

# Workday: Enrolling in Benefits after returning from a Leave of Absence

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# Return from Leave FAQs

- You will have 30 days from the date you return to work to enroll in benefits
- Benefits will be effective the first of the month following the return-to-work date

## Additional Resources

- Benefits website - [benefits.choc.org](https://benefits.choc.org)

## How to Re-Enroll in Benefits after returning from a leave of absence



# Locate the Benefit Elections- Absence Return task in your inbox or “Awaiting your Action”



The screenshot shows the CHOC Workday dashboard. At the top left is the CHOC logo and a 'MENU' button. A search bar is in the top center. On the top right, there are icons for home, notifications (with a '1' badge), inbox (with a '1' badge), and user profile. A large red arrow points to the inbox icon. Below the header is a banner image of two hands. The main content area is divided into several sections: 'Let's Get Started' with the date 'It's Wednesday, February 28, 2024'; 'Awaiting Your Action' which contains a task card for 'Benefit Elections: Absence Return for Choco Bear (99999) last day of absence on 02/25/2024, first day back at work on 02/26/2024' with a red arrow pointing to it; 'Quick Tasks' with buttons for 'My Payslips', 'Time Off Balance', and 'My Goals'; 'Timely Suggestions' with a card for 'Keep Your Work Contact Information Updated'; and 'Announcements' with a card for '2023 W-2 Tax Documents'. A blue chat bubble for 'Hi Choco Bear! I'm Workday Assistant' is on the right side.

# To re-enroll in benefits click “Change Benefits”

The screenshot displays a user interface for CHOC. At the top left, there is a 'MENU' icon and the CHOC logo. A search bar is located at the top center. On the top right, there are notification icons for a calendar, a bell with a red '1', an envelope with a red '1', and a user profile icon. Below the header, the 'Inbox' section is visible. On the left side of the inbox, there are filters for 'Actions' and 'Archive', and dropdown menus for 'Viewing: All' and 'Sort By: Newest'. A task is highlighted in the inbox with a red arrow pointing to it. The task details are as follows:

- Complete To Do** Benefit Elections
- 18 hour(s) ago - Effective 02/25/2024
- For** Choco Bear (99999)
- Overall Process** Absence Return for Choco Bear (99999) last day of absence on 02/25/2024, first day back at work on 02/26/2024
- Overall Status** Successfully Completed
- Due Date** 02/29/2024
- Instructions** If you would like to re-enroll in benefits click the "Change Benefits" icon below. Or you may click the Benefits Worklet in Workday, select "Benefits" under the Change header and select the "Return from Leave" event from the drop-down menu to start the process. Click the "Submit" icon below to close this Task.

Below the instructions, there is an orange button labeled 'Change Benefits' with a red arrow pointing to it. Underneath the button is a text input field with the placeholder 'enter your comment'. At the bottom of the task card, there are three buttons: 'Submit' (highlighted with a red arrow), 'Save for Later', and 'Close'. A Workday logo is visible in the bottom right corner of the interface.

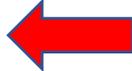


Click “Submit” to close this task

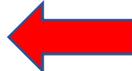
Select the Return from Leave option from the drop-down menu.  
The benefit event date is your return-to-work date, then click “Submit”.

Change Benefits Choco Bear (99999) ⋮

Change Reason \* Return from Leave



Benefit Event Date \* 02/26/2024



Instructions

If you are electing a Divorce/Separation event, you first must change your spouse/domestic partner to ex-spouse/domestic partner under the Dependents page. Please use this [link](#) to make this change.

Submit Elections By 03/26/2024

- Benefits Offered
- Accident
  - Basic AD&D
  - Basic Life
  - Cafeteria
  - Critical Illness
  - More (15)

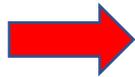
Attachments

Drop files here

or

Select files

enter your comment



Submit

Save for Later

Cancel

# Click "Open"

Search

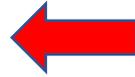


## You have submitted

Up Next: Choco Bear | Change Benefit Elections

[View Details](#)

Open



## Complete To Do [Benefit Elections](#)

19 hour(s) ago - Effective 02/25/2024

For [Choco Bear \(99999\)](#)

Overall Process [Absence Return for Choco Bear \(99999\) last day of absence on 02/25/2024, first day back at work on 02/26/2024](#)

Overall Status [Successfully Completed](#)

Due Date [02/29/2024](#)

Instructions [If you would like to re-enroll in benefits click the "Change Benefits" icon below. Or you may click the Benefits Worklet in Workday, select "Benefits" under the Change header and select the "Return from Leave" event from the drop-down menu to start the process. Click the "Submit" icon below to close this Task.](#)

[Change Benefits](#)

enter your comment



Submit

Save for Later

Close



# Click “Let’s Get Started”

≡ MENU



Q Search



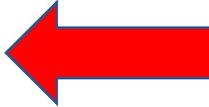
## Change Benefit Elections



Initiated On 02/28/2024

Submit Elections By 03/26/2024

Let's Get Started



# Click “Enroll” to begin

MENU



Search



## Return from Leave



Projected Total Cost Per Paycheck  
\$0.00

Projected Total Credits  
\$0.00

### Health Care and Accounts

 <b>Medical</b> Waived <a href="#">Enroll</a>	 <b>Dental</b> Waived <a href="#">Enroll</a>	 <b>Vision</b> Waived <a href="#">Enroll</a>
 <b>Accident</b> Waived <a href="#">Enroll</a>	 <b>Hospital Indemnity</b> Waived <a href="#">Enroll</a>	 <b>Critical Illness</b> Waived <a href="#">Enroll</a>
 <b>Surcharge</b> CHOC Spouse Cost per paycheck <span style="float: right;">Included</span> Coverage <span style="float: right;">Spouse/DP is not a dependent.</span> <a href="#">Manage</a>	 <b>Health Savings Account</b> Waived <a href="#">Enroll</a>	 <b>FSA Medical</b> Waived <a href="#">Enroll</a>

Review and Sign

Save for Later

 **FSA Limited Purpose**  
Waived



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

## Medical

Projected Total Cost Per Paycheck  
\$0.00

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	\$107.93	\$276.22
Cigna HDHP 6000	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$18.10	\$236.46
Cigna HMO Full Network	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$71.41	\$302.56
Cigna HMO Select Network	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$24.65	\$312.75
Cigna PPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$138.84	\$366.56

### 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



# To enroll dependents, click the checkbox next to the dependents' name or click "Add New Dependent"

## Medical - Cigna HMO Full Network

Projected Total Cost Per Paycheck \$188.36  
Projected Total Credits \$2.88

### Dependents

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

Coverage \* Employee + Child(ren)

Plan cost per paycheck \$148.36

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Donald Duck	Child	01/20/2022

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Dependent Social Security Numbers 1 item

Dependent	*Social Security Number
Donald Duck	<p><input checked="" type="radio"/> Social Security Number (SSN) <input type="text" value="123-45-6789"/></p> <p><input type="radio"/> Reason SSN is Not Available <input type="text"/></p>

### Health Care Instructions

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

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

Enter dependents SSN

Save

Cancel

Then, click "Save"

# To Add a New Dependent, click “Add New Dependent”

## Medical - Cigna HMO Full Network

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Projected Total Cost Per Paycheck  
\$71.41

Projected Total Credits  
\$0.00

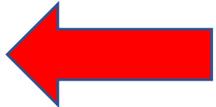
### Dependents

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

Coverage \* Employee Only

Plan cost per paycheck \$71.41

Add New Dependent



Click “Create Dependent”. Then, click “OK”.

The screenshot shows a dialog box titled "Add My Dependent From Enrollment" for a user named "Choco Bear (99999)". It contains two radio button options: "Use an Existing Beneficiary or Emergency Contact" (unselected) and "Create Dependent" (selected). A red arrow points to the "Create Dependent" option. Below this is a checkbox for "Use as Beneficiary" which is unchecked. At the bottom, there are two buttons: "OK" (highlighted in orange) and "Cancel". A second red arrow points to the "OK" button. A text link at the bottom of the dialog box reads: "To find information about CHOC Benefits Plans and Programs go to: <http://benefits.choc.org>".

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



## Add My Dependent From Enrollment 010 101

### Name

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

### Personal Information

Relationship \*

Date of Birth \*

Age (empty)

Gender \*

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.



# Repeat the same process to enroll in other benefits

MENU CHOC Search

Return from Leave

Projected Total Cost Per Paycheck \$303.45 Projected Total Credits \$0.00

### Health Care and Accounts

 <b>Medical</b> Cigna HMO Full Network <b>UPDATED</b> Cost per paycheck \$303.45 Coverage Employee + Family Dependents 3 Manage	 <b>Dental</b> Waived Enroll	 <b>Vision</b> Waived Enroll
 <b>Accident</b> Waived Enroll	 <b>Hospital Indemnity</b> Waived Enroll	 <b>Critical Illness</b> Waived Enroll
 <b>Surcharge</b> CHOC Spouse Included Review and Sign Save for Later	 <b>Health Savings Account</b> Waived	 <b>FSA Medical</b> Waived

W

# Click “Review and Sign”

MENU CHOC

Search

Return from Leave

Projected Total Cost Per Paycheck \$303.45    Projected Total Credits \$0.00

### Health Care and Accounts

 <b>Medical</b> Cigna HMO Full Network <b>UPDATED</b> Cost per paycheck \$303.45 Coverage Employee + Family Dependents 3 <a href="#">Manage</a>	 <b>Dental</b> Waived <a href="#">Enroll</a>	 <b>Vision</b> Waived <a href="#">Enroll</a>
 <b>Accident</b> Waived <a href="#">Enroll</a>	 <b>Hospital Indemnity</b> Waived <a href="#">Enroll</a>	 <b>Critical Illness</b> Waived <a href="#">Enroll</a>
 <b>Surcharge</b> Cigna Spouse <a href="#">Review and Sign</a> <a href="#">Save for Later</a> Included	 <b>Health Savings Account</b> Waived	 <b>FSA Medical</b> Waived





# Review your elections under View Summary and scroll to the bottom of the page

## View Summary

Projected Total Cost Per Paycheck \$352.44      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 7 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Cigna HMO Full Network	03/01/2024	03/01/2024	Employee + Family	Donald Duck Ev E Wall E		\$303.45
Dental Delta Dental PPO	03/01/2024	03/01/2024	Employee + 2 or more	Donald Duck Ev E Wall E		\$41.99
Vision VSP Standard	03/01/2024	03/01/2024	Employee + 2 or more	Donald Duck Ev E Wall E		\$7.00
Surcharge CHOC Spouse	01/01/2022	01/01/2022	Spouse/DP is not a dependent.			Included
Basic Life The Hartford (Employee)	01/01/2018	01/01/2018	1 X Salary			Included
Basic AD&D	01/01/2018	01/01/2018	1 X Salary			Included

Submit      Save for Later      Cancel



# Associates must click “I Accept” and then “Submit” to finalize 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 hereby authorize my employer, CHOC Children’s, to deduct the cost of purchases from the CHOC Children’s Hospital Cafeteria from my payroll check(s) and I understand that the maximum purchase amounts allowable are \$50.00 per pay period. This authorization will remain in effect until terminated by CHOC Children’s or myself. Any remaining balance which is not deducted from the payroll check immediately following a purchase will be deducted from the next payroll check(s) until all amounts are paid in full. I understand that I may revoke this authorization at any time by selecting “Change Benefits” in Workday and unenrolling in this option. I understand that all balances outstanding at the time of unenrolling shall be deducted from my next paycheck(s).

I understand that all balances outstanding at the time employment is terminated by myself or CHOC Children’s are due to CHOC Children’s and the amounts authorized will be deducted from my final paycheck. If there are any balances remaining after my final paycheck, I will pay CHOC Children’s no later than 14 days from the employment termination date. If an outstanding balance remains unpaid after 14 days, CHOC Children’s may choose to institute legal proceedings, including but not limited to court action deemed appropriate, to recover the cost of such items. If CHOC Children’s initiates legal proceedings to obtain such recovery, I understand and agree that CHOC Children’s shall also be entitled to recover all costs, including reasonable attorneys’ fees, that it incurs in connection with its pursuit of the amounts I owe.

I Accept



enter your comment

## Process History

Choco Bear (99999)  
Change Benefits for Life Event– Awaiting Action



Submit

Save for Later

Cancel



# Congratulations! You have completed the enrollment

≡ MENU



Q Search



## 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.

[View 2024 Benefits Statement](#)

Done



# LONG LIVE CHILDHOOD

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

