workday.

Changing Your Benefits – Removing a Dependent/Coverage

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

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

Overview

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

These instructions will show you how to remove dependents added to any plans. It will also show you how to change the coverage type if the dependent removal changes the coverage type you are eligible for. *PLEASE NOTE that if you remove a dependent that was listed as a beneficiary for a benefit plan you may need to reassign your beneficiary(ies). See the Assign a Beneficiary instructions for more details.*

Please note that all of the reasons for removing 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 remove dependents from your benefits is to use the related actions icon on the Workday Profile Screen or use the Workday Landing Page.
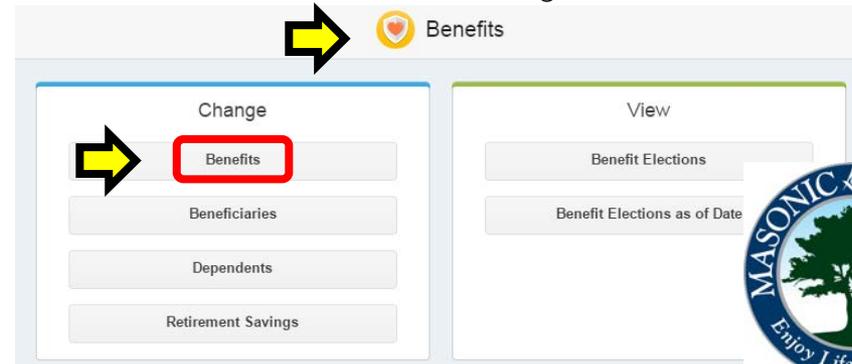
Workday Profile Screen

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

Workday Landing Page

Click the Benefits Worklet -> Change -> Benefits

Selecting the Benefit Change Type and Optional Upload of Supporting Documentation

1. The Change Benefits screen will appear. Select Death of Spouse/Dependent, Divorce, or Eligibility for Other Insurance 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 plus sign (⊕) then 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 (On Leave) ⋯

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   ★ 08/21/2014 📅

Submit Elections By   09/20/2014

Enrollment Offering Types
Dental
Dependent Care FSA
Health Care FSA
Health Care FSA (Wellness)
Health Care FSA ER
Medical
Vision

Attachments

⊕	Attachment	Comment	File
⊖			Attach

	Anna now has benefits through her new employer.		Submit	Save for Later	Cancel	View Comments (0) Process History Related Links

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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)/coverage you are removing.

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 remove dependent(s)/coverage from (Benefit Plan column). Make changes in the Elect/Waive column as necessary, change coverage in the Coverage column, and within the Enroll Dependents column (click the X next to the names of the dependents you are removing) remove the applicable dependents. When finished working with your benefit elections and removing dependents, click Continue.

Change Benefit Elections Eligibility for Other Insurance Coverage for John Worker (On Leave) - Step 1 of 3 ···

Event Date	08/22/2014		Total Cost	Total Credits	Total Employee Net Cost/Credit
Initiated On	08/21/2014		$178.93 Bi-weekly Cost	$0.00 Bi-weekly Credit	$178.93 Bi-weekly Cost
Submit Elections By	09/21/2014				

If you have not already provided for the Gain of Coverage - please provide a copy of your new insurance ID card or a letter from the employer or insurance company stating the effective date of your new coverage. 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)
	Medical - Highmark PPO Plan A	○ Elect ● Waive					0.00
	Medical - Highmark PPO Plan B	● Elect ○ Waive	Family	search ✖ Annie Worker ✖ Jake Worker ✖ Jessica Doe	$130.00	$678.79	0.00
	Medical - Masonic Villages Opt Out Option	○ Elect ● Waive					0.00
	Dental - Delta Dental DEN Plan A	○ Elect ● Waive					0.00
	Dental - Delta Dental DEN Plan B	● Elect ○ Waive	Family	Annie Worker Jake Worker Jessica Doe	$48.93		0.00
	Vision - NVA PPO	○ Elect ● Waive					0.00
					178.93	678.79	0.00

Continue   Save for Later   Cancel

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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.

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

Change Benefit Elections Benefit Elections Review for Eligibility for Other Insurance Coverage - Step 3 of 3 ...

Worker	John Worker (On Leave)			Total Cost	Total Credits	Total Employee Net Cost/Credit
				$132.93 Bi-weekly Cost	**$0.00 Bi-weekly Credit**	**$132.93 Bi-weekly Cost**
Event Date	08/22/2014					
Initiated On	08/21/2014					
Submit Elections By	09/21/2014					

Elected Coverages 2 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	08/22/2014	08/22/2014	Employee + Children	Jake Worker Jessica Doe		$84.00	$650.29	
Dental - Delta Dental DEN Plan B	08/21/2014	08/21/2014	Family	Annie Worker Jake Worker Jessica Doe		$48.93		
						132.93	650.29	0.00

▶ **Waived Coverages**

Attachments

➕	Attachment	Comment	File
		No Data	

👤 enter your comment	View Comments (0) Process History Related Links

➡️ [**Submit**] [Save for Later] [Go Back] [Cancel]

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4. 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 Eligibility for Other Insurance Coverage for John Worker (On Leave) ···

|		
Initiated On	08/21/2014	Total Employee Cost/Credit
Submit Elections By	09/21/2014	**$132.93 Bi-weekly Cost**
Event Date	08/22/2014	

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

Elected Coverages 2 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	08/22/2014	08/22/2014	Employee + Children	Jake Worker Jessica Doe		$84.00	$650.29	
Dental - Delta Dental DEN Plan B	08/21/2014	08/21/2014	Family	Annie Worker Jake Worker Jessica Doe		$48.93		
					Total:	$132.93	$650.29	

Waived Coverages 5 items

Plan Type
Vision
Health Care FSA
Dependent Care FSA
Health Care FSA ER
Health Care FSA (Wellness)

Print   Done
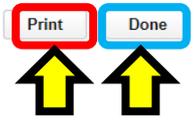
5. A few seconds later you will have a notification in your Workday Inbox. Click the Inbox icon then click the Provide Documentation item.
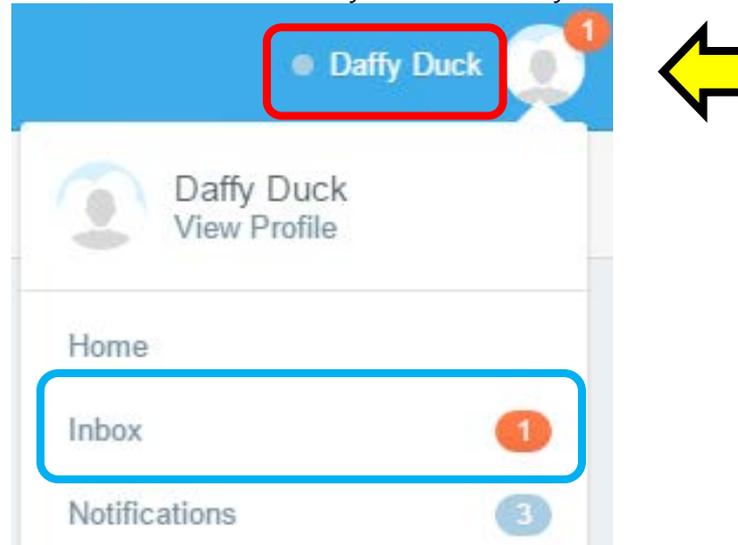
6. A Complete To Do screen will appear. If you attached the documentation for the dependent(s) removal/coverage change earlier in these steps you are good to go. If you need to provide a copy of the documentation in person at your Human Resources office please make plans to do that promptly. Enter a comment if desired and then click Submit.

Complete To Do Provide Documentation of Loss/Gain of Eligibility for Benefits ⋯

For	John Worker (On Leave)
Overall Process	Benefit Event: John Worker (On Leave) on 08/22/2014
Overall Status	In Progress
Instructions	For Gain of coverage elsewhere - please provide a copy of your new insurance ID card or a letter stating the effective date of eligibility for your new coverage.
	For Loss of coverage elsewhere - please provide a copy of the COBRA letter or a letter from the employer or insurance company indicating the effective date of the loss of coverage.
	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

7. 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 - Eligibility for Other Insurance Coverage : John Worker on 08/22/2014 ...

Up Next

Benefits Partner

Approval by Benefits Partner
Due Date   08/23/2014

▶ **Details and Process**

Done