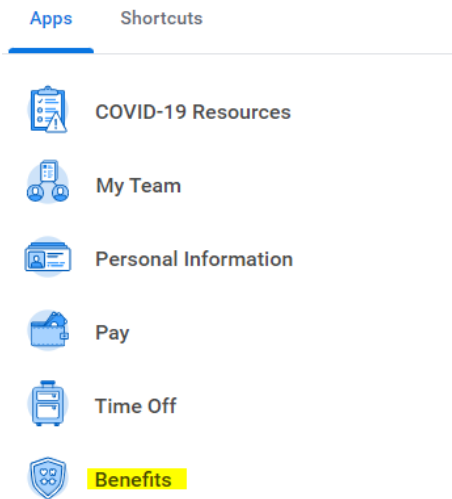
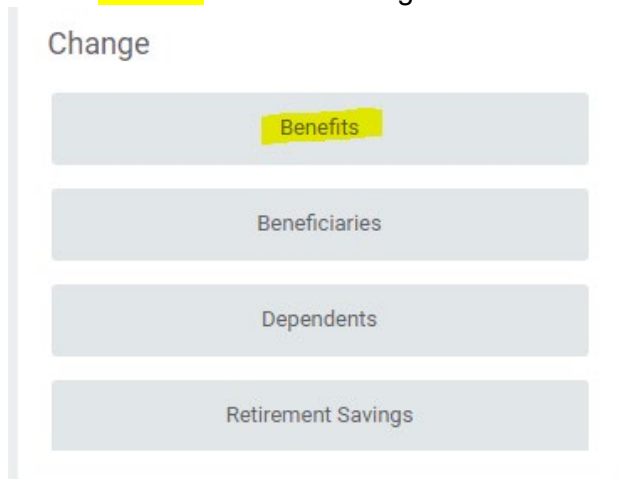


Life Event Benefit Changes Workday Instructions

1. Select the **Benefits** Worklet from the Menu on the left hand side of the page



2. Select **Benefits** from the Change menu

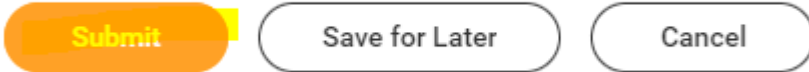


3. Select a **Change Reason** from the drop down menu. Then select the **Benefit Event Date**, or effective date of the change, from the calendar below the change reason. Here are some common change reasons:
 - a. Birth/Adoption/Legal Guardianship of Child
 - b. Gain or Loss of Coverage (Employee/Spouse/Dependent)
 - c. Marriage

Change Reason * Gain or Loss of Coverage (Employee/... ▼

Benefit Event Date * 06/01/2023 📅

- Click **Submit** at the bottom of the page to open the event



- Select **Open** on the next page to start making your changes



- Then click on **Let's get Started** to make your new selections


Change Benefit Elections

Initiated On 05/30/2023

Submit Elections By 06/30/2023



7. If you are currently enrolled into coverage and looking to drop or make a change to that insurance select **Manage** under that insurance

**Medical**
Harvard Pilgrim Health Care HMO HPHC

Cost per paycheck	\$625.29
Coverage	Family
Dependents	3

Manage


8. To drop your insurance completely select **Waive**

*Selection	Benefit Plan Details
<input checked="" type="radio"/> Select	Harvard Pilgrim Health Care HMO HPHC
<input type="radio"/> Waive	
<input type="radio"/> Select	Harvard Pilgrim Health Care PPO Plus HPHC
<input checked="" type="radio"/> Waive	

9. Select **Confirm and Continue** to complete the change to this benefit

Confirm and Continue

10. If you are looking to add any benefits you weren't previously enrolled into there is a slightly different process.
- a. Any insurance you are not currently enrolled into will say Enroll under it, select **Enroll**

**Vision**
Waived

Enroll

- b. Choose the **Select** button to choose to enroll into the coverage

*Selection	Benefit Plan Details
<input checked="" type="radio"/> Select <input type="radio"/> Waive	EyeMed VIS

- c. Select confirm and continue to complete the change to this benefit

Confirm and Continue

- d. The next page allows you to add dependents if you'd like to. If they are already existing you can check off their name or you can select **Add New Dependent** to add a new one.

Dependents

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

Coverage * Employee Only


Plan cost per paycheck \$6.18

Add New Dependent

- e. You will need to enter name, date of birth, social security number and address for new dependents.

Add My Dependent From Enrollment 

Name

Country * 

Prefix

First Name *


Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth * 

Age (empty)

Gender *

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

f. Select Save at the bottom of the page to continue



11. Once all of your changes are completed select **Review and Sign** at the bottom of the main page. (you may need to scroll down)



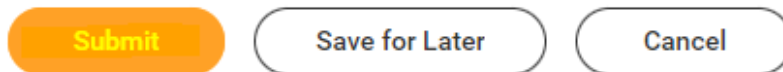
12. A confirmation page will show up to review your changes and confirm they are correct. There is an **Attachments** section to upload the documentation that details the date of the change and if you lost or gained coverage and any dependents effected.

Attachments



13. Scroll down and check the **I Accept** button and click **Submit** to complete this event

I Accept



14. This event will go to a Benefits Team member to review and complete the enrollment process. You may be contacted if there are questions about your benefit changes.