congratulations, you have submitted your benefit elections.

MENU

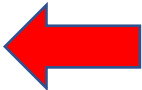


Submitted



You've submitted your elections.

To print a copy of your benefit elections, click on "View Benefits Statement" and select the "Print" button at the bottom of your page.



Click "View Benefits Statement, to print a copy.

Done



Click "Print" for a copy of your benefit elections for your records

MENU

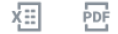


Search



Submit Elections Confirmation

Benefit Eligible Status Change for Choco Bear (999999) ⋮



Initiated On 02/15/2024

Submit Elections By 03/19/2024

Event Date 02/18/2024

Total Employee Cost/Credit
\$184.95 Biweekly Cost

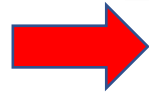
You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

To print a copy of your benefit elections, click on "View Benefits Statement" and select the "Print" button at the bottom of your page.

Elected Coverages 5 items



Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Biweekly)	Employer Contribution (Biweekly)
Medical - Cigna HMO Full Network	03/01/2024	03/01/2024	Employee + Child(ren)		Mickey Mouse		\$159.57	\$554.29
Dental - Delta Dental PPO	03/01/2024	03/01/2024	Employee + 1		Mickey Mouse		\$25.38	\$13.83
Surcharge - CHOC Spouse	03/01/2024	03/01/2024	Spouse/DP is not a dependent.					
	03/01/2024	03/01/2024	1 X Salary	\$48,000.00				



Print



LONG LIVE CHILDHOOD

Have Questions or Need Help?
Submit a Workday- Benefits Coverage after
Status Changes Help Case

