



STATEWIDE PERSONNEL
— S Y S T E M —

Complete Your Open Enrollment Elections



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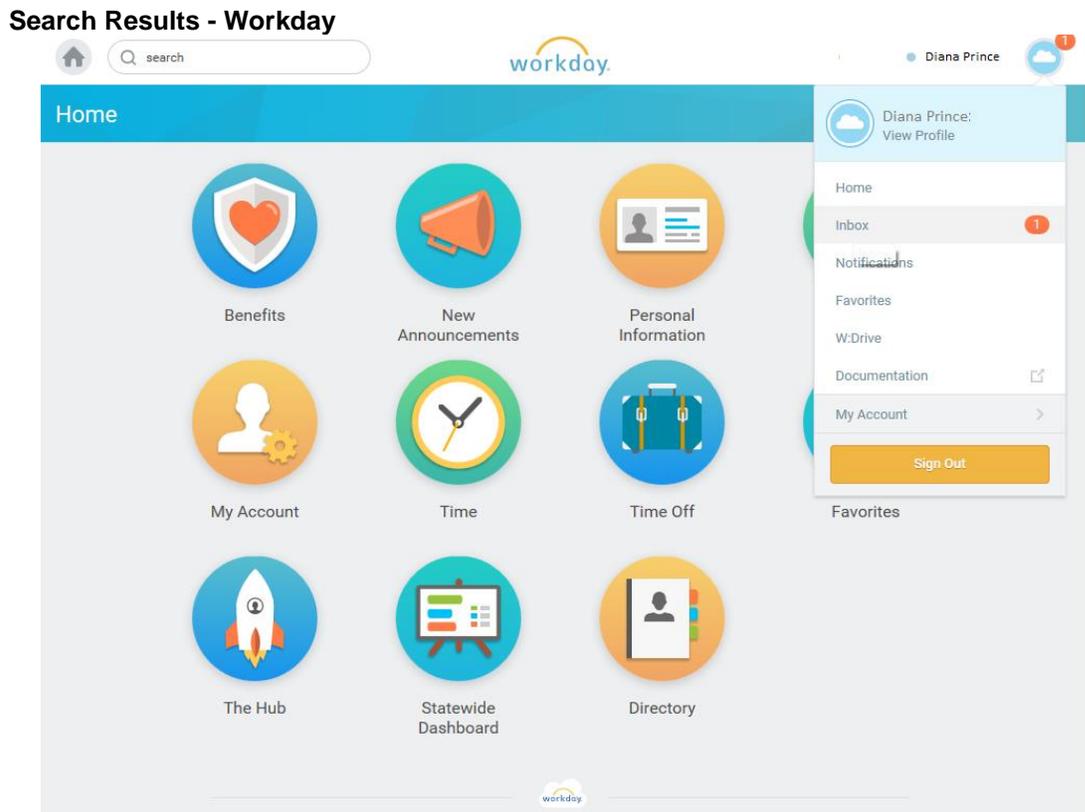
Complete Your Open Enrollment Elections

Use this procedure to complete your Open Enrollment elections.

Note that if you do not complete Open Enrollment, your benefit elections from the prior year will carry over to the current year (except flexible spending accounts).

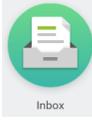
Procedure:

1. Click the My Account  icon.



2. Select the Inbox  hyperlink.



Shortcut: You can also access your Inbox by clicking the **Inbox**  worklet from your home page.



Worker - Workday

Inbox

Actions 1 Archive

Viewing: All Sort By: Newest

Open Enrollment Change: Diana Prince (W1234521) on 01/01/2018
3 day(s) ago - Effective 01/01/2018

Change Benefits for Open Enrollment

Open Enrollment 2018 for Diana Prince

W1234521 - Step 1 of 4

Total Employee Net Cost/Credit
\$410.32 Monthly Cost

Event Date 01/01/2018
Initiated On 09/20/2017
Submit Elections By 09/28/2017
3 day(s) ago - Effective 01/01/2018

You may enroll in a new plan, drop current coverage, or add/drop a dependent(s).
Once you have added a dependent, he/she can be selected for any other benefits in which you enroll.

Health Care Elections 8 items

Benefit Plan	*Elect / Waive
Medical - CareFirst BCBS EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive
Medical - CareFirst BCBS PPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive

Abigail Heath

Continue Save for Later Cancel



Title: Complete Your Open Enrollment Elections
Functional Area: Benefits Administration
Role: Employees

Change Benefits for Open Enrollment - Workday

← 1 of 1

Change Benefits for Open Enrollment

Open Enrollment 2018 for Diana Prince (W1234521) - Step 1 of 4 Actions

Event Date: 01/01/2018 Total Employee Net Cost/Credit: \$0.00 Monthly Cost

Initiated On: 07/19/2017

Submit Elections By: 01/10/2017

8 day(s) ago - Effective 01/01/2018

You may enroll in a new plan, drop current coverage, or add/drop a dependent(s).

Once you have added a dependent, he/she can be selected for any other benefits in which you enroll.

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Continue Save for Later Cancel Elect

3. You are now on Step 1 of 4 of Open Enrollment. Scroll down if necessary to view all items.

Submit Elections By
01/10/2017

8 day(s) ago - Effective 01/01/2018

Health Care Elections 6 items  

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - UnitedHealthcare EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - UnitedHealthcare PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		



4. Make your elections on this screen. Note that benefits plans are automatically waived if you are not currently enrolled in the plan.

- Select **Elect** to enroll in Medical.



Note that the system will only allow you to elect one of the medical plans.

- Select **Elect** to enroll in Prescription drug coverage.
- Select **Elect** to in Dental coverage.



Note: Leave election set to Waive for coverage in which you do not wish to enroll.

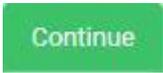
- If applicable, enroll dependents in medical, prescription, and dental coverage by selecting each dependent that should be covered in the **Enroll Dependents** field. For instructions on how to enroll a new dependent, or one who is not available to be selected from the list, refer to the [Add a Dependent During an Enrollment Event](#) section of this job aid.



Title: Complete Your Open Enrollment Elections
Functional Area: Benefits Administration
Role: Employees



The coverage level will update based on the dependents selected.



5. Click the **Continue** button to go to the next screen.

Change Benefits for Open Enrollment - Workday

← 1 of 1

Change Benefits for Open Enrollment

Open Enrollment 2018 for Diana Prince (W1234521) - Step 2 of 4 Actions

Event Date: 01/01/2018 Total Employee Net Cost/Credit: \$68.08 Monthly Cost

Initiated On: 07/19/2017

Submit Elections By: 01/10/2017

8 day(s) ago - Effective 01/01/2018

You must re-enroll in FSA each year.
You may enter an amount per pay, or for the whole year. The minimum and maximums you may elect show on the right side of your screen.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Healthcare FSA - P&A Group FSA-Health	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 1 How much do you want to contribute for the total year?: 0.00 How much do you want to contribute per paycheck (Bi-weekly)? 0.00	Minimum Contribution (Annual): \$120.00 Maximum Contribution (Annual): \$2,600.00 Provider Website: P&A Plan Description: P&A

Continue Save for Later Go Back Cancel

Your contribution (Monthly): 00.00

6. You are now on Step 2 of 4 of Open Enrollment. Scroll down if necessary to view all items.



Submit Elections By
01/10/2017

8 day(s) ago - Effective 01/01/2018

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Healthcare FSA - P&A Group FSA-Health	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 1 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Bi-weekly)? 0.00 Your contribution (Monthly) \$0.00	Minimum Contribution (Annual) \$120.00 Maximum Contribution (Annual) \$2,600.00 Provider Website P&A Plan Description P&A
Dependent Care FSA - P&A Group FSA-Dependent	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 1 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Bi-weekly)? 0.00	Minimum Contribution (Annual) \$120.00 Maximum Contribution (Annual) \$5,000.00 Provider Website P&A

[Continue](#) [Save for Later](#) [Go Back](#) [Cancel](#)

7. On this screen:

- To enroll in the Healthcare FSA, select **Elect**.



Note that you will have to enter the amount that you want to contribute for the whole year or per paycheck. The system will calculate the monthly deduction amount. **The Healthcare FSA maximum is \$2600 annually. The minimum is \$120 annually.**

- To enroll in the Dependent Care FSA, select **Elect**.



You will have to enter the amount that you want to contribute for the whole year or per paycheck. The system will calculate the monthly deduction amount. **The Dependent Care FSA maximum is \$5000 annually. The minimum is \$120 annually.**

8. Click the **Continue**  button to go to the next screen.



Change Benefits for Open Enrollment - Workday

← 1 of 1

Change Benefits for Open Enrollment

Open Enrollment 2018 for Diana Prince (W1234521) - Step 3 of 4 Actions

Total Employee Net Cost/Credit
\$176.41 Monthly Cost

Event Date
01/01/2018

Initiated On
07/19/2017

Submit Elections By
01/10/2017

8 day(s) ago - Effective 01/01/2018

- You may enroll in up to \$50,000 of Employee Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental life insurance.
- You may enroll in additional supplemental life up to \$250,000 (for a combined total maximum of \$300,000)
- You may enroll in up to \$25,000 of Spouse Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental spouse life insurance. Spouse Life cannot exceed half of your life amount.
- You may enroll in up to \$25,000 of Child Life without submitting evidence of insurability. You must have elected the guaranteed amount of \$50,000 before you can enroll in supplemental Child Life insurance. Child Life cannot exceed half of your life amount.

> Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 6 items

Continue Save for Later Go Back Cancel

9. You are now on Step 3 of 4 of Open Enrollment. Scroll down if necessary to view all items.



Submit Elections By
01/10/2017

8 day(s) ago - Effective 01/01/2018

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 6 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents
Life Ins - Guaranteed - Securian (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Life Ins - Supplemental - Securian (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Spouse Life - Securian (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Child Life - Securian (Dependent)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
AD&D - Securian (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Continue

Save for Later

Go Back

Cancel

10. On this screen:

- To enroll in Term Life insurance select **Elect**.



You can select up to \$50,000 of term life insurance which will be a pre-tax deduction from your paycheck under the Life Insurance – Securian guaranteed issue amount for an employee. This means you do not pay taxes on the amount deducted. No evidence of insurability is required for amounts elected up to \$50,000. **Ensure that you select the value of the life insurance that you want to choose FROM THE LIST. Do not type it in manually.**

- If you want to enroll in more than \$50,000 of term life insurance, select **Elect** Supplemental Life Insurance.



DO NOT select an amount in this field unless you have entered \$50,000 in the term life insurance election. Any life insurance above \$50,000 will be a post-tax deduction from your paycheck which means you WILL have to pay taxes on the amount deducted.



Title: Complete Your Open Enrollment Elections
Functional Area: Benefits Administration
Role: Employees

Evidence of insurability is required for amounts over \$50,000.

- To enroll in Spouse Term Life select **Elect**.



In order to be eligible for Spouse Term Life insurance you must be enrolled in Term Life insurance. The amount for Spouse Term life insurance cannot be more than half of the amount that you have selected for Term Life insurance.

- To enroll in Child Term Life select **Elect**.



In order to be eligible for Child Term Life insurance, you must be enrolled in Term Life insurance. The amount for Child Term life insurance cannot be more than half of the amount that you have selected for Term Life insurance.

Note that if you increase life insurance to any amount above the guaranteed amount (or any amount already above that amount), you will not see the new amount until Securian approves the additional life insurance.

- To enroll in AD&D Insurance select **Elect**.

11. Click the **Continue**  button to go to the next screen.



Change Benefits for Open Enrollment

Benefit Elections Review for Open Enrollment 2018 - Step 4 of 4 Actions

Total Employee Net Cost/Credit
 \$179.11 Monthly Cost

> Details

Your Benefit Elections will not take effect unless you provide an electronic signature by checking the "I Agree" box below and clicking the "SUBMIT" button.

Elected Coverages 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - CareFirst BCBS EPO (Employee)	01/01/2018	01/01/2018	Employee				\$68.08	\$38.00
Healthcare FSA - P&A Group FSA-Health	01/01/2018	01/01/2018	\$50.00 Annual				\$108.33	
Life Ins - Guaranteed - Securian (Employee)	01/01/2018	01/01/2018	\$50,000	\$50,000.00			\$2.70	
Total:							\$179.11	\$38.00

> Waived Coverages

Attachments 0 items

Attachment	Comment	File
+ Add Attachment		

Submit Go Back Cancel

12. On Step 4 of 4, review your benefit elections and the total monthly cost for your benefit elections.
13. Attach any documents for new dependents if **all** are available. If not, wait until the Dependent Verification Audit process following the start of the new plan year.
14. Scroll down if necessary to view all items.



Title: Complete Your Open Enrollment Elections
Functional Area: Benefits Administration
Role: Employees

ELECTRONIC SIGNATURE/LEGAL NOTICE/DEPENDENT ATTESTATION:

Your Name and Password are considered to be your "Electronic Signature" to this submission, with all the legal effect of any other signature by you. The electronic signature will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions and you authorize payroll deductions from your paycheck or pension allowance, if applicable, for the cost of your benefit elections.
2. For those waiving health insurance coverage: You understand that you have been provided with the opportunity to enroll in group health coverage, but you are declining enrollment for yourself and any eligible dependents at this time.
3. You are making the following attestation:
 - I understand that I cannot cancel or change my enrollment elections except during an Open Enrollment period or as the result of a qualifying change in status permitted by COMAR 17.04.13.04 and IRS Section 125 (26 U.S.C. §125);
 - I certify that I am not covered under another State of Maryland employee's or retiree's membership for any coverage for which I am enrolling during this Open Enrollment period;
 - For those enrolling dependents: I certify that my covered dependents are not covered under another State of Maryland employee's or retiree's membership for any coverage for which they are being enrolled during this Open Enrollment period.

I understand that if I willfully misrepresent my eligibility or the eligibility of my dependents during this enrollment, or fail to take the necessary action to remove ineligible dependents timely, or in any way obtain benefits to which I am not entitled, my benefits will be canceled, I will be required to repay the full value of the lesser of any claims or insurance premiums, and I may face criminal investigation and prosecution.

You are entitled to request a paper form for submission of your enrollment elections. By filing this form electronically you are consenting to submission by electronic means and agree that electronic filing does not invalidate your submission in any way. Pursuant to Maryland Commercial Law Article § 21-106, where a law requires a signature, an electronic signature satisfies that law, and a record or signature cannot be denied legal effect merely because it is in electronic form.

I Agree



enter your comment

Submit

Go Back

Cancel

15. Check the "I Agree" checkbox to certify the benefit elections benefit elections you have chosen.

16. Click the **Submit**  button to submit your benefit elections.



Title: Complete Your Open Enrollment Elections
Functional Area: Benefits Administration
Role: Employees

← 1 of 1

Submit Elections Confirmation Open Enrollment 2018 for Diana Prince (W1234521) Actions

Total Employee Cost/Credit
\$179.11 Monthly Cost

Initiated On
 07/19/2017

Submit Elections By
 01/10/2017

Event Date
 01/01/2018

8 day(s) ago - Effective 01/01/2018

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.
 You may print this form for your records. If you do not print it now, you can view your elections at any time, but cannot print this form at a later date.

Elected Coverages 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - CareFirst BCBS EPO (Employee)	01/01/2018	01/01/2018	Employee				\$68.08	\$38.00
Healthcare FSA - P&A Group FSA-Health	01/01/2018	01/01/2018	\$50.00 Annual				\$108.33	
Life Ins - Guaranteed - Securian (Employee)	01/01/2018	01/01/2018	\$50,000	\$50,000.00			\$2.70	

Print Done Total: \$179.11 \$38.00

17. The benefit elections have been submitted. Select the **Print** button from this screen if you need to print the Confirmation Summary Statement, otherwise you will not be able to go back and print. Click the **Done** button to finish.



You can still make changes to your Open Enrollment elections even after you have submitted the elections, until the last day of Open Enrollment. Note that when viewing your benefits, these benefits will not show as active until the new plan year begins (January 1st of the upcoming year).

For instructions on how to view Open Enrollment benefits, refer to the [View Benefit Elections as of Date](#) section of this job aid.

18. The System Task is complete.



Edit Your Open Enrollment Elections

Use this procedure to edit your Open Enrollment elections.

Benefit elections can be modified until the last day of Open Enrollment.

Procedure:



1. From the home page, click your Benefits worklet.

Search Results - Workday

The screenshot shows a search results page for 'Benefits'. It is divided into several sections:

- Change:** A button labeled 'Dependents'.
- External Links:** A vertical list of buttons for various providers: Employee Health Benefits, CareFirst, United Healthcare, Kaiser Permanente, CVS Caremark, Delta Dental, United Concordia Dental, P&A Group, and Securian Life Insurance Co.
- View:** Two buttons: 'Benefit Elections' and 'Benefit Elections as of Date'.
- Current Cost:** A button labeled 'Change Open Enrollment' with the cost '420.35' displayed above it.

2. Click the Change Open Enrollment **Change Open Enrollment** button.



Note that this button will not appear on this screen once Open Enrollment is over.

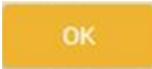
Edit Benefit Elections - Workday

Change Open Enrollment Event Previously Submitted Notification Actions

Initiated On	07/19/2017
Submit Elections By	01/10/2017
Event Date	01/01/2018

Important Information!

Please note that this enrollment event was previously submitted and/or closed. Any changes you make now to your benefit elections will have to be submitted again. If you do not resubmit, the changes will be disregarded and the previous submission will remain in effect.

3. Click the **OK**  button.



Note the message that any changes you make to the benefit elections will need to be submitted again or the changes will be disregarded and the previous submission will remain in effect.



Title: Edit Your Open Enrollment Elections
Functional Area: Benefits Administration
Role: Employees

Edit Benefit Elections - Workday

Change Open Enrollment
Open Enrollment 2018 for Diana Prince (W1234521) - Step 1 of 4 Actions

Total Employee Net Cost/Credit
\$120.26 Monthly Cost

Event Date 01/01/2018
Initiated On 07/19/2017
Submit Elections By 01/10/2017

You may enroll in a new plan, drop current coverage, or add/drop a dependent(s).
Once you have added a dependent, he/she can be selected for any other benefits in which you enroll.

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS EPO (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Employee
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Waive

Continue Save for Later Cancel

4. Edit the benefit elections as necessary.



Refer to the [Complete Your Open Enrollment Elections](#) section of this job aid for specific instructions on completing your Open Enrollment elections. Be sure to click Done Done button when changes are complete.

5. The System Task is complete.



Title: Add a Dependent During an Enrollment Event
Functional Area: Benefits Administration
Role: Employees

Add a Dependent During an Enrollment Event

Use this procedure to add a dependent for benefits. Dependents can only be added to benefits when an enrollment event (i.e., New Hire Enrollment, Open Enrollment, Life Event Change) is being completed.

Procedure:

1 of 1 - Workday

← 1 of 1

Change Benefits for Open Enrollment

Open Enrollment 2018 for Diana Prince (W1234521) - Step 1 of 4 Actions

Event Date: 01/01/2018 Total Employee Net Cost/Credit: \$0.00 Monthly Cost

Initiated On: 07/19/2017

Submit Elections By: 01/10/2017

8 day(s) ago - Effective 01/01/2018

You may enroll in a new plan, drop current coverage, or add/drop a dependent(s).

Once you have added a dependent, he/she can be selected for any other benefits in which you enroll.

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Continue Save for Later Cancel Elect

1. On the Change Benefits Elections (Step 1 of 4) screen, select the item(s) to elect under health care elections.

1 of 1 - Workday

Submit Elections By
01/10/2017

8 day(s) ago - Effective 01/01/2018

Health Care Elections 6 items  

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - CareFirst BCBS PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - Kaiser IHM	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - UnitedHealthcare EPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - UnitedHealthcare PPO (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

2. Use the prompt  in the **Enroll Dependents** field to enroll dependents for benefits.

1 of 1 - Workday

Event Date
01/01/2018

Initiated On
06/29/2017

Submit Elections By
11/15/2017

11 day(s) ago - Effective 01/01/2018

Health Care Elections 4 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - CareFirst BCBS EPO SLEOLA	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<div style="border: 1px solid #ccc; padding: 5px;"> <p>Existing Dependents</p> <p>Add My Dependent From Enrollment</p> </div>	Employee
Medical - CareFirst BCBS POS SLEOLA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - CareFirst BCBS PPO SLEOLA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Prescription - : RX SLEOLA Employee	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Continue Save for Later Cancel

- To add a new dependent, select the **Add My Dependent From Enrollment** menu item.



If you already have an existing dependent, the dependent can be selected using the **Existing Dependents** menu item.



Add My Dependent From Enrollment - Workday

Add My Dependent From Enrollment

Is your new dependent already a beneficiary or emergency contact?

Yes
 No

If yes, which one?

Use your new dependent as a beneficiary?

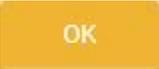
Yes
 No

4. Select the **Existing Beneficiary or Emergency Contact** Existing Beneficiary or Emergency Contact radio button and check to see if the dependent you are adding is already listed as an Emergency Contact. If so, choose from the list. If the new dependent is not an emergency contact, then select the **New Dependent** New Dependent radio button.

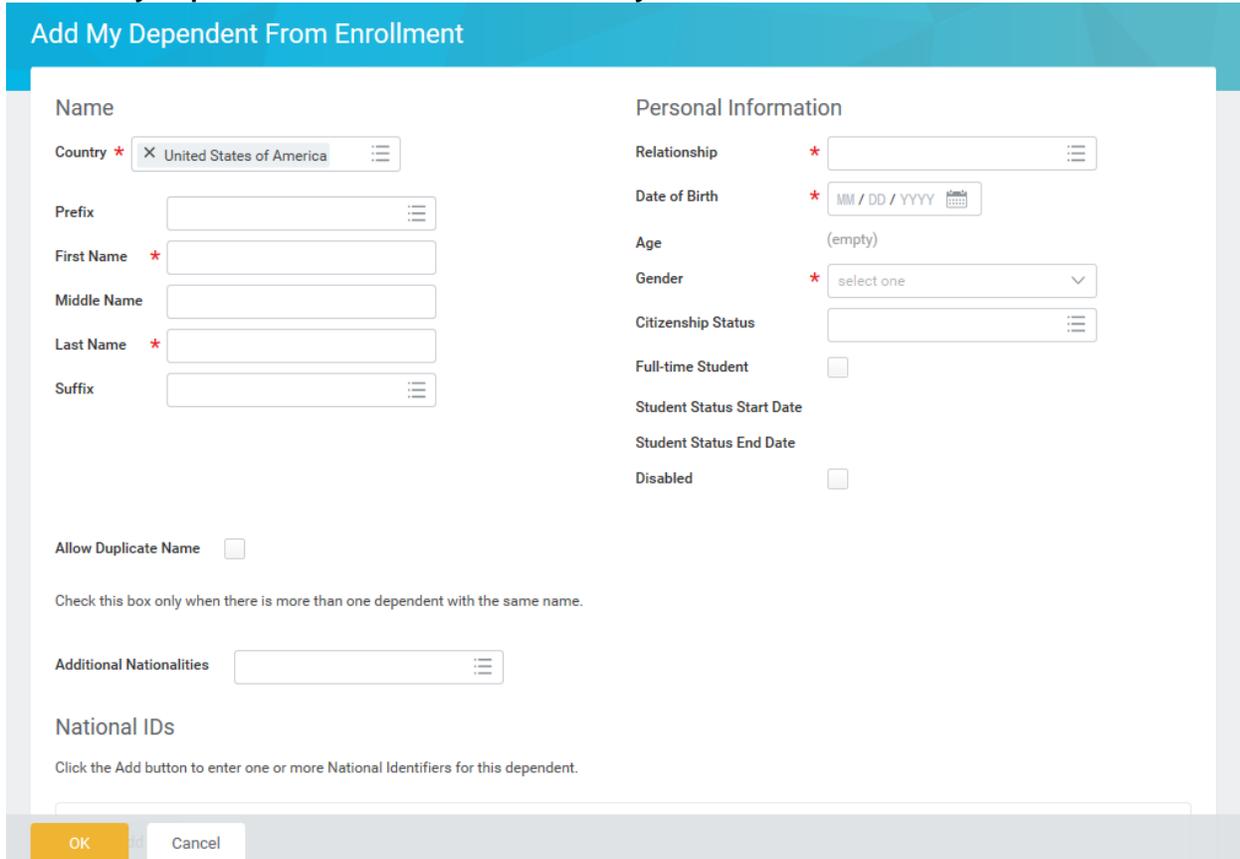
5. **Important System Note:** Answer **No** to the “Use your new dependent as a beneficiary” question.



Information: Life insurance beneficiaries are not managed in SPS. Beneficiaries are managed directly by the life insurance vendor. See the Beneficiary Designation form on the DBM Health Benefits website under Term Life and AD&D to designate beneficiaries for your life insurance.

6. Click the **OK**  button.

Add My Dependent From Enrollment - Workday



7. On this screen, complete the following fields:

- Enter the first name of the dependent you are adding in the **First Name** field.
- Enter the middle name of the dependent you are adding in the **Middle Name** field



It is recommended to enter the middle name even though it is not a required field.

- Enter the last name of the dependent you are adding in the **Last Name** field.
- Use the prompt to select the **Relationship** of the dependent.
- Enter or select the **Date of Birth** of the dependent.
- Select the **Gender** of the dependent.

8. Scroll down to continue.

Add My Dependent From Enrollment - Workday

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

Additional Nationalities

National IDs

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

Add

Address

Use Existing Address

Country * X United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Phone & Email

Use Existing Phone X +1 (240) 362-7704 for Aaron Britton, Abigail Britton, Heather Britton

Country Phone Code United States of America (+1)

Area Code 240

Phone Number 362-7704

Phone Extension

Email Address

OK Cancel

9. In the National IDs section, click the **Add** Add button to complete the following fields:

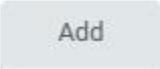
- Use the prompt to select the **Country**.
- Select the National ID Type.
- Enter the social security number for the dependent in the **Identification #** field OR enter the tax identification number for foreign nationals.



Note that if you do not enter the social security number at this point, you will be prompted later to enter a reason for not entering it (e.g., birth of a child who does not yet have a social security number).



Title: Add a Dependent During an Enrollment Event
Functional Area: Benefits Administration
Role: Employees

10. In the **Address** section, click the **Add**  button to enter the address for the dependent.

- Use the prompt to select the **Country**.
- Enter the street address in the **Address Line 1** field.
- Enter the city in the **City** field.
- Enter the state in the **State** field.
- Enter the zip code in the **Postal Code** field.



The **Use Existing Address** prompt can be used to select the address associate with the employee.



11. Click the **OK** button.



You have successfully added the dependent. When you complete subsequent elections, you will not have to add the dependent again. The dependent will be listed in the Existing Dependents menu item of the **Enroll Dependents** field.

12. The System Task is complete.

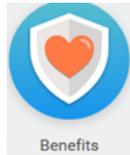


Title: View Benefit Elections as of Date
Functional Area: Benefits Administration
Role: Employees

View Benefit Elections as of Date

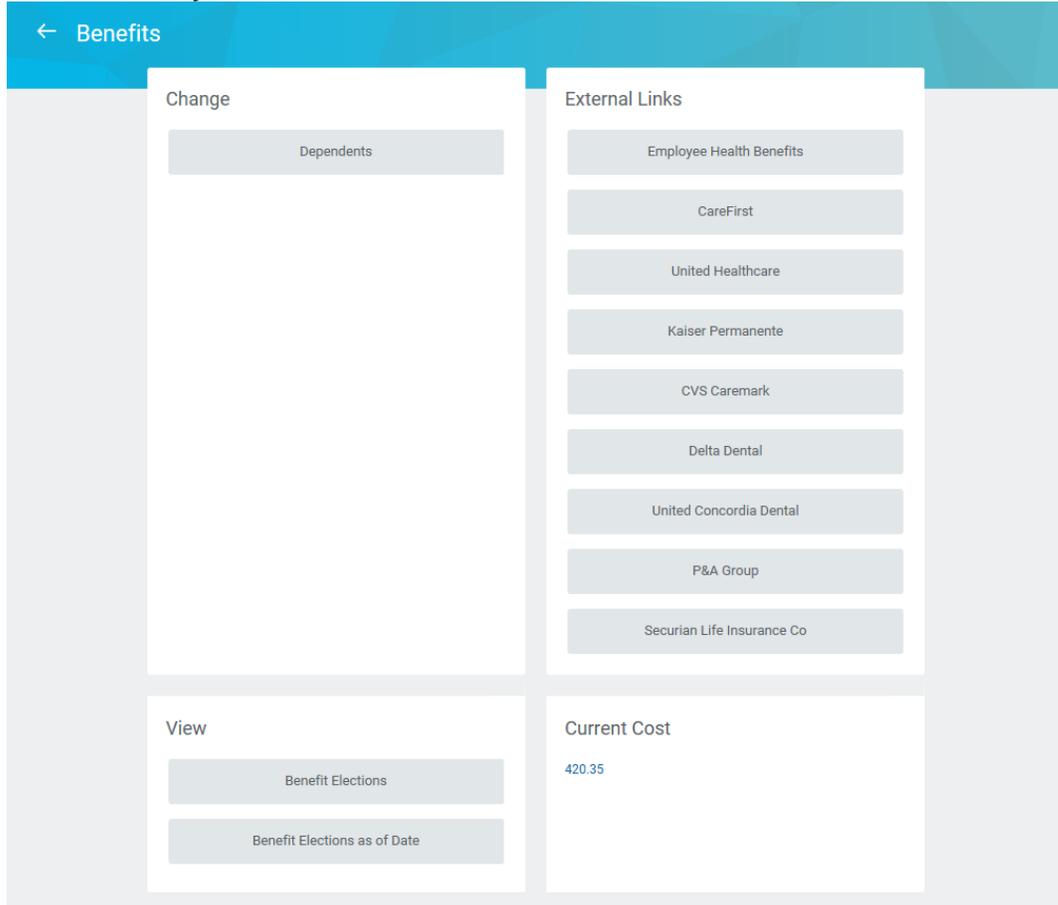
Use this procedure to view your benefit election history as of a certain date. You can view your Open Enrollment elections using this procedure AFTER Open Enrollment is finalized. You will receive notification once Open Enrollment has been finalized.

Procedure:



1. From the home page, click the Benefits worklet.

Worker - Workday



2. Click the Benefit Elections as of Date button.



Title: View Benefit Elections as of Date
Functional Area: Benefits Administration
Role: Employees

Benefit Election History - Workday

Benefit Elections as of Date

View As Of * 01 / 01 / 2018 

OK Cancel

3. Enter the date for which you want to view your benefit elections.



Information: To view Open Enrollment elections, enter the date the elections will be in effect (1/1/2018).

4. Click the OK  button.



Title: View Benefit Elections as of Date
Functional Area: Benefits Administration
Role: Employees

← Benefit Elections as of Date Diana Prince (W1234521) Actions

View As Of 01/01/2018

Current Benefit Elections and Costs 8 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)
Medical - CareFirst BCBS PPO (Employee)	01/01/2017	01/01/2017	Employee + Family		Barry Prince Mary Prince		\$254.
Prescription - Drug - (Employee)	01/01/2017	01/01/2017	Employee + Family		Barry Prince Mary Prince		\$90.
Dental - United Concordia DPPO (Employee)	01/01/2017	01/01/2017	Employee + Family		Barry Prince Mary Prince		\$43.
Healthcare FSA - P&A Group	01/01/2018	01/01/2018	\$2,600.00 Annual				\$226.
Life Ins - Guaranteed - Securian (Employee)	01/01/2017	01/01/2017	\$50,000	\$50,000.00			\$4.

5. View your benefit elections as of a certain date.



Remember that your Open Enrollment elections will not display here until the Open Enrollment is finalized.

6. The System Task is complete.