



Changing Your Benefits – Adding a Dependent

This document contains instructions in the following areas for changing your benefits due to a dependent addition:

- Overview
- Selecting the Benefit Change Type and Optional Upload of Supporting Documentation
- Updating Benefit Elections



Overview

There are several reasons you may need to add a dependent to one or many of your benefit plans: adoption of child(ren), birth of a child(ren), marriage, and a dependent’s loss of coverage under another health plan.

These instructions will show you how to get your dependents added to any plans they are eligible to receive coverage.

You will have access to add dependents that you may have already added into Workday using the Adding a Dependent instructions or you can add a dependent “on-the-fly”.

Please note that all of the reasons for adding a dependent listed above require documentation to be approved. To expedite the process you may choose to attach a copy of the documentation (.pdf file, high-quality photo, Word document, scanned image) during this process instead of needing to provide a copy of the documentation in person in your Human Resources office (if Human Resources is unable to open the attachment or finds the documentation you attached unfit for proof you may be contacted to bring the originals in person for approval).

The most direct way to get to the screens to add dependents to your benefits is to use the related actions icon on the Workday Profile Screen.

Workday Profile Screen

Select the **related actions icon** -> **Benefits** -> **Change Benefits**





Selecting the Benefit Change Type and Optional Upload of Supporting Documentation

1. The Change Benefits screen will appear. Select **Adoption of Child(ren), Birth of Child(ren), Loss of Coverage Under Another Health Plan, or Marriage** in the Benefit Event Type section. Enter an effective date in the **Benefit Event Date field**. If you wish to attach the supporting documentation click the **Attach** button and follow the on-screen instructions for attaching a file. If desired enter a comment in the comments section and click **Submit**.

Change Benefits John Worker ...

Benefit Event Type

- Adoption of Child(ren)
- Beneficiary Change
- Birth of Child(ren)
- Death of Spouse/Dependent
- Divorce
- Eligibility for Other Insurance Coverage
- Loss of Coverage Under Another Health Plan
- Marriage

Benefit Event Date *

Submit Elections By (empty)

Enrollment Offering Types (empty)



Your enrolled benefit plans for which dependents may be added will be displayed in the *Enrollment Offering Types* section.

Attachments

+	Attachment	Comment	File
-			Attach

enter your comment

View Comments (0)
Process History
Related Links

Submit Save for Later Cancel





2. The following screen will appear. Click the **Open** button to proceed to where you can update your benefit elections to reflect the dependent(s) you are adding.

You have submitted [Benefit Event: John Worker on 08/19/2014](#) ...

Up Next



John Worker

Change Benefit Elections



Open

Details and Process

Done





Updating Benefit Elections

1. A Change Benefits Elections screen will appear listing the benefit elections that you may add your dependent(s) to (**Benefit Plan column**). Make changes in the **Select/Waive column** as necessary, change coverage in the **Coverage column**, and within the **Enroll Dependents column** assign and/or create dependents (by clicking Create when the Dependents menu pops up and completing all required and desired optional fields – see the Viewing, Changing, Adding, and/or Removing Dependents instructions for more details and direction on creating a dependent). When finished working with your benefit elections and assigning dependents, click **Continue**.

Change Benefit Elections Adoption of Child(ren) for John Worker - Step 1 of 4

Event Date 08/17/2014 Total Cost **\$167.58 Bi-weekly Cost**
 Initiated On 08/19/2014 Total Credits **\$0.00 Bi-weekly Credit**
 Submit Elections By 09/16/2014 Total Employee Net Cost/Credit **\$167.58 Bi-weekly Cost**

If you have not already done so, please provide a copy of the court document showing the adoption and/or legal guardianship. For your convenience, you can attach the document or you can present the documentation to your local Human Resources office or Representative. Documentation must be provided within 31 days of the effective date for the benefit event to take effect.

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Coverage	Enroll Dependents	Employee Cost (Bi-weekly)	Employer Contribution (Bi-weekly)	Benefit Credit (Bi-weekly)	Plan Description
Medical - Highmark PPO Plan A	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Highmark Benefit Summary Plan A
Medical - Highmark PPO Plan B	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Family	Jessica Doe Jake Worker Annie Worker	\$130.00	\$678.79	0.00	Highmark Benefit Summary Plan B
Medical - Masonic Villages Opt Out Option	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	
Dental - Delta Dental DEN Plan A	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Employee + Children	Jessica Doe Jake Worker	\$35.10		0.00	Delta Dental Plan Highlights
Dental - Delta Dental DEN Plan B	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Delta Dental Plan Highlights
Vision - NVA PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Employee		\$2.48		0.00	NVA Benefit Summary
				167.58	678.79	0.00	

Continue Save for Later Cancel





2. Another Change Benefits Elections screen may appear listing any Spending Accounts (in the **Benefit Plan column**) that you may elect or waive. Make changes in the **Elect/Waive column** as necessary, enter or change contributions in the **Contributions column**, When finished click **Continue**.

Change Benefit Elections Adoption of Child(ren) for John Worker - Step 2 of 4

Event Date 08/19/2014 Total Cost **\$180.10 Bi-weekly Cost** Total Credits **\$0.00 Bi-weekly Credit** Total Employee Net Cost/Credit **\$180.10 Bi-weekly Cost**

Initiated On 08/19/2014
Submit Elections 08/18/2014

Spending Account Elections	*Elect / Waive	Contributions	Supporting Information
Health Care FSA - Highmark	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 0 Your estimated contributions made this year 15.00 How much do you want to contribute for the total year? <input type="text" value="150.00"/> How much do you want to contribute per paycheck (Bi-weekly)? <input type="text" value="15.00"/>	Minimum Contribution (Annual) \$60.00 Maximum Contribution (Annual) \$2,500.00 Provider Website Highmark
Dependent Care FSA - Highmark	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 0 Your estimated contributions made this year 0.00 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) \$60.00 Maximum Contribution (Annual) \$5,000.00 Provider Website Highmark

Continue Save for Later Go Back Cancel

System Status: The next Weekly Service Update will be on Friday, August 22, 2014 from 6:00 p.m. PDT (GMT -7) to Saturday, August 23, 2014 at 6:00 a.m. PDT (GMT -7). During that time, your system will be unavailable....

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3. Another Change Benefits Elections screen may appear listing any Insurance Plans (in the **Benefit Plan column**) you may choose to elect or waive. Make changes in the **Elect/Waive column** as necessary, select the desired coverage level in the **Coverage Level column**, and, if applicable, select the dependents to cover in the Covers Dependents When finished click **Continue**.

Change Benefit Elections Adoption of Child(ren) for John Worker - Step 3 of 4

Event Date 08/17/2014 Total Cost **\$0.67 Bi-weekly Cost**
 Initiated On 08/19/2014 Total Credits **\$60.00 Bi-weekly Credit**
 Submit Elections By 09/16/2014 Total Employee Net Cost/Credit **\$59.33 Bi-weekly Credit**

Insurance Plan Dependencies and Coverage Limitations

Insurance Election	Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Bi-weekly)	Benefit Credit (Bi-weekly)	Provider Website
2 Items	Voluntary Term Life - Child - UNUM (Child)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$8,000		\$8,000.00	\$0.55	0.00	UNUM
	Voluntary AD&D - Child - UNUM (Child)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$8,000		\$8,000.00	\$0.12	0.00	UNUM
						0.67	0.00	

Continue Save for Later Go Back Cancel



4. Review your elections made in the previous steps. Enter a comment, if desired, then click **Submit**.

Change Benefit Elections Benefit Elections Review for Adoption of Child(ren) - Step 4 of 4

Worker John Worker
 Event Date 08/19/2014
 Initiated On 08/19/2014
 Submit Elections By 08/18/2014

Total Cost **\$180.10 Bi-weekly Cost** Total Credits **\$0.00 Bi-weekly Credit** Total Employee Net Cost/Credit **\$180.10 Bi-weekly Cost**

Elected Coverages 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee Cost (Bi-weekly)	Employer Contribution (Bi-weekly)	Benefit Credit (Bi-weekly)
Medical - Highmark PPO Plan B	08/19/2014	08/22/2014	Family	Annie Worker Jake Worker Jessica Doe		\$130.00	\$678.79	
Dental - Delta Dental DEN Plan A	07/25/2014	08/08/2014	Family	Annie Worker Jake Worker		\$35.10		
Health Care FSA - Highmark	07/25/2014	08/08/2014	\$150.00 Annual			\$15.00		
						180.10	678.79	0.00

Waived Coverages

Attachments

+	Attachment	Comment	File
No Data			

enter your comment

[View Comments \(0\)](#)
[Process History](#)
[Related Links](#)

Submit





5. The Submit Elections Confirmation screen will appear. Click Print to print a copy for your records and/or click Done to exit this screen.

Submit Elections Confirmation **Adoption of Child(ren) for John Worker** ⋮

Initiated On 08/19/2014 Total Employee Cost/Credit
\$180.10 Bi-weekly Cost

Submit Elections By 09/18/2014

Event Date 08/19/2014

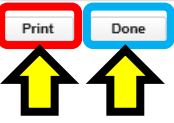
You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

Elected Coverages 3 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee Cost (Bi-weekly)	Employer Contribution (Bi-weekly)	Benefit Credit (Bi-weekly)
Medical - Highmark PPO Plan B	08/19/2014	08/22/2014	Family	Annie Worker Jake Worker Jessica Doe		\$130.00	\$678.79	
Dental - Delta Dental DEN Plan A	07/25/2014	08/08/2014	Family	Annie Worker Jake Worker		\$35.10		
Health Care FSA - Highmark	07/25/2014	08/08/2014	\$150.00 Annual			\$15.00		
Total:						\$180.10	\$678.79	

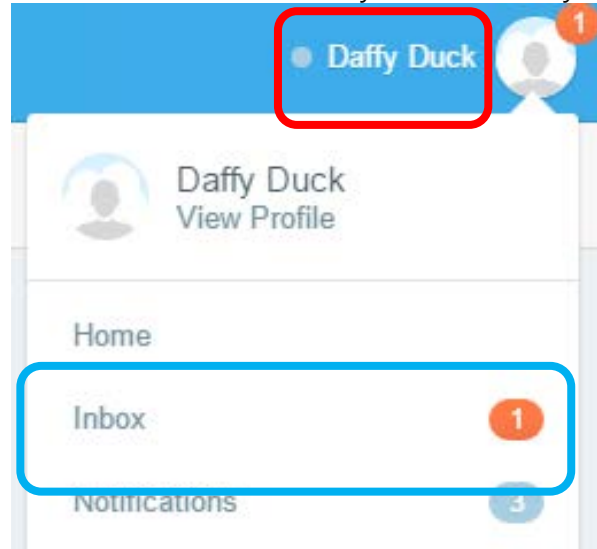
Waived Coverages 6 Items

Plan Type
Vision
Dependent Care FSA
Health Care FSA ER
Health Care FSA (Wellness)
Voluntary Term Life - Child
Voluntary AD&D - Child





6. A few seconds later you will have a notification in your Workday Inbox. Click the **Inbox** icon then click the **Provide Documentation** item.



7. A Complete To Do screen will appear. If you attached the documentation for the dependent(s) addition earlier in these steps you are good to go. If you need to provide a copy of the documentation in person at your Human Resources office please make plans to do that promptly. Enter a comment if desired and then click **Submit**.

Complete To Do Provide Adoption Documentation ⋮



For John Worker
Overall Process Benefit Event: John Worker on 08/17/2014
Overall Status In Progress
Instructions Please provide a copy of the court document showing the adoption and/or legal guardianship. For your convenience, you can attach the document or you can present the documentation to your local Human Resources office or Representative.

Documentation must be provided within **31 days** of the effective date for the benefit event to take effect.

Comment

Submit Save for Later Cancel



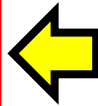


8. The following screen will appear. Notice that the **Up Next section** indicates that an Benefits Partner needs to approve the benefits change. The Benefits Partner will not approve the benefits change request until he or she reviews the documentation that you submitted as an attachment or plan to take into your Human Resources office. Click **Done** and make plans to promptly get your documentation to your Human Resources office if you plan to present it in person.

You have marked as Complete **Benefit Change - Adoption of Child(ren) : John Worker** on 08/17/2014

Up Next

Benefits Partner
Approval by Benefits Partner
Due Date 08/21/2014



Details and Process

Done

