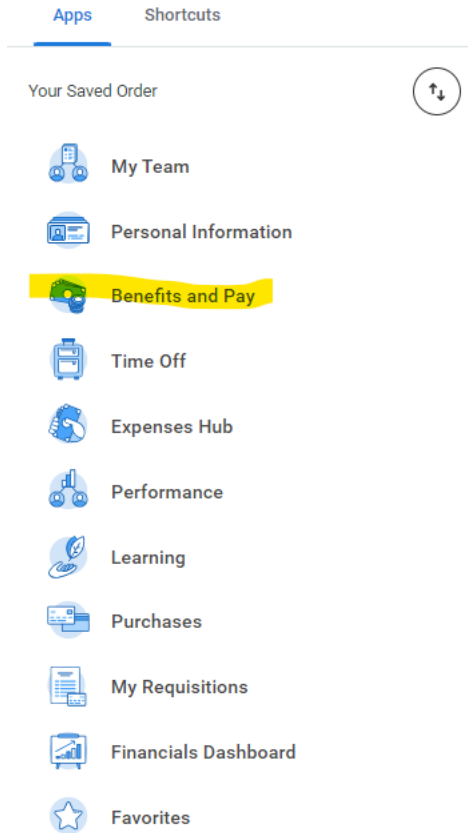**Life Event Benefit Changes**

**Workday Instructions**

1. Select the <mark>Benefits and Pay</mark> Worklet from the Menu on the left hand side of the page



2. Select <mark>Change Benefits</mark> from the Main Page under Tasks and Reports



3. Select a <mark>Change Reason</mark> from the drop down menu. Then select the <mark>Benefit Event Date,</mark> 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 🗓

4. Click Submit at the bottom of the page to open the event

Submit      Save for Later      Cancel
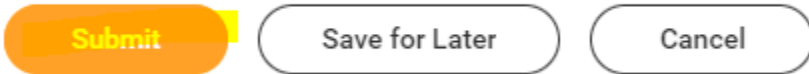
5. Select Open on the next page to start making your changes

Open

6. 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

Let's Get Started

7. If you are currently enrolled into coverage and looking to drop or make a change to that insurance select <mark>Manage</mark> 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 <mark>Waive</mark>

| *Selection | Benefit Plan Details |
|---|---|
| ● Select<br>○ Waive | Harvard Pilgrim Health Care HMO HPHC |
| ○ Select<br>● Waive | Harvard Pilgrim Health Care PPO Plus HPHC |

9. Select <mark>Confirm and Continue</mark> 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 <mark>Enroll</mark>

**Vision**
Waived

Enroll

    b. Choose the <mark>Select</mark> button to choose to enroll into the coverage

| *Selection | Benefit Plan Details |
|------------|---------------------|
| ⊙ Select | EyeMed VIS |
| ○ Waive | |

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 * | ✕ United States of America ⧉ |
| Prefix | |
| First Name * | |
| Middle Name | |
| Last Name * | |
| Suffix | |

**Personal Information**

| | |
|---|---|
| Relationship * | |
| Date of Birth * | MM/DD/YYYY 📅 |
| 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

Save

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)
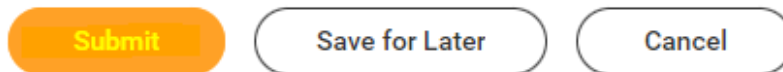
Review and Sign

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

Drop files here

or

Select files

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

I Accept

Submit        Save for Later        Cancel

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.