## Workday: Changing Your Coverage Mid-Year



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### What Is a Qualifying Life Event?

Associates are eligible to make changes to their benefits once a year during annual open enrollment. However, if you experience a qualifying life event that changes your life circumstances, you may request to make changes to your benefits in Workday. There is a 30-day eligibility window to submit the request in Workday.

#### **Qualifying life events include:**

- •Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse
- •Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child
- •Change in a child's dependent status, either newly satisfying the requirements as a dependent child status or ceasing to satisfy them
- •Change in place of residence or worksite that affects the eligibility for coverage or accessibility of network providers
- •Change in your health coverage or your spouse's/domestic partner's coverage attributable to your spouse's/domestic partner's employment
- Change in an individual's eligibility for Medicare or Medicaid
- A court order requiring health coverage for your child
- •Changes in your coverage impacted by your spouse's/domestic partner's employer or employment status
- •Change in work schedule or employment status such as an increase or decrease in hours or a switch between a Part Time non-benefit eligible position to a benefit eligible position

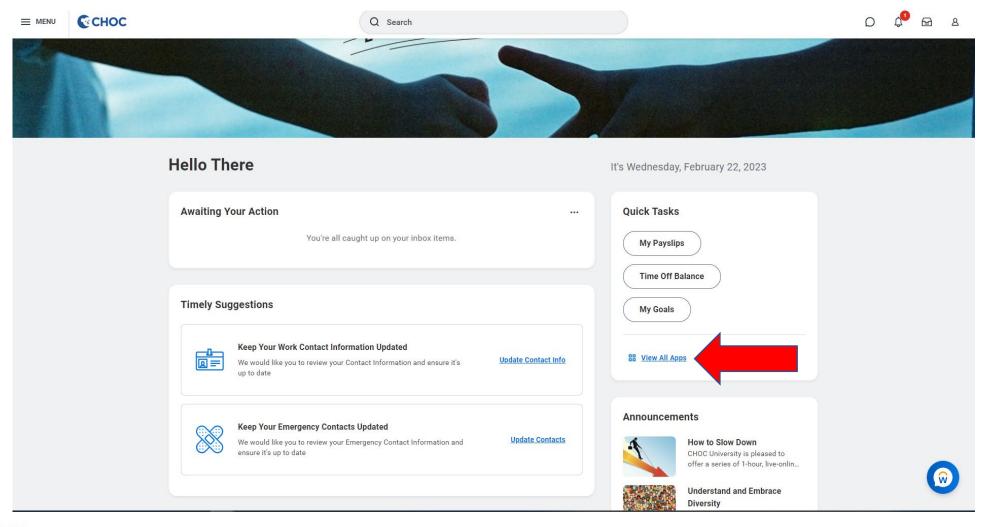


How to Submit a Request in Workday



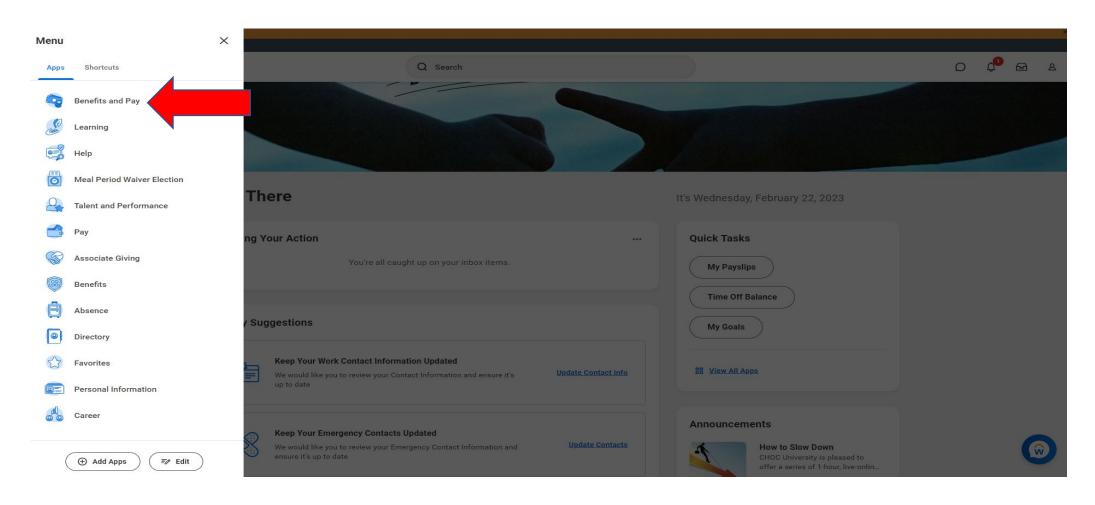


### Step 1: Click on "View All Apps" from the Home Page in Workday



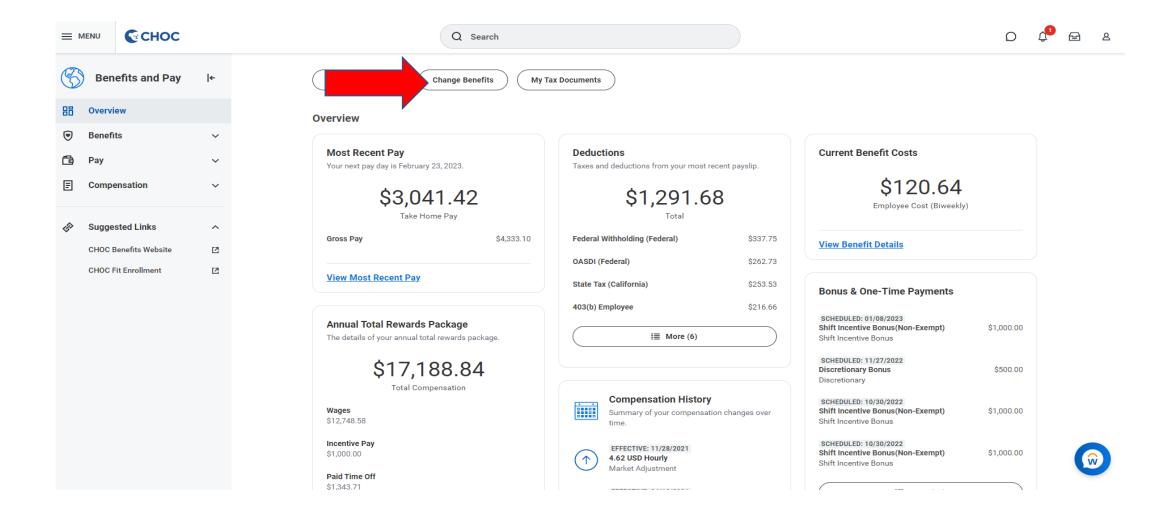


### Step 2: Click on the "Benefits and Pay" icon



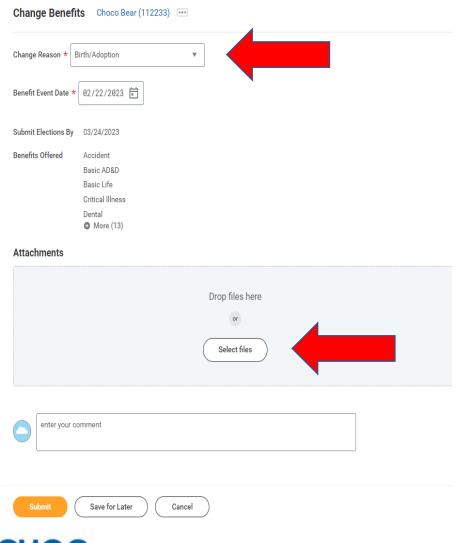


### Step 3: Click on "Change Benefits"





### Step 4:

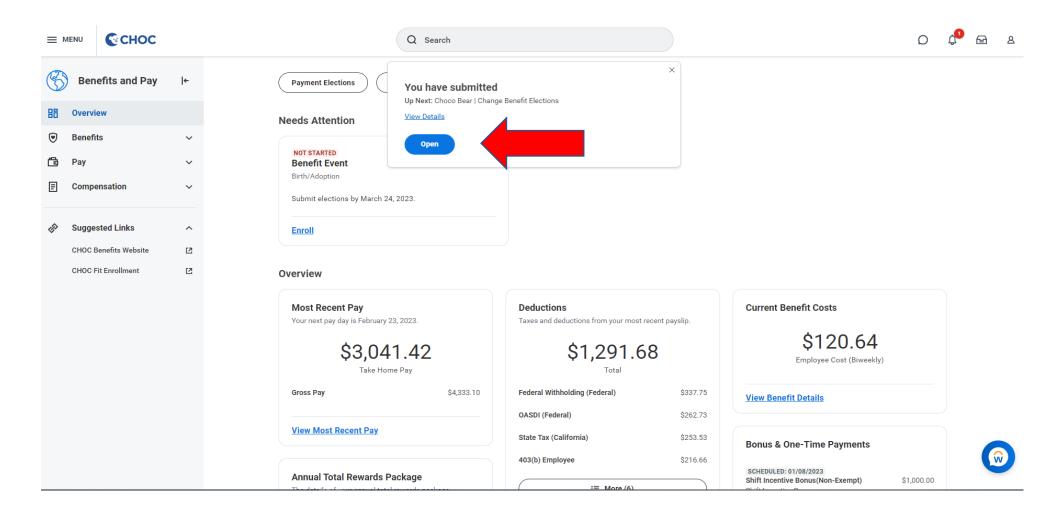


Click the drop down in the Change Reason cell and select the life event that is the most applicable.

Attach proof of the life event.

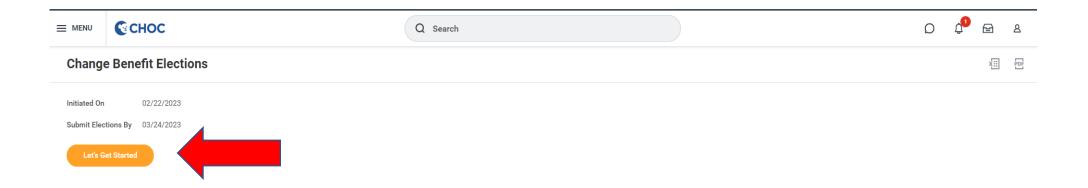


### Step 5: Click "Open"





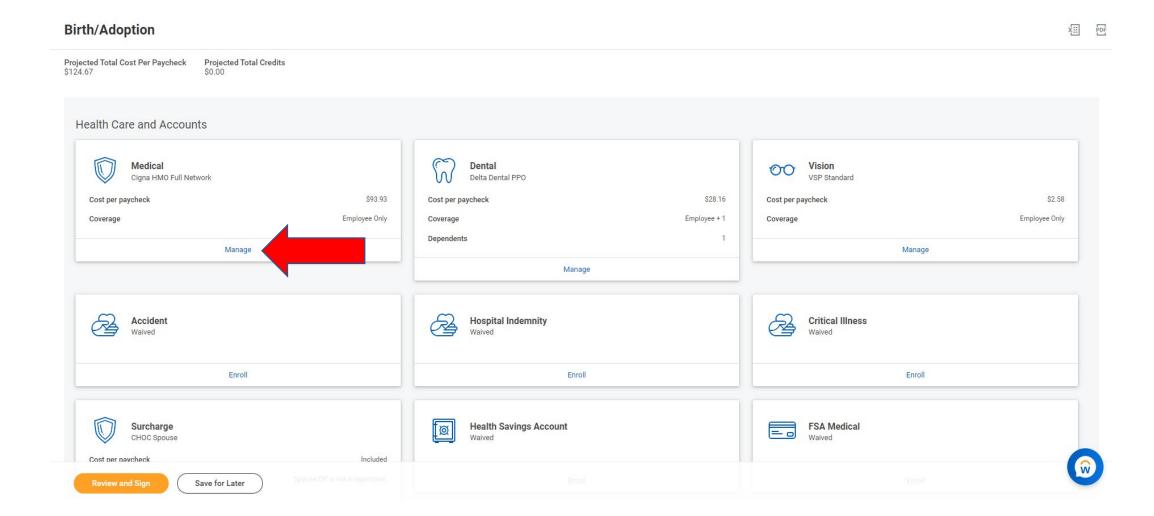
### Step 6: Click "Let's Get Started"





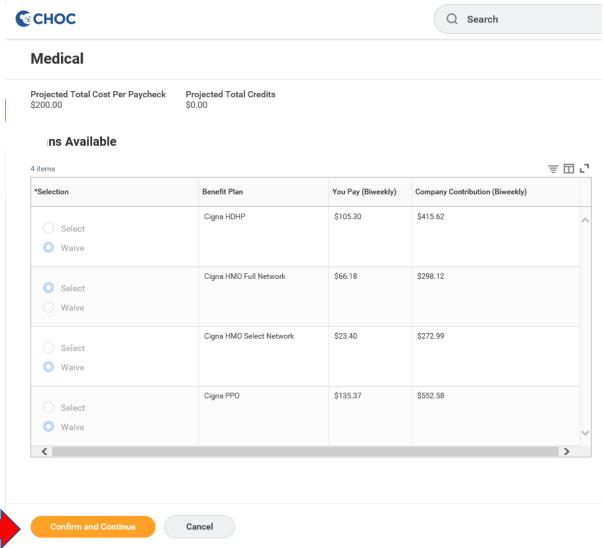


### Step 7: Click "Manage"





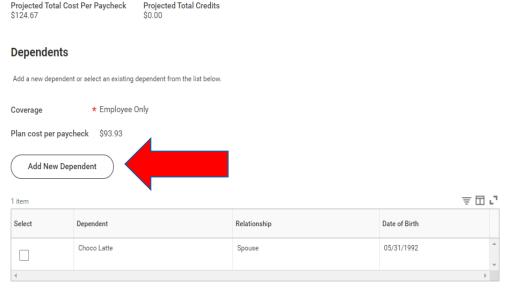
### Step 8: Click "Confirm and Continue"





### Step 9: Click "Add New Dependent"

#### Medical - Cigna HMO Full Network



#### 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.

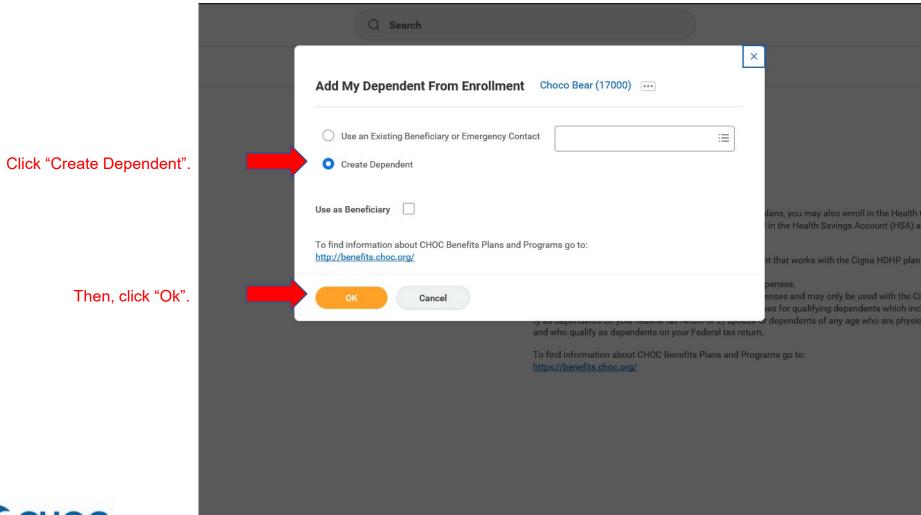
To find information about CHOC Benefits Plans and Programs go to: https://benefits.choc.org/





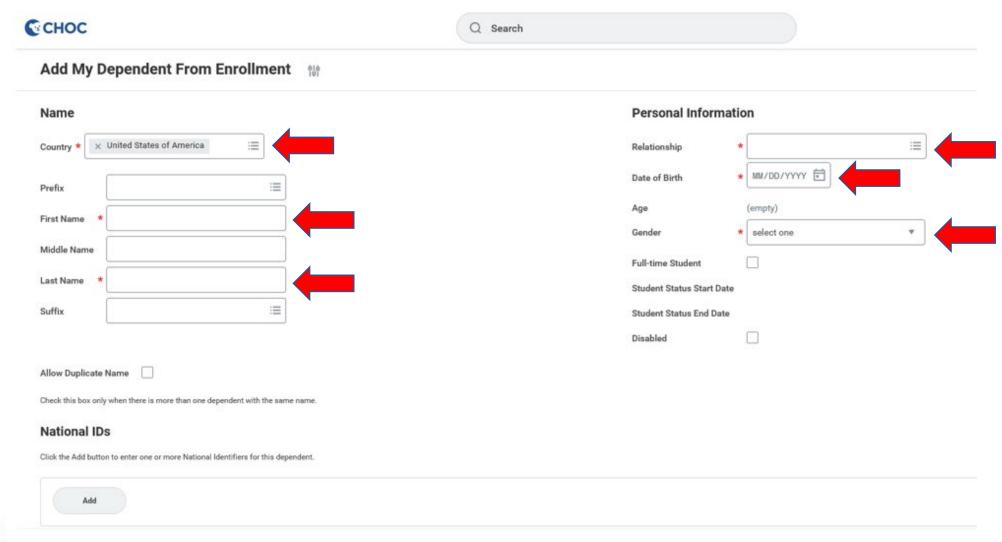


### Step 10: Add a Dependent



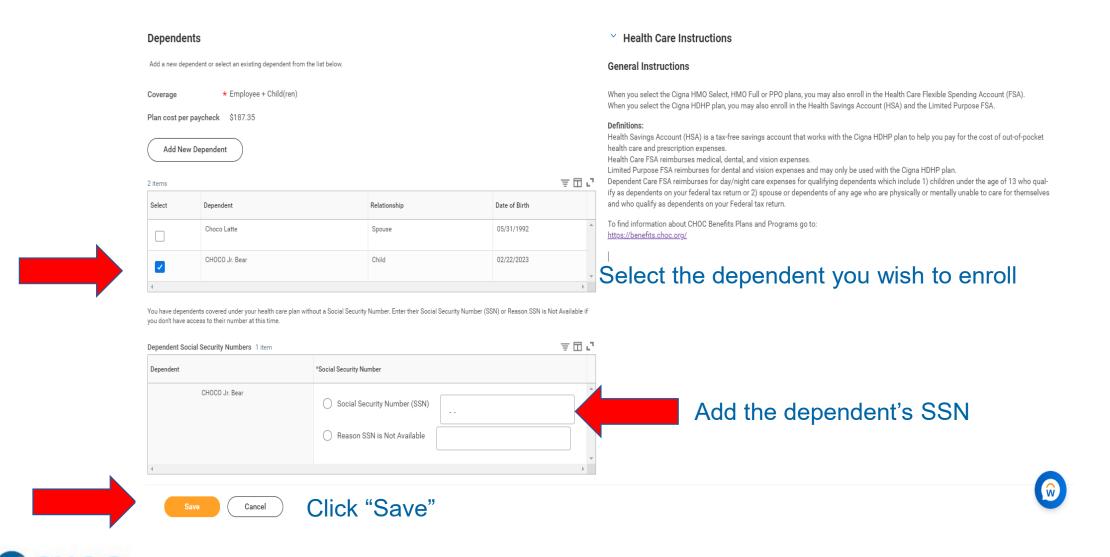


### Step 11: Enter the required fields marked with an asterisk (\*)

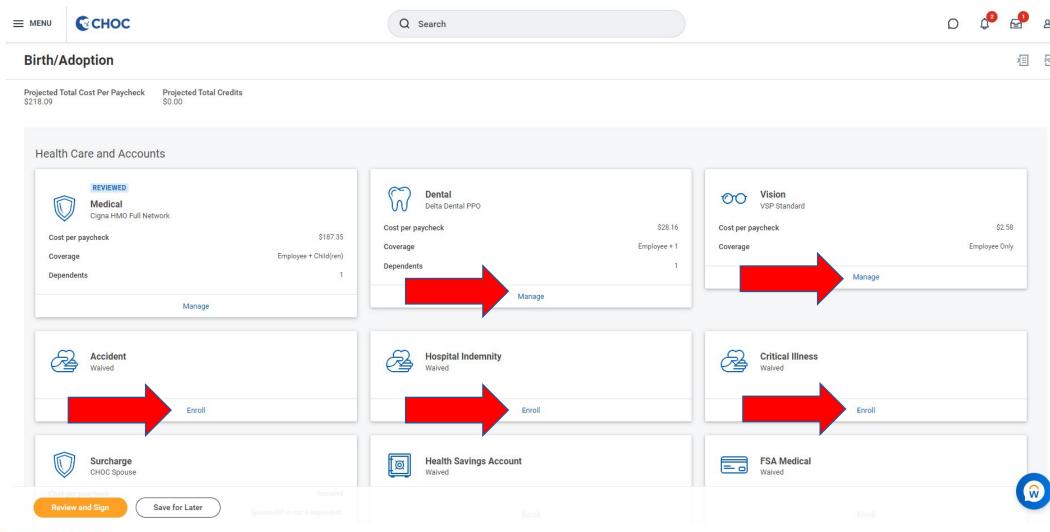




# Step 12: Select the dependent you wish to add, add the SSN and click "Save"

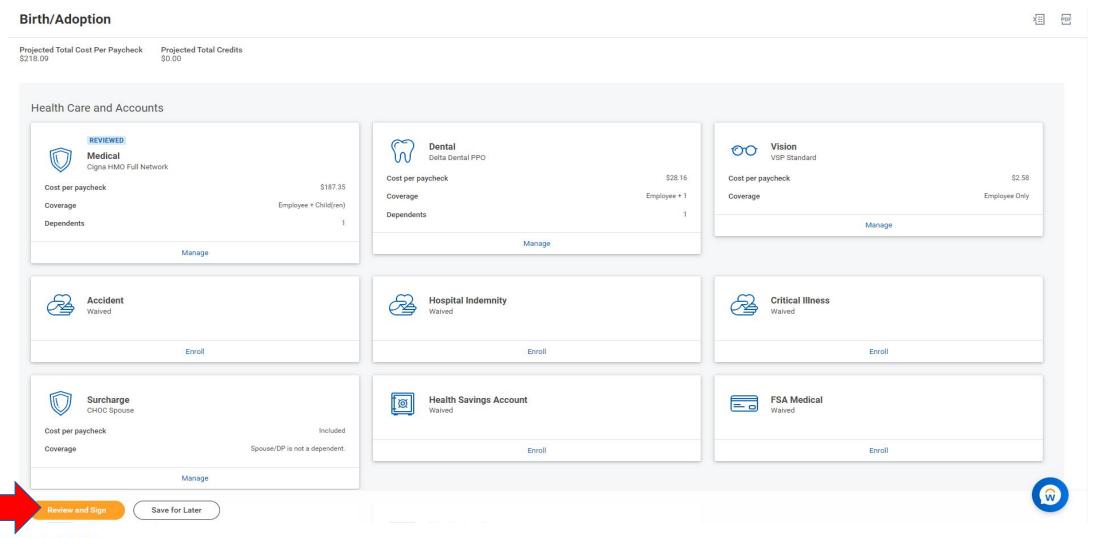


### Step 13: Repeat the same process to enroll in other benefits





### Step14: Click "Review and Sign"





### Step 15: Review your elections under View Summary

#### **View Summary**

Projected Total Cost Per Paycheck \$218.09 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 6 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	03/01/2023	03/01/2023	Employee + Child(ren)	CHOCO Jr. Bear		\$187.35
Cigna HMO Full Network						
Dental	03/01/2023	03/01/2023	Employee + 1	Choco Latte		\$28.16
Delta Dental PPO						
Vision	03/01/2023	03/01/2023	Employee Only			\$2.58
VSP Standard						
Surcharge	01/01/2020	01/01/2020	Spouse/DP is not a dependent.			Included
CHOC Spouse						
Basic Life	06/01/2018	05/20/2018	1 X Salary			Included
The Hartford (Employee)						
Basic AD&D	06/01/2018	05/20/2018	1 X Salary		Sharon Azzolini	Included
The Hartford (Employee)						



Save for Later

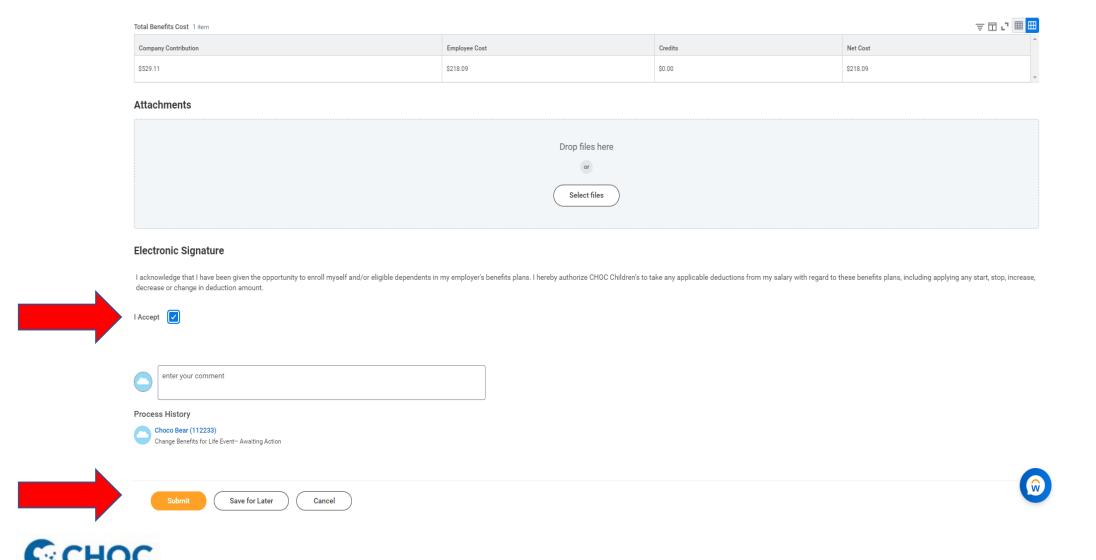
Cancel



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### Step 16: Scroll to the bottom of the page and click "I accept" and "Submit"



### Step 17: Congratulations! You have completed the enrollment.





# LONG LIVE CHILDHOOD

Have Questions or Need Help?
Submit a Workday- Benefit Elections
Help Case



