

This reference guide provides a step-by-step guide to making benefit changes.

Change Benefit Elections Adding a Dependent within an Event Managing Beneficiaries within an Event Open Enrollment Instructions

## **Change Benefit Elections**

In order to make an update to your benefits, you must initiate a change in Workday.



**Note:** To add a beneficiary or dependent you must first submit a life change /benefit type event change first. All changes must be made within 31 days and will require supporting documentation.

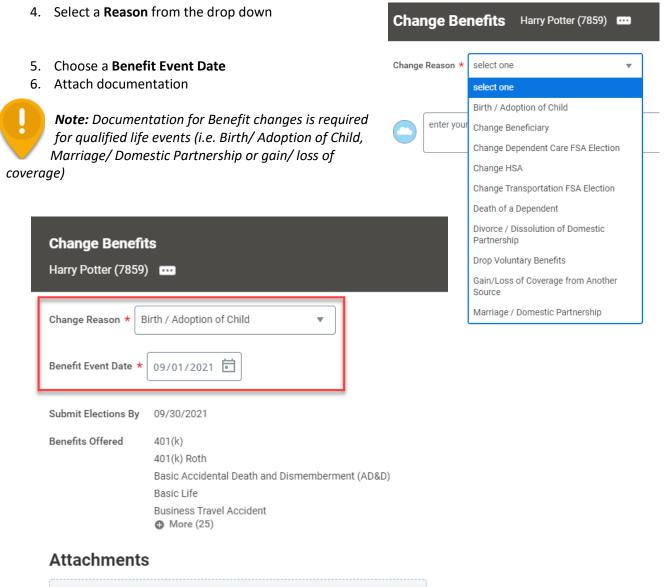
- 1. Log into Workday
- 2. Select Benefits Application

Applications 14 items			
Personal	Pay	Benefits	Career

3. Select Benefits under change section

Change	View
Benefits	Benefit Elections
Beneficiaries	Benefit Elections as of Date
Dependents	
1095-C Printing Election	





	Drop files here
	or
	Select files
Submit	Save for Later Cancel



- 7. Visit each Benefit Plan in each section to view, elect or waive your benefits
  - a. YOU MUST visit each Benefit plan to complete your election
- 8. Click on Enroll, Manage or View to begin your benefits selection

Birth / Adoption of Child			XIII POF
Projected Total Cost Per Paycheck \$26.88			
Health Care and Accounts			
1 Medical Waived		2 Direct Primary Care Waived	
Enroll		Enroll	
3 Dental Waived		4 Vision Waived	
Enroll		Enroll	
Insurance and Retirement			
5 Basic Life Lincoln (Employee)		6 Basic Accidental Death and Dismemberment (AD&D) Lincoln (Employee)	
Cost per paycheck	Included	Cost per paycheck	Included
Coverage	2 X Salary	Coverage	2 X Salary
Manage		Manage	



## 9. Enrolling in Benefits

a. Select or waive to continue

rojected Total Co 26.88	ost Per Paycheck				
Plans Ava					
elect a plan or Waiv items	e to opt out of Medical. The displayed cost of wa	aived plans ass	sumes coverage for Employee Only.	<b>≡</b> 6	a ."
Selection	Benefit Plan	You Pay (Bi- weekly)	Company Contribution (Bi-weekly)	Plan Details	
Select 🔿 Waive	United Healthcare CDHP w/ HSA (2021)	\$24.16	\$276.16	Visit Xplore Benefits	*
<ul><li>Select</li><li>Waive</li></ul>	United Healthcare PPO (2021)	\$34.38	\$299.31	Visit Xplore Benefits	
(	-	L		Cost breakdov	wn

- 10. Once complete click **Confirm and Continue**
- 11. If the plan allows Dependents, the next step is to elect or add new dependents



Medica	l - United Healthcare C	DHP w/ HSA (2021)	)	
Projected To \$51.04	otal Cost Per Paycheck			
Depend	lents			
Add a new de	pendent or select an existing dependent from t	he list below.		
Coverage	* Employee Only			
Plan cost pe	r paycheck \$24.16			
Add Ne	ew Dependent			
1 item			Ŧ	
Select	Dependent	Relationship	Date of Birth	
		Spouse	06/13/1989	*
4				* }



**Note:** If needing assistance on how to Add New Dependent, see section within this job aid to Add New Dependent

12. Once complete, Click Save



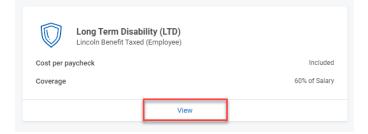
Note: If you are already enrolled in a plan, the tile will change to Manage vs Enroll

### **Health Care and Accounts**

Med Unite	<b>lical</b> d Healthcare CDHP w/ HSA (202:	1)
Cost per paycheck	k	\$24.16
Coverage		Employee Only
	Manage	



13. View Only Plans cannot be changed during the current event selected (no action required on view)



14. As you make changes, you will notice the **Projected Total Cost Per Paycheck** updates at the top of your screen

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Birth / Adoption of Child	
Projected Total Cost Per Paycheck \$51.04	
Health Care and Accounts	
Medical United Healthcare CDHP w/ HSA (2021)	
Cost per paycheck	\$24.16
Coverage	Employee Only
Manage	

- 15. If complete with enrolling/managing plans, click on Review & Sign
  - a. You may **Save for Later** to come back at a later time to complete in your Workday Inbox.

OOO Pet Insurance Pets Best Cost per paycheck	\$20.90
View	
Review and Sign Save for Later	

VERSION 2: SEPTEMBER 2021



### 16. Review **Summary** by scrolling through the entire page

- a. Selected Benefits
- b. Waived Benefits
- c. Total Benefits Cost
- d. Attachments
- e. Electronic Signature (required)
  - i. Check I Accept box

### 17. Click Submit

### **View Summary**

Projected Total Cost Per Paycheck \$51.04

#### Please be sure to review your benefit elections.

Selected Benefits 14 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage
Medical United Healthcare CDHP w/ HSA (2021)	09/01/2021	09/01/2021	Employee Only
Basic Life Lincoln (Employee)	09/30/2019	09/30/2019	2 X Salary
Basic Accidental Death and Dismemberment (AD&D)	09/30/2019	09/30/2019	2 X Salary
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### **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 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 your medical, dental, vision, and Flexible Spending Account contributions, unless you are enrolling a non-tax qualified dependent. These benefits are paid through a Cafeteria Plan on a pre-tax basis.
- unless you are enrolling a non-tax qualified dependent. These benefits are paid through a Cat
   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 your coverage elections, including adding or dropping dependents and/or plans.
- 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 enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after loss of your/their other coverage. In addition, if you have a new spouse or dependent as a result of marriage, birth, adoption, or placement for adoption, you will be able to enroll yourself, your spouse, and your dependents, provided you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption. You also agree to receive electronic communications including, but not limited to open enrollment information, benefit and enrollment information, Summary Plan Descriptions, Summary Annual Reports, annual notices required under ERISA, Medicare Part D, and other federal laws governing my employer's group health plans.

I Accept		
Submit Save for Later Cancel		

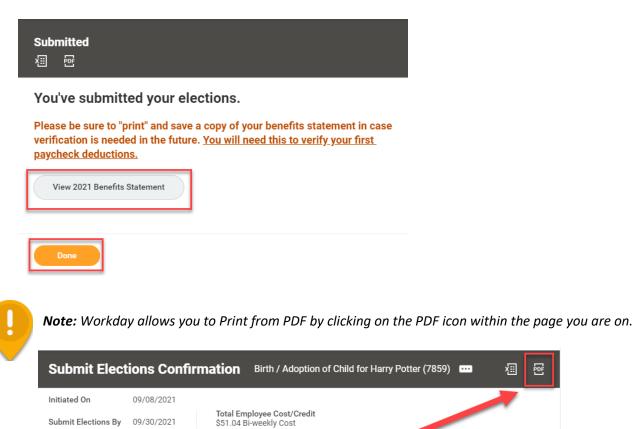


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PDF

### **18. Elections Submitted**

- a. Have the option to view current elections
- b. Print PDF of elected plans
- 19. Click Done



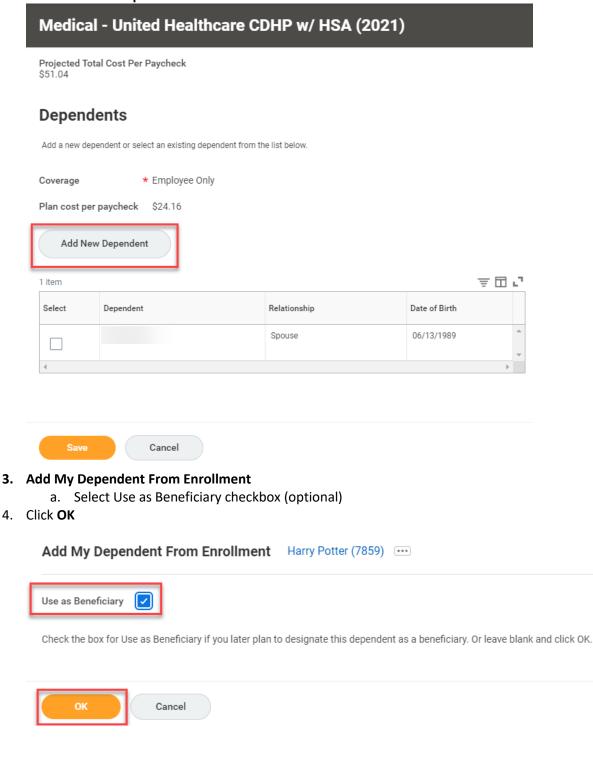
Event Date

09/01/2021



# Adding a Dependent within an Event

- 1. Within a Benefit Event, you have the option to Add a Dependent within the event
- 2. Click Add New Dependent



# Employee: Benefit Changes

# 5. Provide Required information

- a. Country
- b. First Name
- c. Last Name
- d. Relationship
- e. Date of Birth
- f. Gender
- g. Citizenship Status

Add My Dependent From Enrollment 🐘

Name		
Country * ×	United States of America [2]	∷≡
Prefix		:=
First Name 💙	* Jenny	
Middle Name		
Last Name 👎	Potter	
Suffix		≔

### Personal Information

Relationship	*	× Spouse	:=
Date of Birth	*	12/07/1995	
Age		25 years, 9 months, 1 days	
Gender	*	× Female	≔
Citizenship Status		X Citizen (United States of America)	∷≡
Full-time Student			
Student Status Start Date			
Student Status End Date			
Disabled			

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### 6. Provide National IDs

- a. Country
- b. National ID Type
- c. ID

# National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country *	× United States of America [2] ∷		
National ID Type *	× Social Security Number … ∷≡ (SSN)		
Current ID	(empty)		
Add/Edit ID *	500-22-5566		
Issued Date	MM/DD/YYYY		
Expiration Date	MM/DD/YYYY		
Issued By			
Series			
Verification Date	09/08/2021		
Verified By Harry Potter			
Remove			
Add			



### 7. Review Address

- a. Select the correct address for this dependent
- 8. Click Save

Address		Phone & Er	nail
Use Existing Address	× 14285 Grape Street for Harry Potter ⋮≡	Use Existing Phone	× +1 (314) 5504795 for Harry := Potter
Country	★ United States of America	Country Phone Code	United States of America (+1)
Address Line 1	14285 Grape Street	Phone Number	(314) 550-4795
Address Line 2		Phone Extension	
City	Thornton	Email Address	
State	Colorado		
Postal Code	80602		
County	СО		
Save	Cancel		



# Managing Beneficiaries within an Event

From a Life Insurance or AD&D Benefit plan, after confirming your election you will be sent to manager your beneficiaries for that coverage.

- 1. Select a Primary Beneficiary (Optional)
  - a. Select an existing individual or add new
- 2. Designate a percentage for each Beneficiary to total 100%
- 3. Select a Secondary Beneficiary (Optional)
- 4. Once complete, click Save

## **Basic Life - Lincoln (Employee)**

Projected Total Cost Per Paycheck \$51.04

## Coverage

Calculated Coverage	\$181,000.00
Coverage	2 X Salary
Plan cost per paycheck	Included

## **Beneficiaries**

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Ben	Existing Beneficiary Persons	<u>⇒</u> ⊡.'
(+)	Existing Trusts	Percentage
	Add New Beneficiary or Trust	
Θ	Search 🔚	100
	× Jenny Potter …	<b>_</b>
4		÷

Secondary	Beneficiaries 0 items		≡ ⊡ <b>.</b> "
(+)	Beneficiary		Percentage
	No Data		





# **Open Enrollment Instructions**

Within your Workday Inbox, you could have a task generated to complete your annual Open Enrollment elections or complete New Hire benefit elections.

- 1. From your Workday Inbox, click on the Benefit task
- 2. Click Let's Get Started

Inbox		
Actions	Archive	Change Benefits for Open Enrollment
Viewing: All 🗸	Sort By: Newest	21 day(s) ago - Due 08/20/2021; Effective 01/01/2022
Open Enrollment Change: 01/01/2022	on	Open Enrollment 08/18/2021-08/31/2021
21 day(s) ago - Due 08/20/2	公 2021; Effective 01/01/2022	Choose new plans or re-enroll in the plans you currently have.
		Let's Get Started



*Note:* Navigate to the first section of this Job Aid to review how to complete benefit elections. Have questions, reach out to <u>benefits@maxar.com</u>.