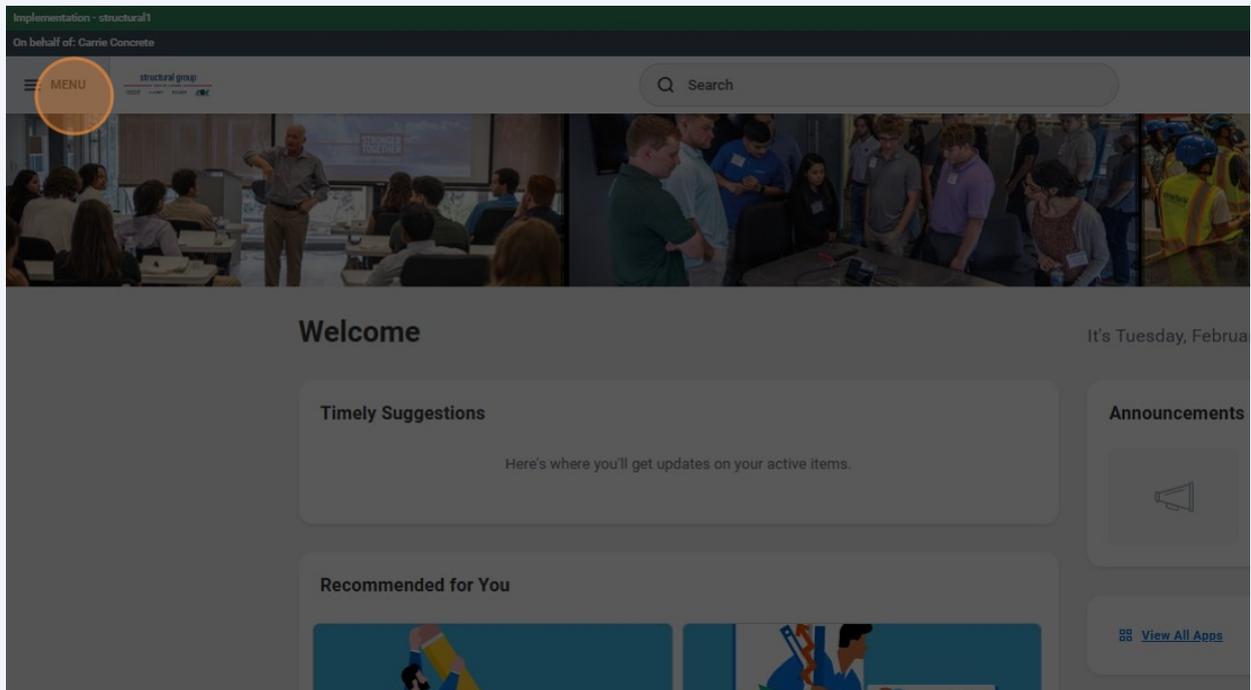
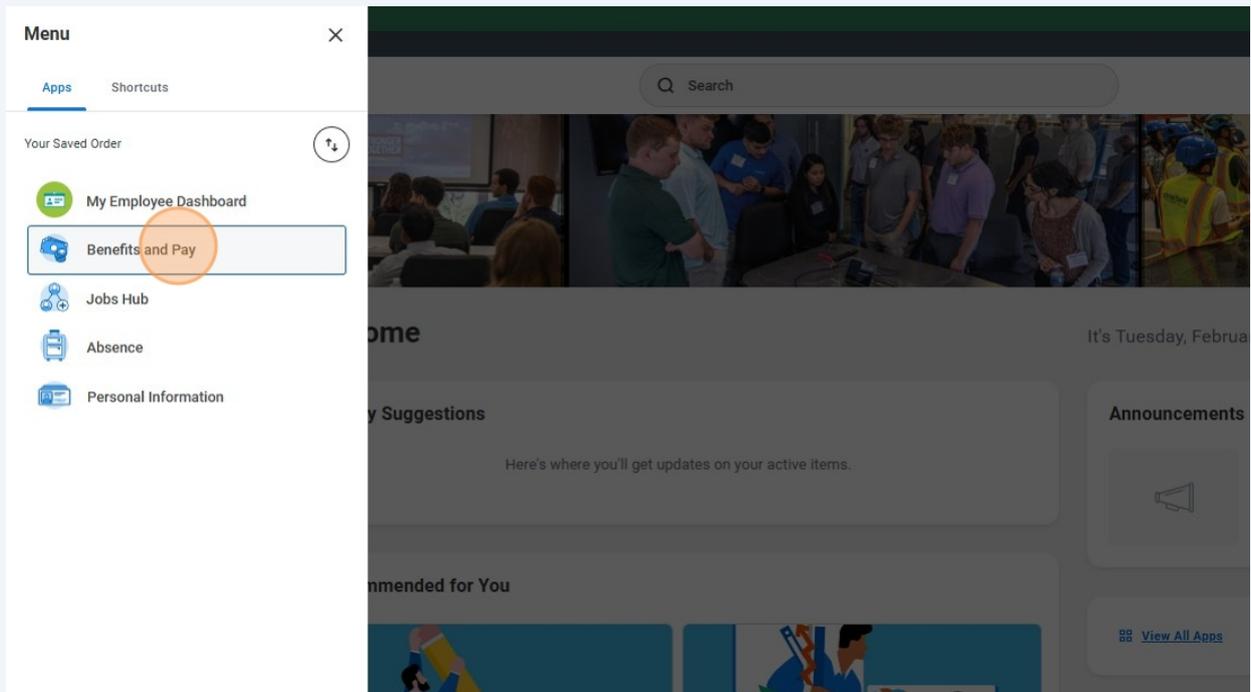


Workday - Life Changing Event Benefit Elections

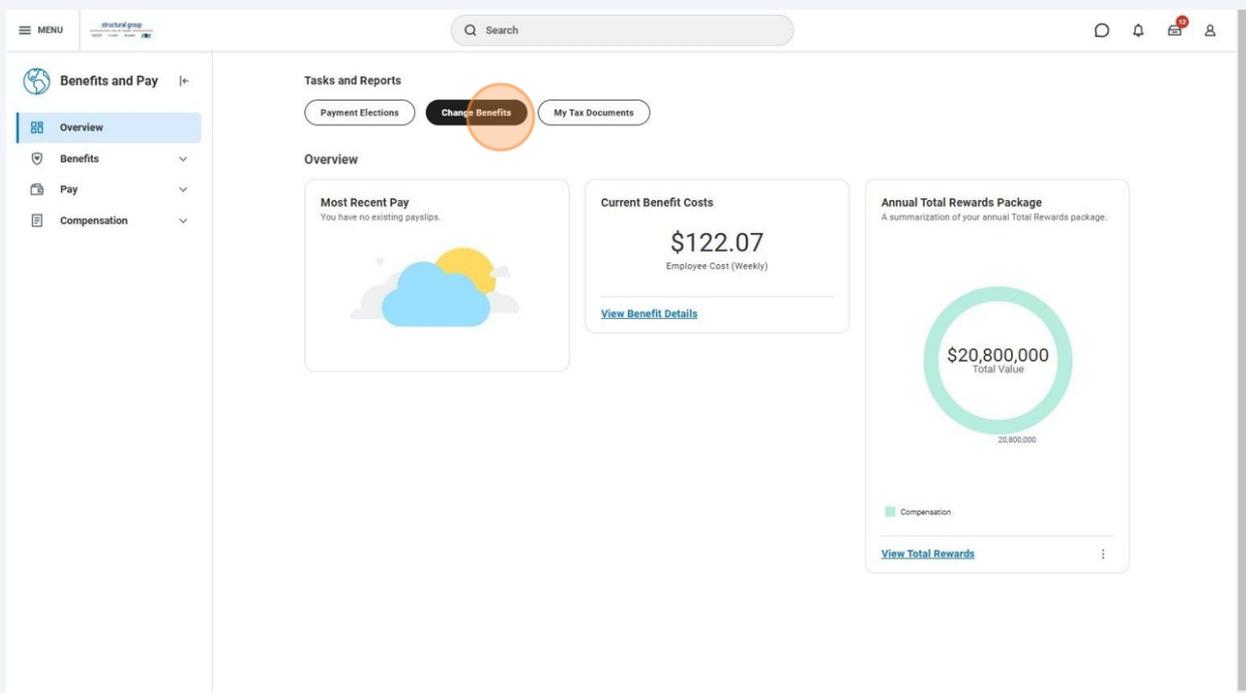
1 From your Workday homepage, Click "Menu"



2 Click "Benefits and Pay"



3 Click "Change Benefits"





If you need guidance on which reason is appropriate for you, please contact the Benefits Team.

4 Choose the appropriate reason:

implementation - structural1

Change Benefits

Carrie Concrete

Change Reason *

- Birth / Adoption of Child
- Change Beneficiaries
- Change HSA Contribution
- Divorce / Domestic Partnership Dissolution
- Employee or Dependent Gains/Loses Other Coverage
- Marriage / Domestic Partnership

Instructions

SAMPLE INSTRUCTIONS

Select the appropriate benefit event in the **Change Reason** field; others must be entered within 30 days of the event.

Most qualifying life events require supporting documentation. Your documentation at this time, you may proceed but you will need to submit documents. If you have questions about the benefit plans or accounts, contact the Benefits Department.

Note! Before initiating a **Divorce/Dissolution of Domestic Partnership**, return to your Benefits application on your home page and under the **Change Reason** field, select **Divorce / Domestic Partnership Dissolution**.

- Marriage/Domestic Partnership – Marriage Certificate or
- Birth/Adoption of Child – Birth Certificate, Hospital Record
- Death of Child/Spouse – Death Certificate
- Divorce/Dissolution of Domestic Partnership – Divorce Decree
- Employee or Dependent Gains/Loses Other Coverage – Pr

enter your comment

5

Enter the date of the event. This is the date that the new benefit elections will take effect.

Change Benefits

Carrie Concrete

Change Reason * Birth / Adoption of Child
 Change Beneficiaries
 Change HSA Contribution
 Divorce / Domestic Partnership Dissolution
 Employee or Dependent Gains/Loses Other Coverage
 Marriage / Domestic Partnership

Date of Birth or Adoption * 02/25/2025

Submit Elections By (empty)

enter your comment

Instructions

SAMPLE INSTRUCTIONS

Select the appropriate benefit event in the **Change Reason** field and others must be entered within 30 days of the event.

Most qualifying life events require supporting documentation. If you have questions about the benefit plans or acc Benefits Department.

Note! Before initiating a **Divorce/Dissolution of Domestic Partne** Return to your Benefits application on your home page and unde

- Marriage/Domestic Partnership – Marriage Certificate or
- Birth/Adoption of Child – Birth Certificate, Hospital Recor
- Death of Child/Spouse – Death Certificate
- Divorce/Dissolution of Domestic Partnership – Divorce De
- Employee or Dependent Gains/Loses Other Coverage – Pr

6

An event may require documentation, such as a Marriage certificate or Birth Certificate. Click "Select Files" to choose the document from your computer.

Change Benefits

Carrie Concrete

Change Reason * Birth / Adoption of Child
 Change Beneficiaries
 Change HSA Contribution
 Divorce / Domestic Partnership Dissolution
 Employee or Dependent Gains/Loses Other Coverage
 Marriage / Domestic Partnership

Date of Birth or Adoption * 02/25/2025

Submit Elections By 03/26/2025

Benefits Offered
Accident
Basic Accidental Death and Dismemberment (AD&D)
Basic Life
Child Life
Dental
 More (13)

Attachments

Drop files here
or
Select files

enter your comment

Instructions

SAMPLE INSTRUCTIONS

Select the appropriate benefit event in the **Change Reason** field and enter the date the change occurred. Some changes may not be backdated and others must be entered within 30 days of the event.

Most qualifying life events require supporting documentation. You will be asked for the document after submitting your event. If you do not have documentation at this time, you may proceed but you will need to submit that documentation within 30 days. See below for a list of acceptable documents. If you have questions about the benefit plans or acceptable documentation or do not have documentation, please contact the Benefits Department.

Note! Before initiating a **Divorce/Dissolution of Domestic Partnership**, update your dependent's relationship to Ex-Spouse or Ex-Domestic Partner. Return to your Benefits application on your home page and under the Change section, select Dependents and then edit the appropriate dependent.

- Marriage/Domestic Partnership – Marriage Certificate or License, Domestic Partner Affidavit
- Birth/Adoption of Child – Birth Certificate, Hospital Records, Certificate of Live Birth, Adoption Records
- Death of Child/Spouse – Death Certificate
- Divorce/Dissolution of Domestic Partnership – Divorce Decree, Legal Separation Documentation
- Employee or Dependent Gains/Loses Other Coverage – Proof of New Coverage or Loss of Coverage

Submit Save for Later Cancel

7 Click "Submit"

Date of Birth or Adoption * 02/25/2025

Submit Elections By 03/26/2025

Benefits Offered
Accident
Basic Accidental Death and Dismemberment (AD&D)
Basic Life
Child Life
Dental
More (13)

Attachments

blank.pdf
✓ Successfully Uploaded!

Comment

Upload

enter your comment

Submit Save for Later Cancel

able documents. If you have questions about the benefit plans or Benefits Department.

Note! Before initiating a **Divorce/Dissolution of Domestic Partners Partner**. Return to your Benefits application on your home page as dependent.

- Marriage/Domestic Partnership – Marriage Certificate or Li
- Birth/Adoption of Child – Birth Certificate, Hospital Record
- Death of Child/Spouse – Death Certificate
- Divorce/Dissolution of Domestic Partnership – Divorce Dec
- Employee or Dependent Gains/Loses Other Coverage – Pro

8 Click "Open" to make changes to your Benefits

ion - structural

Carrie Concrete

structural group

Search

Benefits and Pay

- Overview
- Benefits
- Pay
- Compensation

Tasks and Reports

Payment Elections

Needs Attention

NOT STARTED
Benefit Event: Birth / Adoption of Child
Submit elections by March 26, 2025.

Enroll

You have submitted
Up Next: Carrie Concrete | Change Benefit Elections
[View Details](#)

Open

Overview

Most Recent Pay
You have no existing payslips.

Current Benefit Costs
\$122.07
Employee Cost (Weekly)

Annual Total
A summarizati

9 Click "Let's Get Started"

Implementation - structural1
On behalf of: Carrie Concrete

MENU structural group

Search

Change Benefit Elections

Initiated On 02/25/2025
Submit Elections By 03/26/2025

Let's Get Started

10 Update your Tobacco Use, if necessary, then Click "Continue"

Implementation - structural1
On behalf of: Carrie Concrete

MENU structural group

Search

Update Your Information

Health Information

Tobacco Use

Question Do you use tobacco products?

Answer * Yes No

Continue Cancel

11 Click "Continue" on the next page.



12 In this example, we will add a child to our Medical plan by Clicking "Manage"

Project Total Cost per paycheck
\$123.22

Health Care and Accounts

 Medical Cigna HDHP Cost per paycheck \$54.42 Coverage Employee + Spouse Dependents 1 Manage	 Dental MetLife High Plan Cost per paycheck \$15.34 Coverage Employee + Spouse Dependents 1 Manage	 Vision Waived Enroll	 Hospital Indemnity Waived Enroll
 Health Savings Account Cigna Under 55 Years Old Contribution per paycheck \$50.00 Manage	 Healthcare FSA Waived Enroll	 Dependent Care FSA Waived Enroll	 Limited Purpose FSA Waived Enroll

Insurance

13 Click "Confirm and Continue"

1 item

Benefit Plan	*Selection	You Pay (Weekly)	Company Contribution (Weekly)
Cigna HDHP	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$54.42	\$272.20

When you select Medical - Cigna HDHP, you must also select Health Care Workday automatically waives any of these: Healthcare Help - H

When you select Medical - Cigna HDHP, you can also select Health Care Workday automatically waives any of the

General Instructions

Choose the **Select** button next to the Medical option you would next page. When you are done, **Save**. If you do not wish to make

Confirm and Continue

Cancel

14 Click "Add New Dependent"

Medical - Cigna HDHP

Projected Total Cost Per Paycheck
\$123.22

Dependents

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

Coverage * Employee + Spouse

Plan cost per paycheck \$54.42

Add New Dependent

Health Care Instructions

General Instructions

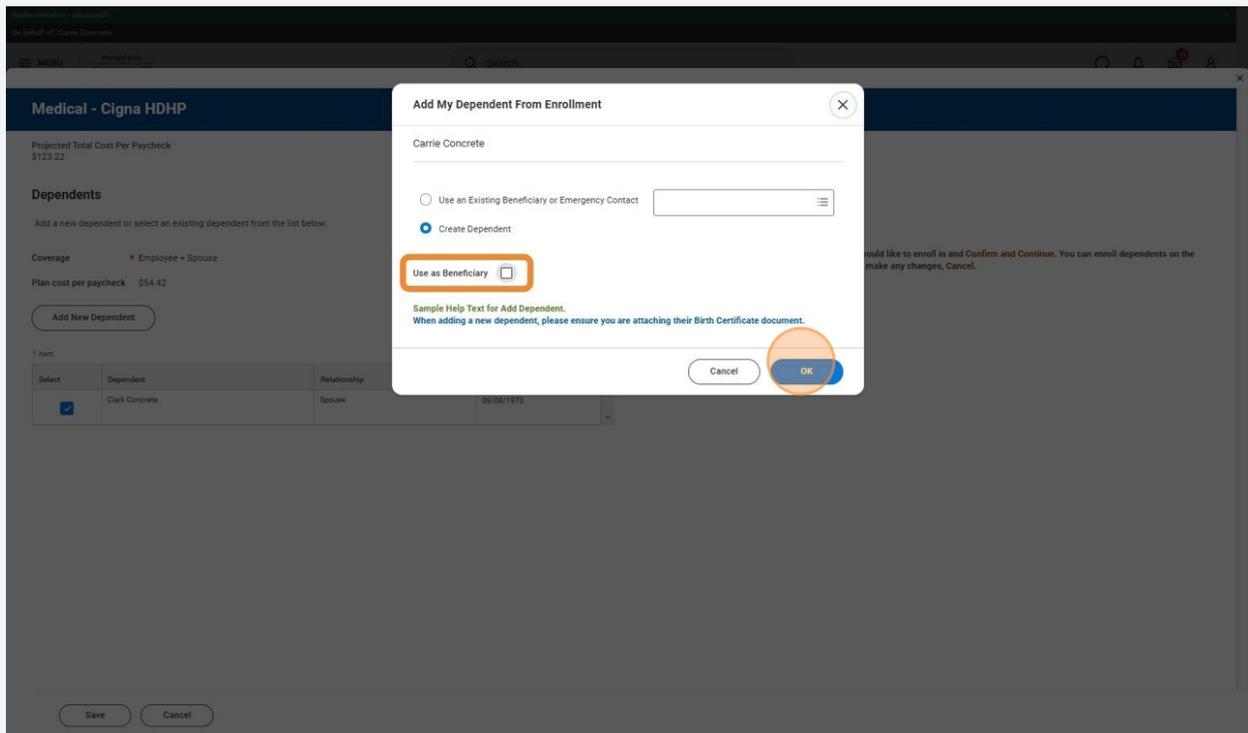
Choose the **Select** button next to the Medical option you would next page. When you are done, **Save**. If you do not wish to make

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Clark Concrete	Spouse	09/08/1973

15

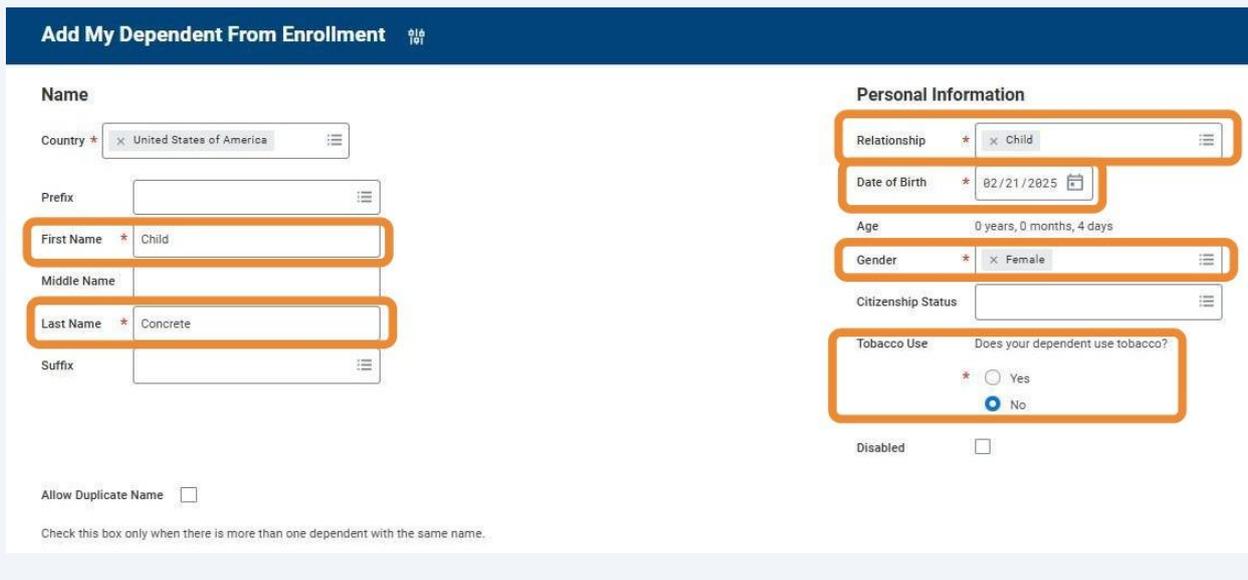
When adding a new Dependent, we recommend to always check the "Use as beneficiary" box. This will prevent duplicative work later on.



16

You will be required to fill in the personal information for you dependent.

First Name, Last Name, Relationship, Date of Birth, Gender, and Tobacco Use are required fields.



17 Next, you will need to enter the National ID for your dependent.

For the United States, this is typically the Social Security Number.

If the dependent is a new birth, and you do not have the National ID yet, skip this step.

Suffix

Tobacco Use Does your dependent use tobacco?
* Yes
 No

Disabled

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

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

Address

Use Existing Address

Country * United States of America

Address Line 1 123 Main Street

Address Line 2

City Los Angeles

Phone & Email

Use Existing Phone

Country Phone Code United States of America (+1)

Phone Number (702) 622-5895

Phone Extension

Email Address

18 Last, You will need to fill in the Home Address and Phone Number for your dependent.

Workday defaults to your Home address and Phone number. To change this, click the 'x'.

Address

Use Existing Address

Country * United States of America

Address Line 1 123 Main Street

Address Line 2

City Los Angeles

State California

Zip Code 90012

County Los Angeles County

Phone & Email

Use Existing Phone

Country Phone Code United States of America (+1)

Phone Number (702) 622-5895

Phone Extension

Email Address

19 Click "Save"

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

National IDs

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

Add

Address

Use Existing Address 123 Main Street for Carrie Concrete, Clark Concrete

Country United States of America

Address Line 1 123 Main Street

Address Line 2

City Los Angeles

State California

Zip Code 90012

County Los Angeles County

Save

Cancel

Phone & Email

Use Existing Phone +1 (702) 6225895 for Carrie Concrete, Clark Concrete

Country Phone Code United States of America (+1)

Phone Number (702) 622-5895

Phone Extension

Email Address

20 Since this a new birth, we do not yet have a Social Security Number for the dependent. Please enter this reason into why the SSN is not available.

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Clark Concrete	Spouse	09/08/1973
<input checked="" type="checkbox"/>	Child Concrete	Child	02/21/2025

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Dependent Social Security Numbers 1 item

Dependent	*Social Security Number
Child Concrete	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input checked="" type="radio"/> Reason SSN is Not Available <input type="text" value="Not yet received"/>

21

Note that Workday will automatically update your coverage and plan cost based on dependent(s) entered.

The screenshot shows the 'Medical - Cigna HDHP' page in the Workday system. At the top, there is a navigation bar with 'MENU' and 'Search'. Below the header, the page title is 'Medical - Cigna HDHP'. The main content area displays 'Projected Total Cost Per Paycheck' as '\$131.89'. Under the 'Dependents' section, there is a message: 'Add a new dependent or select an existing dependent from the list below.' Below this, the current coverage is shown as '* Employee + Family' with a plan cost per paycheck of '\$63.09'. An 'Add New Dependent' button is visible. A table lists 2 items:

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Clark Concrete	Spouse	09/08/1973

22

Click "Save"

This screenshot shows the same 'Medical - Cigna HDHP' page, but with two dependents listed in the table:

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Clark Concrete	Spouse	09/08/1973
<input checked="" type="checkbox"/>	Child Concrete	Child	02/21/2025

Below the table, there is a message: 'You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.' This is followed by a section titled 'Dependent Social Security Numbers' with 1 item:

Dependent	*Social Security Number
Child Concrete	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input checked="" type="radio"/> Reason SSN is Not Available <input type="text" value="Not yet received"/>

At the bottom of the page, there are two buttons: 'Save' and 'Cancel'. The 'Save' button is highlighted with an orange circle.



Repeat these steps for any Benefit Plan that you wish to enroll the new dependent in

23

Next, we want to update our beneficiaries for our Life Insurance. If you do not wish to do this, you can skip these steps.

Click "Manage" under the Basic Life Icon.

The screenshot displays a benefits management interface with the following sections:

- Insurance Section:**
 - Basic Life (MetLife (Employee))**: Cost per paycheck: Included; Coverage: 1.5 X Salary. A "Manage" button is highlighted with an orange circle.
 - Basic Accidental Death and Dismemberment (AD&D) (MetLife (Employee))**: Cost per paycheck: Included; Coverage: 1.5 X Salary. "Manage" button.
 - Supplemental Life (MetLife (Employee))**: Cost per paycheck: \$3.46; Coverage: \$150,000. "Manage" button.
 - Spouse/Domestic Life**: Waived. "Enroll" button.
 - Short Term Disability (STD)**: Waived. "Enroll" button.
 - Long Term Disability (LTD)**: Waived. "Enroll" button.
 - Long Term Disability Buy Up**: Waived. "Enroll" button.
- Additional Benefits Section:**
 - Healthcare Help**: "Enroll" button.

24 Click "Confirm and Continue"

Benefit Plan	*Selection	You Pay (Weekly)	Company Contribution (Weekly)
MetLife (Employee)	<input checked="" type="radio"/> Select <input type="radio"/> Waive	Included	\$9.14

No selection is necessary for Basic Life. **Confirm and Continue Save.**

Confirm and Continue

Cancel

25 Click the Plus icon to add a new beneficiary.

Project Total Cost Per Paycheck
\$131.89

Coverage

Calculated Coverage \$300,000.00

Coverage 1.5 X Salary

Plan cost per paycheck Included

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 1 item

Beneficiary	Percentage
<input type="text" value="Clark Concrete"/>	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Insurance Instructions

General Instructions

No selection is necessary for Basic Life. **Confirm and Continue Save.**

Beneficiary Designation

[Sample Help Text for Beneficiary Designation](#)

26

Click into the Search box and then "Existing Beneficiary Persons", then choose the beneficiary.

Note: When creating our dependent, Child Concrete, we checked the box to also make them a Beneficiary. Therefore, they show as an existing Beneficiary. If you did not check the box, or do not have any dependents, you will need to click "Add New Beneficiary or Trust".

Coverage 1.5 X Salary
Plan cost per paycheck Included

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 2 items

Beneficiary	Percentage
Child Concrete	0
Clark Concrete	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save Cancel

Insurance Instructions
General Instructions
No selection is necessary for Basic Life. **Confirm and Continue Save.**

Beneficiary Designation
[Sample Help Text for Beneficiary Designation](#)

27

Update the percentage. Note that the total percent must add up to 100%. Click "Save" once finished.

Calculated Coverage \$300,000.00
Coverage 1.5 X Salary
Plan cost per paycheck Included

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 2 items

Beneficiary	Percentage
Child Concrete	50
Clark Concrete	50

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save Cancel

Insurance Instructions
General Instructions
No selection is necessary for Basic Life. **Confirm and Continue** to review the calculated coverage and add b Save.

28 Next, we will enroll in Child Life by Clicking "Enroll" under the Child Life Icon

but not submitted
 Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

[Enroll](#)

Accidental Death and Dismemberment (AD&D)
 (Employee)

Included
 1.5 X Salary

Supplemental Life
 MetLife (Employee)

Cost per paycheck \$3.46
 Coverage \$150,000

[Manage](#)

Spouse/Domestic Partner Life
 Waived

[Enroll](#)

Child Life
 Waived

[Enroll](#)

Long Term Disability (LTD)

Long Term Disability Buy Up
 Waived

[Enroll](#)

29 Click "Select", then "Confirm and Continue"

Child Life

Projected Total Cost Per Paycheck
 \$131.89

Plans Available
 Select a plan or Waive to opt out of Child Life.

Benefit Plan	Selection	You Pay (Weekly)	Company Contribution (Weekly)
MetLife (Child(ren))	<input type="radio"/> Select <input checked="" type="radio"/> Waive		

Insurance Instructions
Important Information
 When you select Supplemental Life - MetLife (Employee), you can also select Child Life - MetLife (Child(ren)), Spouse/Domestic Partner Life - MetLife (Spouse / Domestic Partner), if you waive any of these: Supplemental Life - MetLife (Employee), Workday automatically waives any of these: Child Life - MetLife (Child(ren)), Spouse/Domestic Partner Life - MetLife (Spouse / Domestic Partner).

General Instructions
 Choose the Select button next to the child life plan if you are not currently enrolled or to review your current elections. Confirm and Continue to proceed to the next step to select the amount of coverage and add your child or children. When you are done, Save.

[Confirm and Continue](#) [Cancel](#)

30 Click the checkbox to add the dependent to the plan, then Click "Save"

Note: We created this dependent in the above steps. If you have yet to create a dependent, you will need to Click "Add New Dependent"

Child Life - MetLife (Child(ren))

Projected Total Cost Per Paycheck
\$131.89

Coverage
Coverage \$10,000

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

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Child Concrete	Child	02/21/2025

Insurance Instructions
General Instructions
Choose the **Select** button next to the child life plan if you are proceed to the next step to select the amount of coverage a

31 Click "Review and Sign" once you are finished.

Coverage 1.5 X Salary

[Manage](#)

Coverage 1.5 X Salary

[Manage](#)

Coverage \$150,000

[Manage](#)

[Enroll](#)

Short Term Disability (STD)
Waived

[Enroll](#)

Long Term Disability (LTD)
Waived

[Enroll](#)

Long Term Disability Buy Up
Waived

[Enroll](#)

Additional Benefits

Healthcare Help
Health Advocate

Cost per paycheck Included

Coverage Enroll

[Manage](#)

Review and Sign

Save for Later

32 You will be shown a summary of the plans you Selected and your Cost per paycheck. Confirm your elections.

View Summary

Projected Total Cost Per Paycheck
\$132.15

Review your elections below for accuracy and scroll to review any messages and errors as well as the **Total Benefits Cost** - both the company contribution and your cost. If your elections are subject to Evidence of Insurability, you will be required to submit additional documentation for your elections to be approved.

Selected Benefits: 8 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	02/25/2025	02/25/2025	Employee + Family	Child Concrete Clark Concrete		\$63.09
Cigna HDHP						
Dental	01/01/2025	01/01/2025	Employee + Spouse	Clark Concrete		\$15.34
MetLife High Plan						
Health Savings Account	01/01/2025	01/01/2025	\$1,050.00 Annual			\$50.00
Cigna Under 55 Years Old						
Basic Life	01/01/2025	01/01/2025	1.5 X Salary		Child Concrete Clark Concrete	Included
MetLife (Employee)						
Basic Accidental Death and Dismemberment (AD&D)	01/01/2025	01/01/2025	1.5 X Salary		Clark Concrete	Included
MetLife (Employee)						
Supplemental Life	02/25/2025	02/25/2025	\$150,000		Clark Concrete	\$3.46
MetLife (Employee)						
Child Life	02/25/2025	02/25/2025	\$10,000	Child Concrete		\$0.26
MetLife (Child(ren))						
Healthcare Help	01/01/2025	01/01/2025	Enroll			Included
Health Advocate						

Waived Benefits: 10 items

Vision	Waived
Uninsured Indemnities	Waived

Submit

Save for Later

Cancel

33 Click "I Accept"

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents on your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request.

I Accept



enter your comment



Process History



Carrie Concrete

Change Benefits for Life Event - Awaiting Action

Submit

Save for Later

Cancel

34 Click "Submit"

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents on your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request.

I Accept



Process History



Carrie Concrete

Change Benefits for Life Event - Awaiting Action

Submit

Save for Later

Cancel

35

Click "Done" on the following Screen.

