workday.

Onboarding

The Employee Perspective

Last Reviewed / Updated October 4, 2019

OFFICE OF INFORMATION TECHNOLOGY
WORKDAY SERVICES

Onboarding Overview

The purpose of this job aid is to provide the new Employee guidance on how to complete the onboarding process in Workday. However, the experience shown here is only a sample of what an Employee might typically encounter. Onboarding is a process that varies depending on the position and characteristics of the worker hired. Not every Employee sees everything shown here.

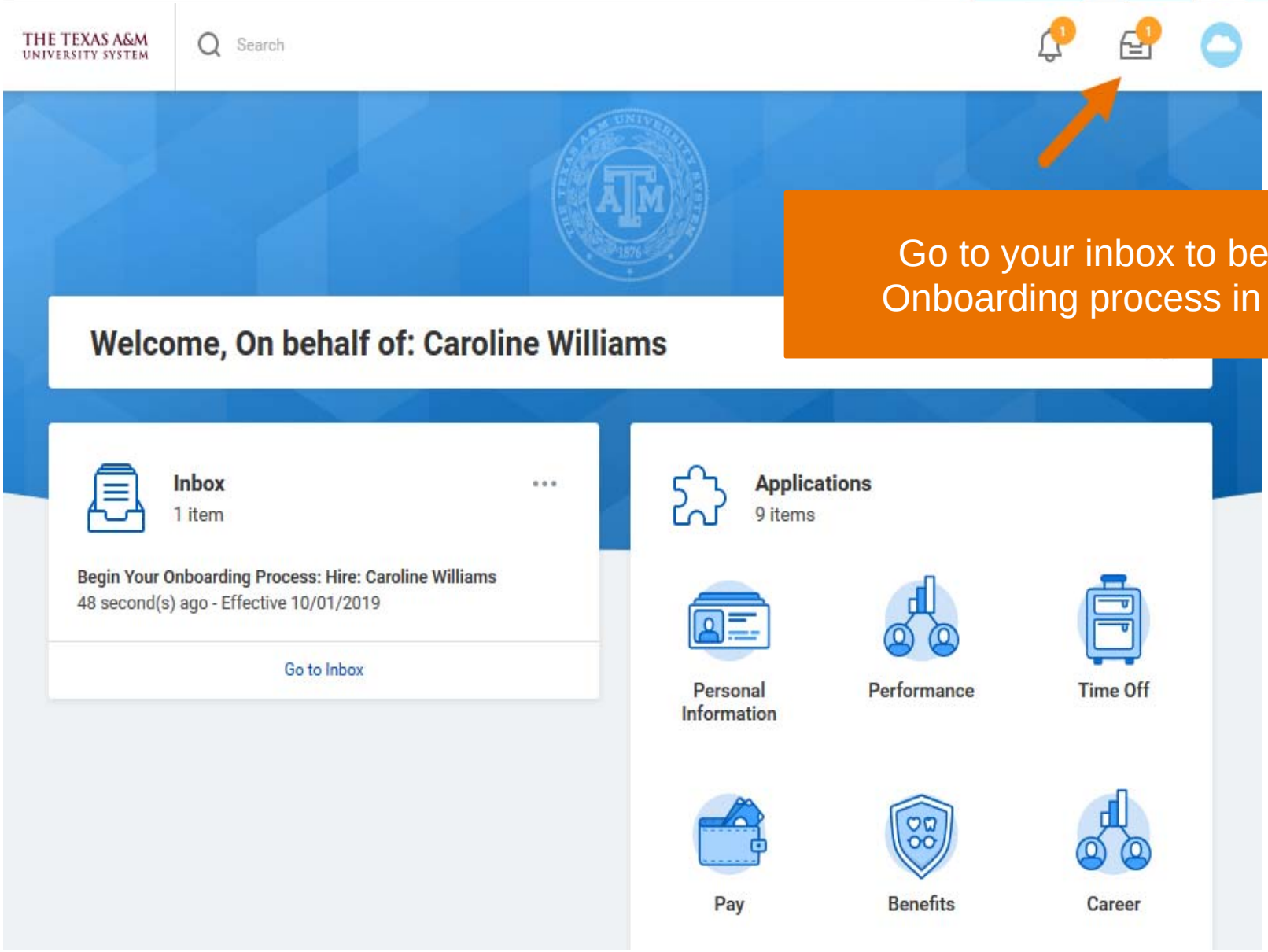
Instructions: Navigate to your Workday inbox and use this job aid to guide you through completing four groups of tasks that comprise the Onboarding process in Workday. When one group is completed, you can refresh your inbox to receive the next group.

If you have questions on any part of this process, reach out to your Human Resources department. To locate information for your HR Contact in Workday, go to your Worker Profile and select contact in the left hand menu. Then click the Support Roles tab. You can scroll down to *HR Contact* to find who supports your department for Human Resources needs.

Important Points

- Not submitting items in your inbox for Onboarding in a timely manner can have negative impacts
- Not every Employee will receive the exact same tasks in Workday because situations vary. For example, if you are not benefits eligible, benefit tasks will not come to your inbox
- **BEFORE** you complete the **Change Benefits for Life Event** task, you will need to add dependents (if applicable to you) in Workday separate from the Onboarding process. This adds the individual as an option for you during the enrollment process. Instructions are provided in the appropriate section of this job aid on how to complete this process

You've Got Mail!



Go to your inbox to begin your Onboarding process in Workday

Getting Started

Actions (1) | Archive

Viewing: All | Sort By: Newest

Begin Your Onboarding Process: Hire: Caroline Williams
8 minute(s) ago - Effective 10/01/2019

Complete To Do

Begin Your Onboarding Process

Actions

8 minute(s) ago - Effective 10/01/2019

For	P-73584 Adjunct Professor-3
Overall Process	Hire: Caroline Williams
Overall Status	Successfully Completed
Due Date	10/15/2019
Instructions	***Congratulations on your employment within the Texas A&M University System!***

You will now complete an Onboarding process in Workday that will include inbox items to enter personal information or answer questions related to being a state of Texas employee. You may be prompted to refresh the screen periodically to generate new inbox items. Finish the Onboarding process in a timely manner for best performance and to assure eligibility for applicable state employee benefits.

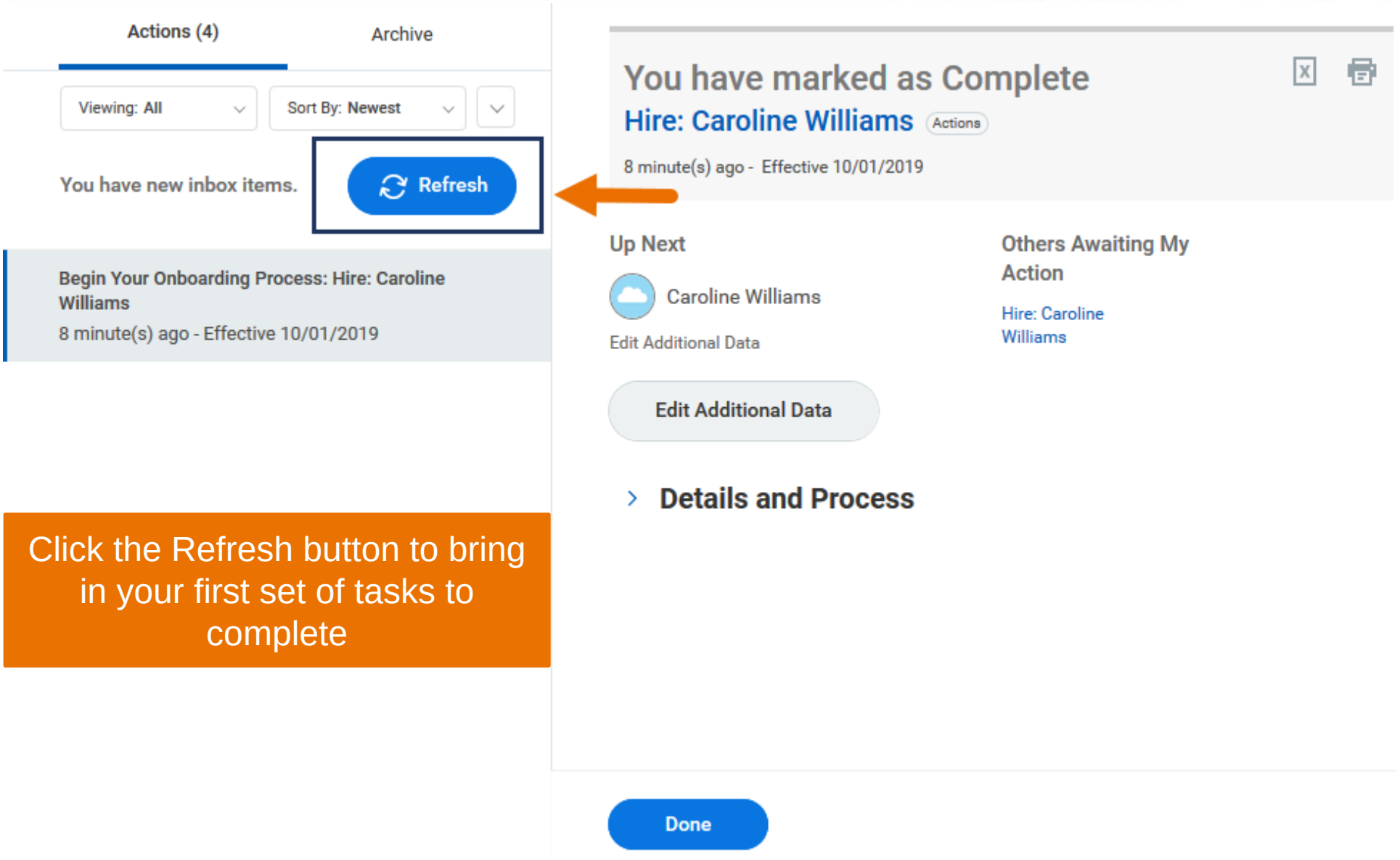
Click the Submit button below to begin your Onboarding process.

enter your comment

Submit | Save for Later | Close

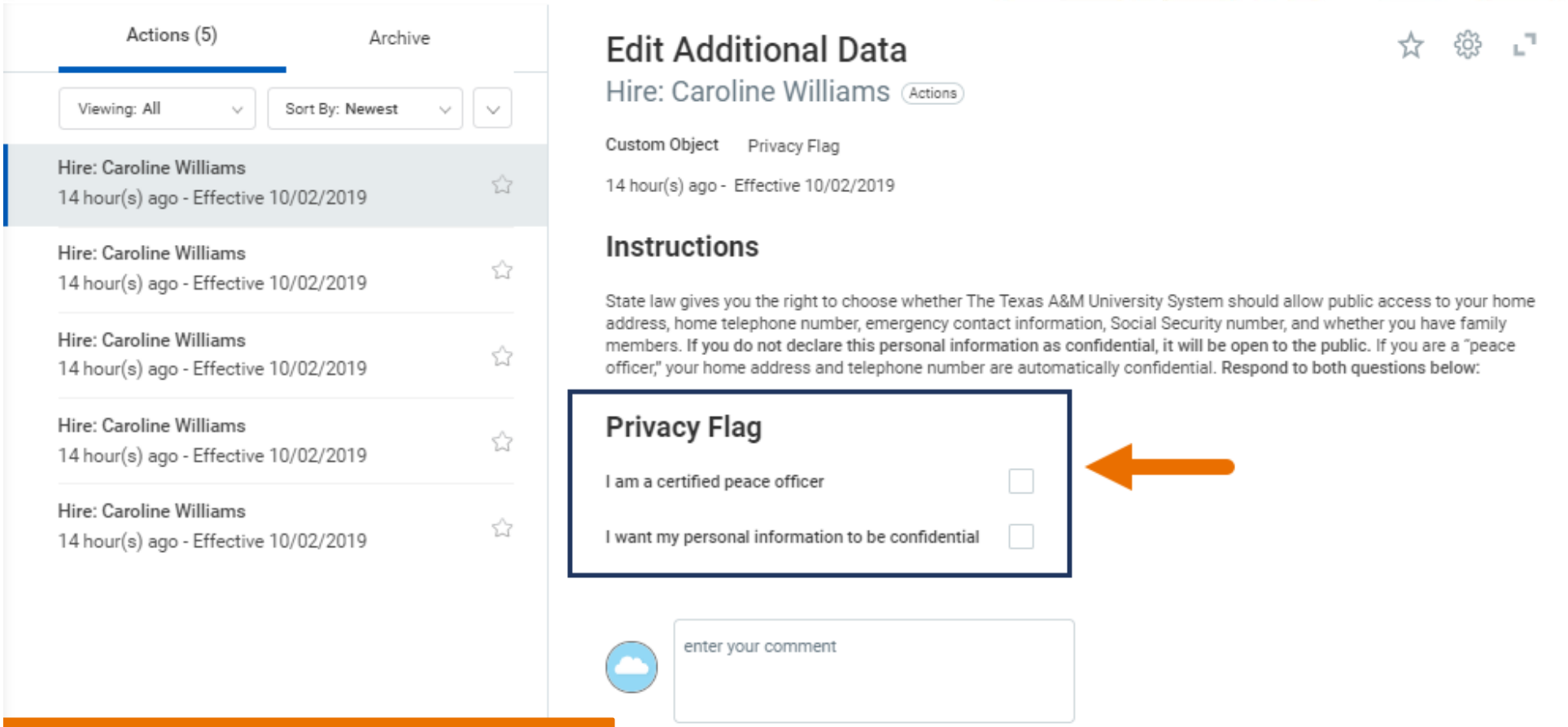
Read the instructions and click Submit to begin!

Refresh Your Inbox



Click the Refresh button to bring in your first set of tasks to complete

Group 1 Tasks



Click on each inbox item, make the appropriate selections and click Submit

Note: *Positions that are not Benefits eligible will only receive four tasks in this first group instead of five*

Moving to Next Task

Actions (3) | Archive

Viewing: **All** | Sort By: **Newest**

Hire: Caroline Williams
2 minute(s) ago - Effective 10/01/2019

Hire: Caroline Williams
2 minute(s) ago - Effective 10/01/2019

Hire: Caroline Williams
2 minute(s) ago - Effective 10/01/2019

Hire: Caroline Williams
2 minute(s) ago - Effective 10/01/2019

Success! Event submitted

Hire: Caroline Williams Actions

2 minute(s) ago - Effective 10/01/2019

Up Next

Caroline Williams

Edit Additional Data

Edit Additional Data

Others Awaiting My Action

Hire: Caroline Williams

> **Details and Process**

Click either Done or “Edit Additional Data” to move to the next inbox item

Done

State Veteran’s Preference

Actions (3) | Archive

Viewing: All | Sort By: Newest

Hire: Caroline Williams
13 minute(s) ago - Effective 10/01/2019

Hire: Caroline Williams
13 minute(s) ago - Effective 10/01/2019

Hire: Caroline Williams
13 minute(s) ago - Effective 10/01/2019

Edit Additional Data

Hire: Caroline Williams Actions

Custom Object State Veteran's Preference

13 minute(s) ago - Effective 10/01/2019

Read instructions for clarification on options, make appropriate selection, and click Submit

Instructions

Texas Government Code, Section 657, as amended, requires that a state agency or institution of higher education must provide employment preference to individuals who qualify for a veteran's employment preference. An individual who qualifies for a veteran's employment preference is entitled to a preference in employment with or appointment to a state agency or institution of higher education over other applicants for the same position who do not have a greater qualification.

Do you qualify for State of Texas veteran employment preference based on the four definitions below?

Veteran. The individual is defined as an individual who has served in (and has been honorably discharged from) the following branches of service: The U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard or the U.S. Public Health; Service under Title 42, United States Code, Section 201; The Texas Military Forces as defined by Texas Government Code, Section 437.001; or an auxiliary service of one of the branches of the U.S. Armed Forces.

Disabled Veteran. The individual is defined as a veteran (1) who is classified as disabled by the U.S. Department of Veterans Affairs or the branch of the service in which the veteran served and (2) whose disability is service-connected

Surviving Spouse of a Veteran veteran who has not remarried.

Orphan of a Veteran. The indiv an was killed on active duty.

You are not obligated to respo phics; however, your response is important to meet federal ar on you provide will remain confidential in accordance with ap ur employment will not be adversely affected by informatio

- Veteran
- Disabled Veteran
- Surviving Spouse of a Veteran
- Orphan of a Veteran
- Decline to respond
- None of the above

State Veteran's Pr

State Veteran's Preference search

Direct Deposit Declaration

Actions (2) | Archive

Viewing: All | Sort By: Newest

Hire: Caroline Williams
13 minute(s) ago - Effective 10/01/2019

Hire: Caroline Williams
13 minute(s) ago - Effective 10/01/2019

Hire: Caroline Williams
13 minute(s) ago - Effective 10/01/2019

Edit Additional Data

Hire: Caroline Williams Actions

Custom Object Direct Deposit Declarat

13 minute(s) ago - Effective 10/01/2019

You will not be able to enroll in direct deposit if you are transferring funds outside the U.S.

Instructions

IMPORTANT: PLEASE READ CAREFULLY!

Select the response below to declare if you *WILL* … FULL AMOUNT OF YOUR FUNDS OUTSIDE THE UNITED …

If you select "Yes, I have or will have", you will not … paycheck at this time.

As a U.S. entity, all members of The Texas A&M U… with the requirements of the United States Department of Tr… OFAC), which oversees payments sent outside the territo… includes automated clearing house (ACH) payments, such as … fers of payroll payments or other payments. To comply with … ned if you will immediately transfer the full amount of the di… United States; if so, you will not be able to sign up for dir… ormation to your Payroll Office.

Direct Deposit Declaration

Are You Transferring Funds Outside the U.S.? *

- Will not transfer funds outside the United States: No, I do not have or will not have instructions with my U.S. bank to immediately wire the full amount of my direct deposit to a financial institution outside the U.S
- Will transfer funds outside the United States: Yes, I have or will have instructions with my U.S. bank to immediately wire the full amount of my direct deposit to a financial institution outside the U.S.

search

enter your comment

TRS ISD Onboarding Question

Inbox

Actions (1) | Archive

Viewing: All | Sort By: Newest

Hire: Caroline Williams
13 minute(s) ago - Effective 10/01/2019

Hire: Caroline Williams
13 minute(s) ago - Effective 10/01/2019

Hire: Caroline Williams
13 minute(s) ago - Effective 10/01/2019

Edit Additional Data

Hire: Caroline Williams Actions

Custom Object TRS ISD Onboarding Question

13 minute(s) ago - Effective 10/01/2019

TRS ISD Onboarding Question

Are you currently being deducted for Teacher Retirement System from another Texas State institution or school district? *

search

- Yes and I will continue to be deducted because my employment is continuing with the other Texas State institution or school district.
- Yes, but deductions will stop now that I am working at the A&M System
- No, I am not being deducted for TRS

enter your comment

Process History

Select the applicable option and click Submit

Insurance and Retirement

Actions (5) | Archive

Viewing: All | Sort By: Newest

Hire: Caroline Williams
14 hour(s) ago - Effective 10/02/2019

Hire: Caroline Williams
14 hour(s) ago - Effective 10/02/2019

Hire: Caroline Williams
14 hour(s) ago - Effective 10/02/2019

Hire: Caroline Williams
14 hour(s) ago - Effective 10/02/2019

Hire: Caroline Williams
14 hour(s) ago - Effective 10/02/2019

Edit Additional Data

Hire: Caroline Williams Actions

Custom Object Insurance and Retirement Benef

14 hour(s) ago - Effective 10/02/2019

IMPORTANT: Answers to these questions impact your possible benefits elections so read options carefully

Instructions

If you are changing your answer to question #1, would like to enroll in Alternate Basic Life and do not currently have, or want to drop your Optional Life coverage, you will need to go through Evidence of Good Health to be approved for $50,000 of employer-paid Alternate Basic Life. Click here to download the Evidence of Insurability form, complete it, and return it to your Benefits Office. They will forward it to Securian Life and you will receive an approval or denial directly from them.

Insurance and Retirement Benefits Eligibility Questions

Do you have other medical coverage? *

Have you participated in Teachers Retirement System (TRS) in the past? *

Are you retired from TRS and receiving an annuity? *

Are you enrolled in TRSCare Health insurance and plan to continue this coverage while working for the A&M System? *

Were you enrolled in ORP at your last place of Texas State employment before transferring to the Texas A&M System (and not enrolled in TRS in between)?

Are you already retired from ORP? *

Are you already retired from the Employees Retirement System (ERS)? *

Have you declined participation in ORP in the past? *

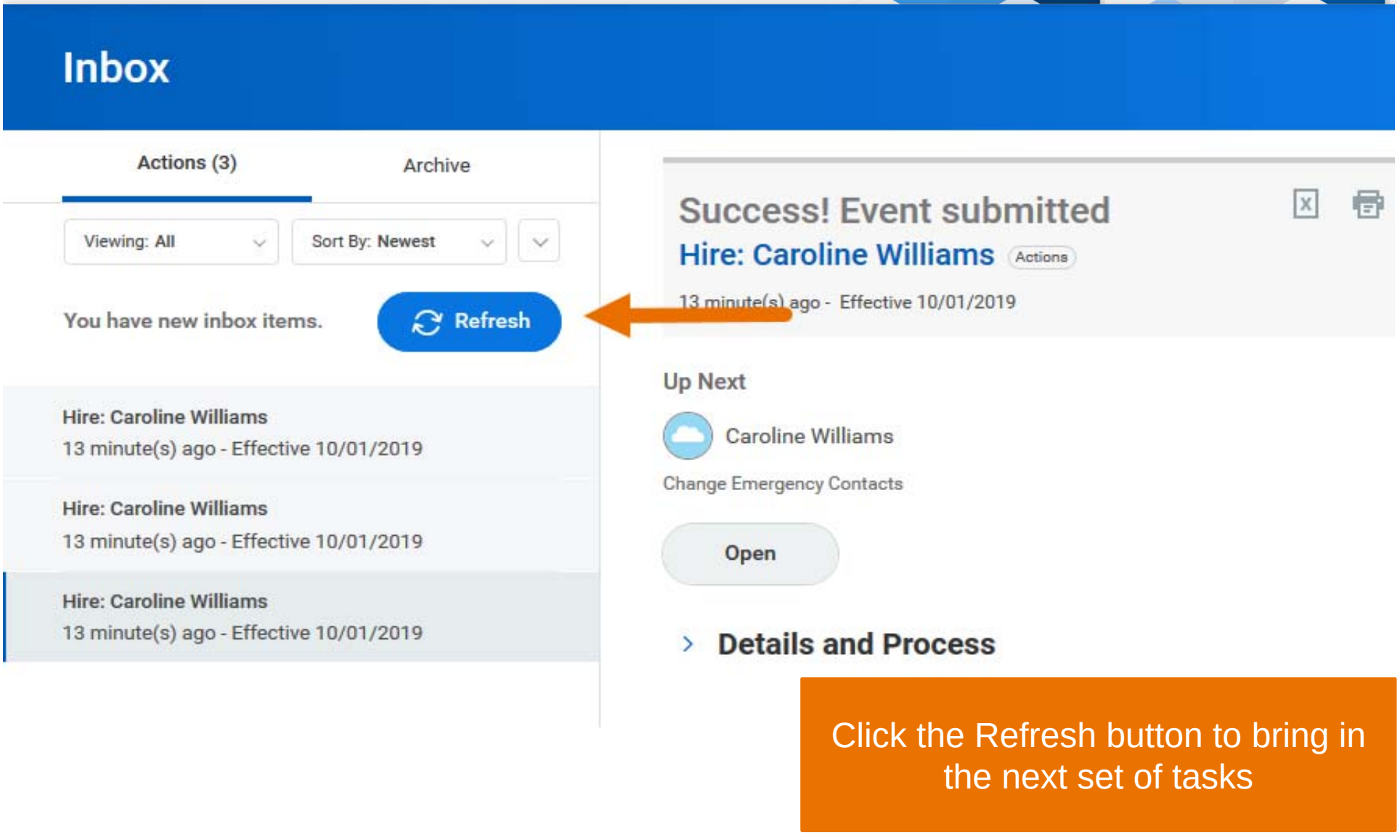
Have you retired from a Texas state sponsored retirement program (ORP/TRS/ERS)? *

If you answered "Yes" to any of the above, please indicate prior place of employment and retirement date (if applicable):

Retirement Date MM / DD / YYYY

Only if Eligible for Benefits!!!

Time to Refresh!



Click the Refresh button to bring in the next set of tasks

Group 2 Tasks

Actions (3) | Archive

Viewing: All | Sort By: Newest

Enter Personal Information: P-73584 Adjunct Faculty - Caroline Williams
7 minute(s) ago - Effective 10/01/2019

Enter Contact Information: P-73584 Adjunct Faculty - Caroline Williams
7 minute(s) ago - Effective 10/01/2019

Change Emergency Contacts
7 minute(s) ago

Enter Personal Information

Onboarding for Caroline Williams Actions

7 minute(s) ago - Effective 10/01/2019

Complete all sections of this step. Your Legal Name must match the name on your Social Security

Legal Name

Legal Name

Legal Name *
Caroline Williams

Click the Edit icon , make changes and then Save or Restore the original information

Preferred Name

Preferred Name

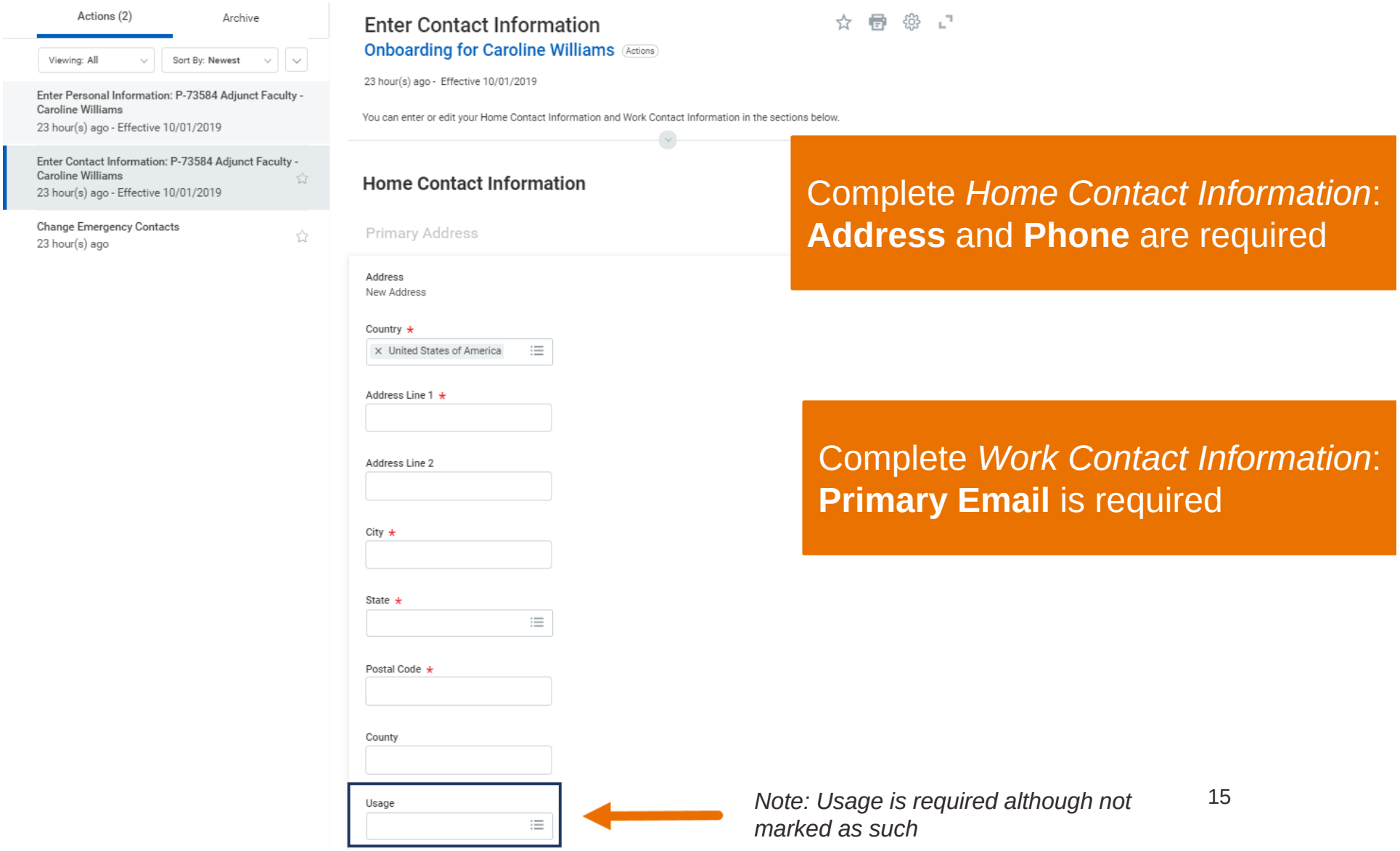
Use Legal Name As Preferred Name

Name
Caroline Williams

Country *
United States of America

Save or Restore

Your Contact Information

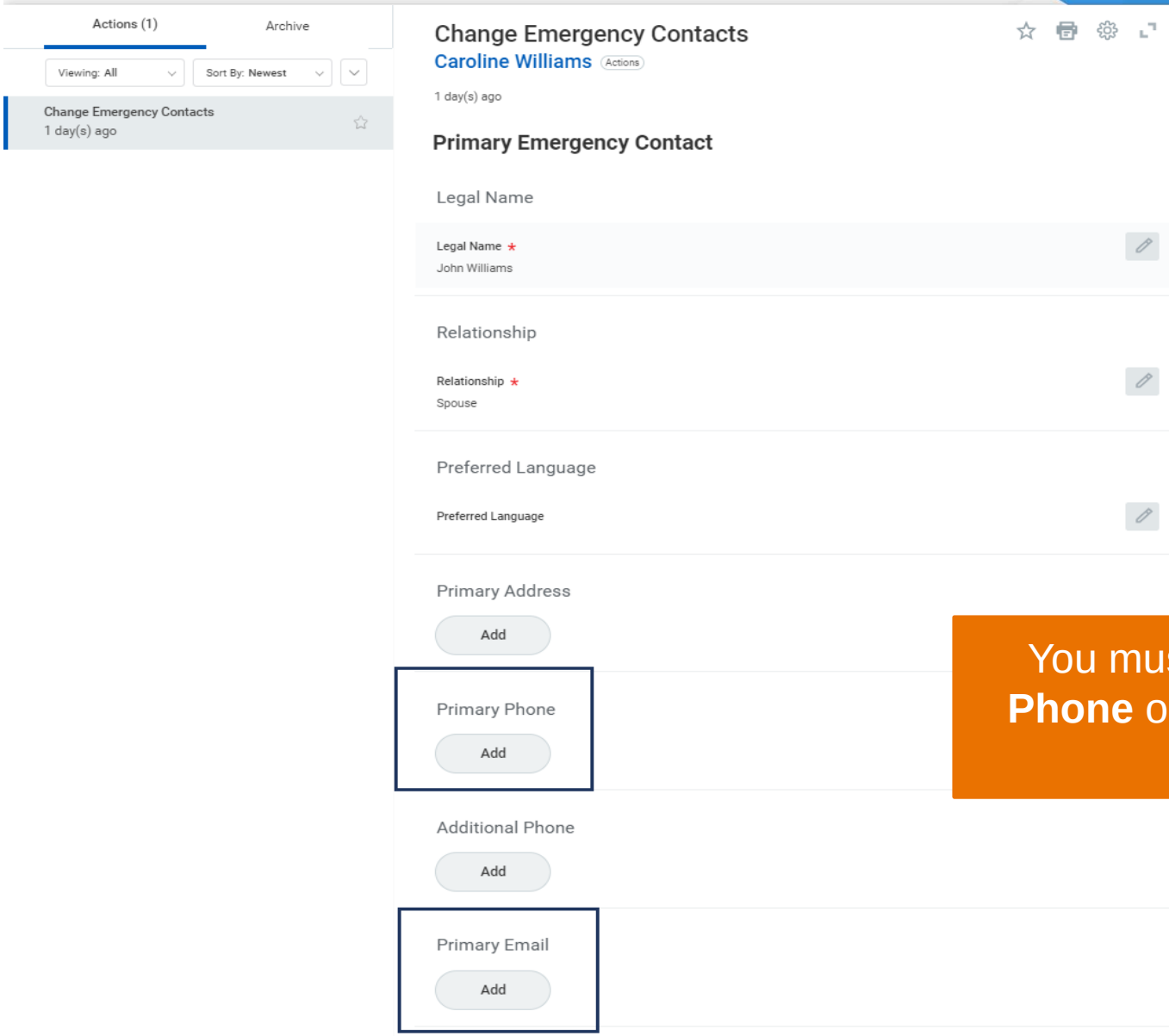


Complete *Home Contact Information*: **Address** and **Phone** are required

Complete *Work Contact Information*: **Primary Email** is required

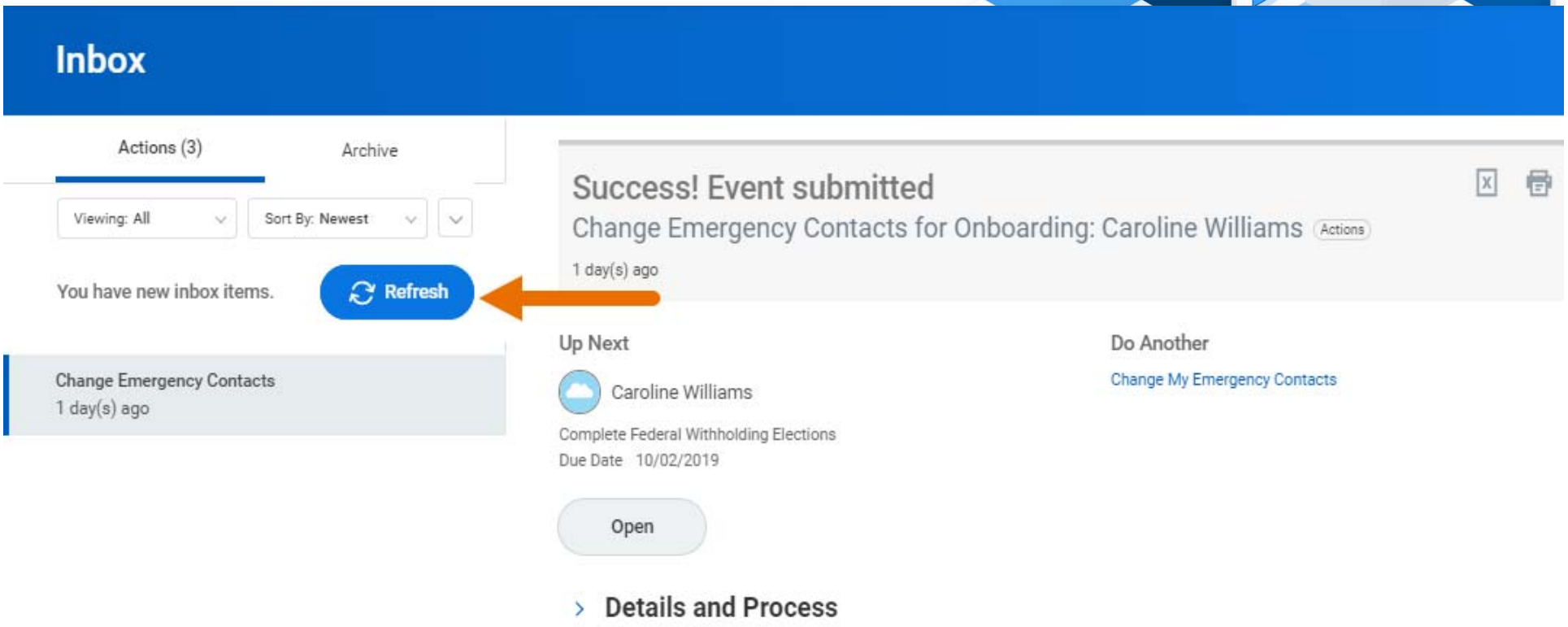
Note: Usage is required although not marked as such

Change Emergency Contacts



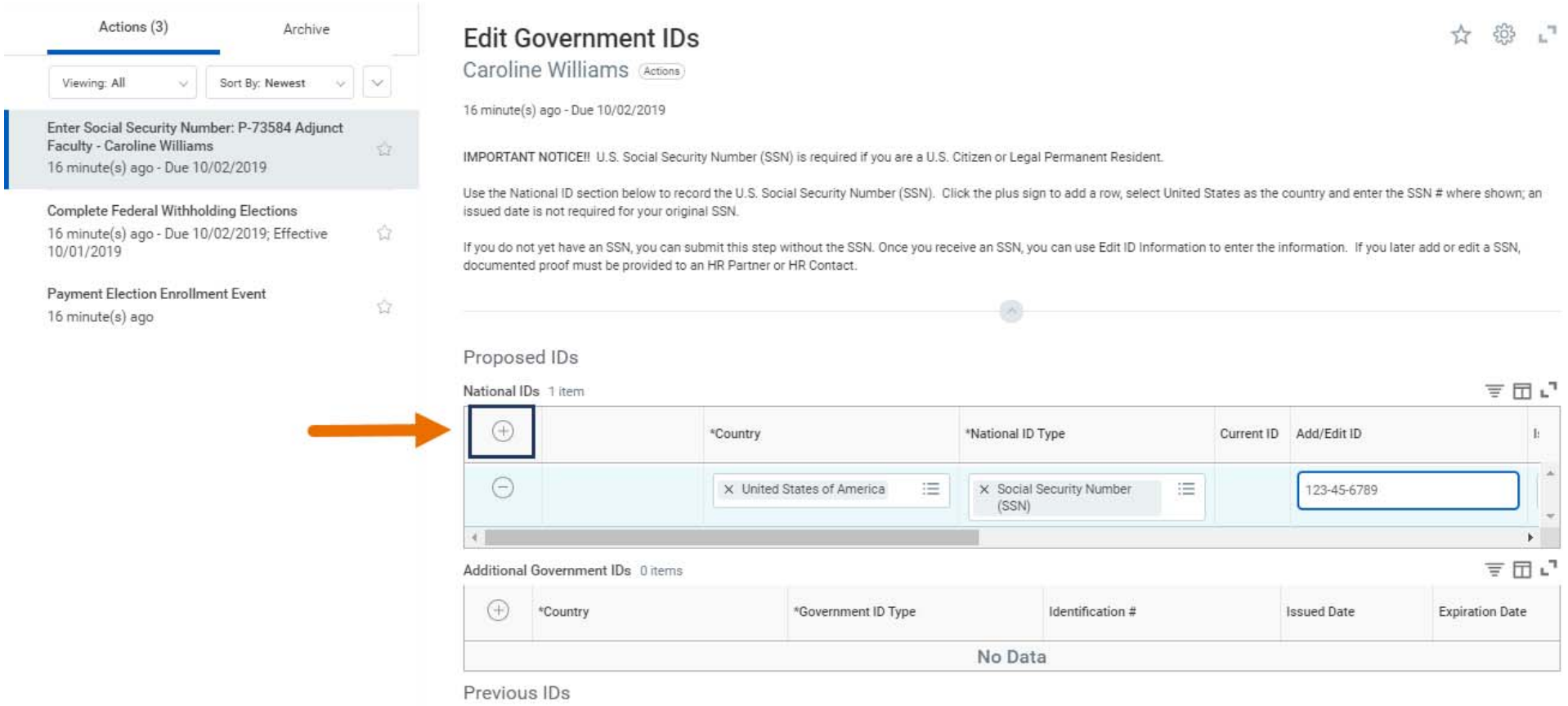
You must enter either **Primary Phone** or **Primary Email** for this Contact

Time to Refresh!



Click the **Refresh** button to bring in the next set of tasks

Group 3 Tasks



Use directions at the top to add your Social Security number in Workday

Note: *For persons who entered an address for a state that collects income tax, an additional task to Complete State and Local Withholding Elections will also be listed in this group*

Federal Withholding

Actions (2) | Archive

Viewing: All | Sort By: Newest

Enter Social Security Number: P06372 Human Resources Generalist III - Caroline Williams
3 second(s) ago - Due 10/03/2019

Complete Federal Withholding Elections
3 second(s) ago - Due 10/03/2019; Effective 10/02/2019

Payment Election Enrollment Event
3 second(s) ago

Complete Federal Withholding Elections

3 second(s) ago - Due 10/03/2019; Effective 10/02/2019

Company	Prairie View A&M University
Effective Date	10/02/2019
Name	Caroline Williams
Social Security Number	XXX-XX-XXXX
Address	123 My Street Houston, TX 77039 United States of America

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Complete your W-4 Data. Don't forget to mark the 'I Agree' check box that is required

W-4 Data

View Blank Form

Nonresident Alien

If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Last Name Differs from SS

If your last name differs from that shown on your social security card, check here.
You must call 1-800-772-1213 for a replacement card.

Marital Status * × Married

If married, but legally separate
"Single".

Number of Allowances 0

Total number of allowances yc
worksheet on the Form W-4 ins

Additional Amount 0.00

Additional amount, if any, you

binding transaction.
3. You understand that all submissions are co
your Payroll representative.

If you do not wish to use the electronic signatu
your Payroll Department for a paper copy of th
The form is not valid without a signature.

I Agree *

Payment Elections

You can set up your direct deposit or elect to have a check. We recommend adding a Nickname

Actions (1) | Archive

Viewing: All | Sort By: Newest

Enter Social Security Number: P06372 Human Resources Generalist III - Caroline Williams
3 second(s) ago - Due 10/03/2019

Complete Federal Withholding Elections
3 second(s) ago - Due 10/03/2019; Effective 10/02/2019

Payment Election Enrollment Event
3 second(s) ago

Manage Payment Elections

3 second(s) ago

Worker Caroline Williams
Default Country United States of America
Default Currency USD

Preferred Payment Method

These will default to direct deposit

Payroll * × Direct Deposit
Expense * × Direct Deposit

Account Setup

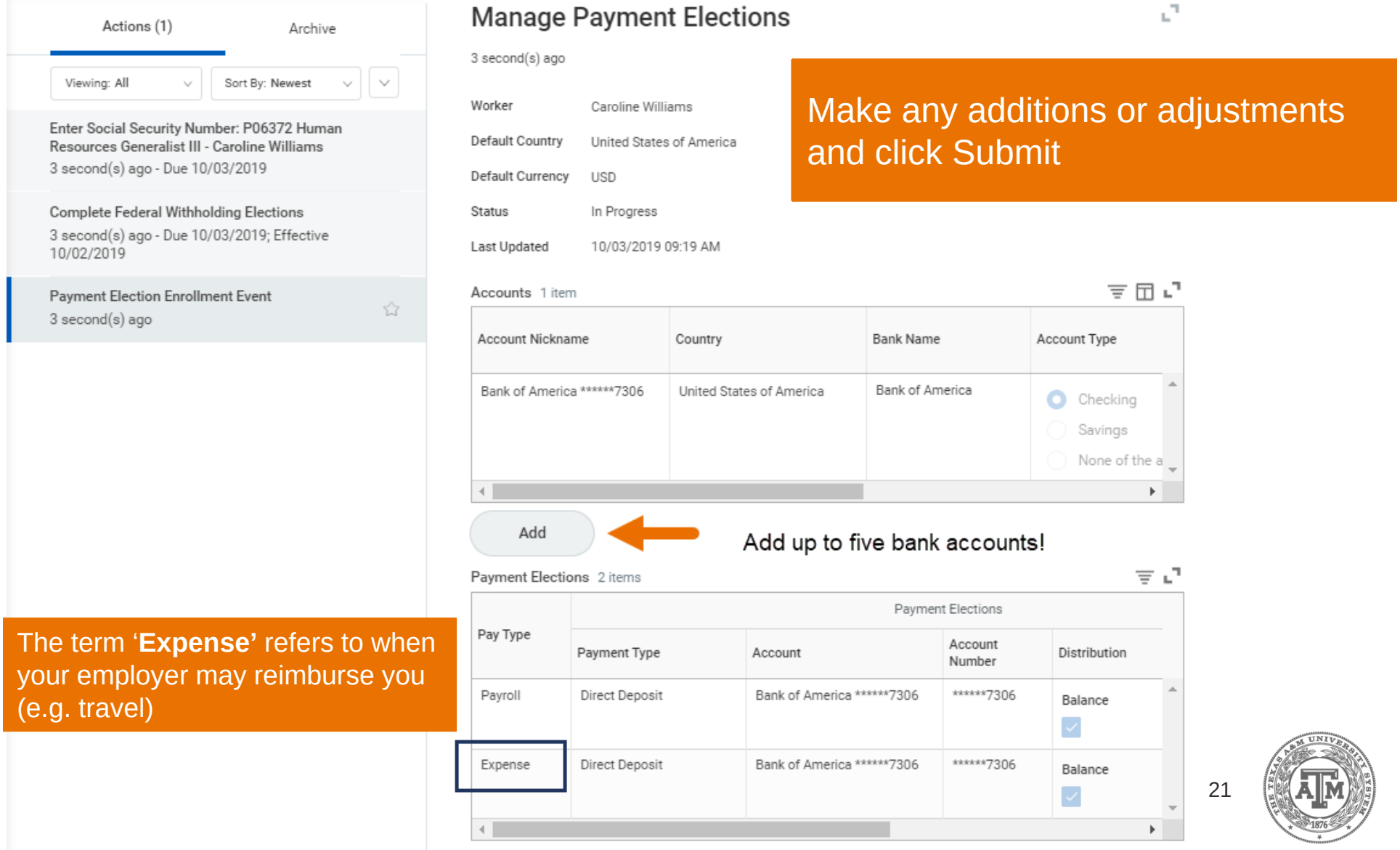
Worker Caroline Williams

Sample Check

Account Information

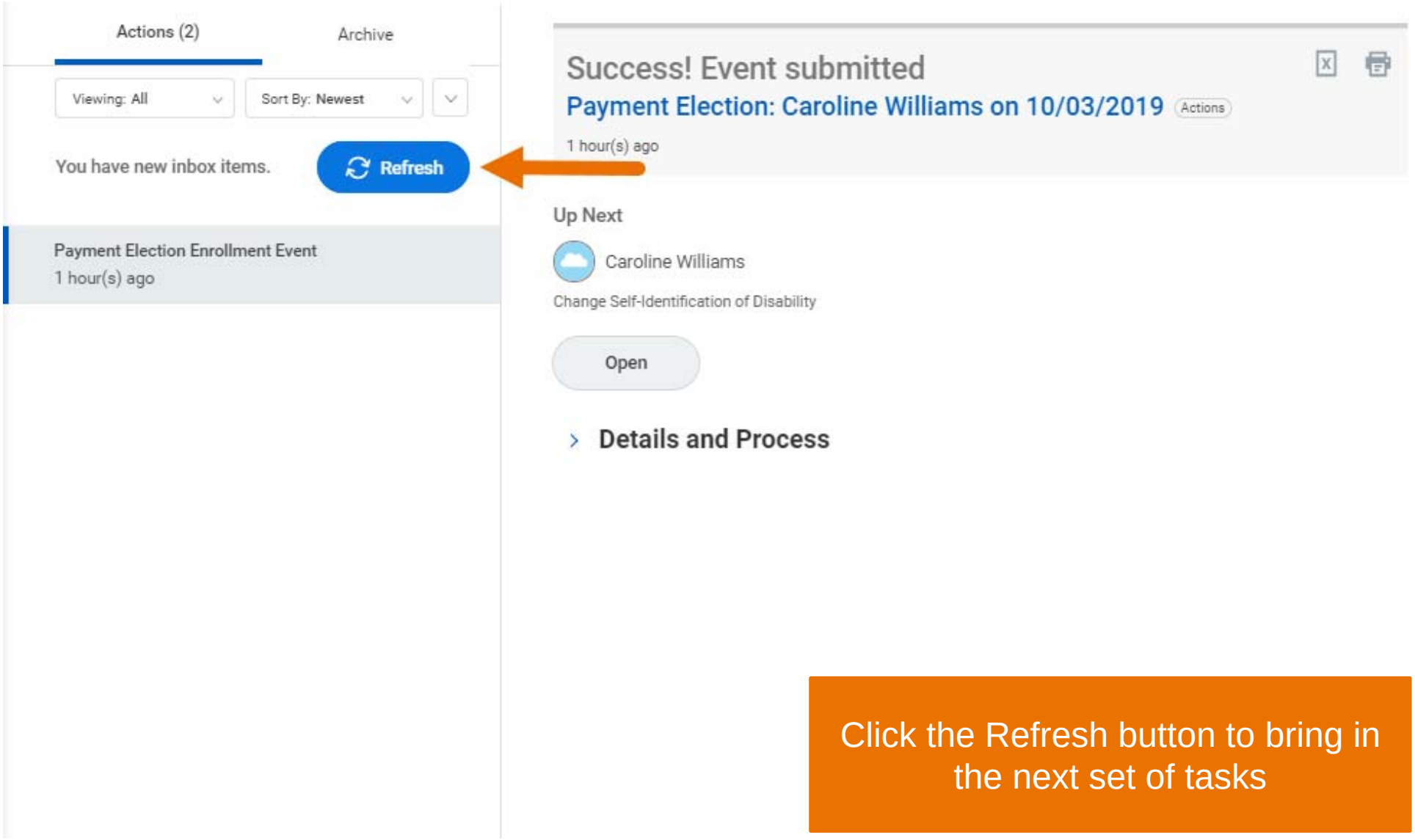
Account Nickname (optional)
Routing Transit Number *
Bank Name *
Bank Identification Code — Ignore this field
Account Type * Checking / Savings
Account Number *

Add Additional Accounts



The term '**Expense**' refers to when your employer may reimburse you (e.g. travel)

Time to Refresh!



Click the Refresh button to bring in the next set of tasks

Group 4 Tasks

Actions (3) | Archive

Viewing: All | Sort By: Newest

Review Required New Employee Notices: P06372
Human Resources Generalist III - Caroline Williams
2 minute(s) ago - Effective 10/02/2019

Veteran Status Identification
2 minute(s) ago - Effective 10/02/2019

Disability Self-Identification
2 minute(s) ago - Effective 10/02/2019

Review Required New Employee Notices

Review Documents for Onboarding for Caroline Williams Actions

2 minute(s) ago - Effective 10/02/2019

Documents

Document: New Health Insurance Marketplace 10/03/2019.pdf

Signature Statement: I hereby acknowledge receipt of New Health Insurance Marketplace Coverage Options and Health Coverage

I Agree: ☑

Document: HIV/AIDS and the Workplac

Instructions: The Texas Health and Safety Code, Chapter 85, specifies that workplace guidelines be explained to ensure that the rights and priviledges of individuals infected with the Human Immunodeficiency Virus (HIV) are protected. The attached HIV/AIDS brochure may be printed and retained by the employee.

Signature Statement: I hereby acknowledge I have been provided a copy or have electronic access of The Texas A&M University System policy on HIV/AIDS information.

I Agree: ☑

Document: Payroll Deduction Verification

Instructions: I understand that I am responsible for reviewing my payslip each pay period and notifying the Payroll Office immediately if the proper deductions are not made for retirement, group insurance, Social Security and federal income tax. I further understand that benefits will be paid based on coverage records in my insurance file and in accordance with the terms of the applicable group policy.

Signature Statement: I hereby acknowledge receipt of my Payroll Deduction Verification responsibilities.

I Agree: ☑

This information is provided to all new employees. Review, check the ‘I Agree’ box for each, and Submit

Veteran Status - Federal

Actions (2) | Archive

Viewing: All | Sort By: Newest

Review Required New Employee Notices: P06372
Human Resources Generalist III - Caroline Williams
2 minute(s) ago - Effective 10/02/2019

Veteran Status Identification
2 minute(s) ago - Effective 10/02/2019

Disability Self-Identification
2 minute(s) ago - Effective 10/02/2019

Change Veteran Status Identification

Caroline Williams Actions

2 minute(s) ago - Effective 10/02/2019

The Texas A&M University System and system members are Federal Government contractors subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows and are hereafter referred to all together as "protected veterans":

(1) A Disabled Veteran is one of the following:
a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
b) a person who was discharged or released from active duty because of a service-connected disability.

(2) A Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

...e or Campaign Badge Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air ...a campaign or expedition for which a campaign badge has been authorized under the laws administered by the ...

...ce Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air ...nited States military operation for which an Armed Forces service medal was awarded pursuant to Executive ...

...o any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

...EVRAA, we request this information in order to measure the effectiveness of the outreach and ... pursuant to VEVRAA. Your decision to provide this information is voluntary on your part, and ...ot subject you to any adverse treatment. If provided, the information will not be used in a manner ...e., it cannot be used as the basis for adverse employment decisions. This information will be kept ...nd managers may be informed regarding restrictions on the work or duties of disabled veterans, ...s; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you ...gency treatment; and (iii) Government officials engaged in enforcing laws administered by the ...ograms, or enforcing the Americans with Disabilities Act, may be informed.

...rovide equal opportunity for employment to all persons regardless of race, color, sex, religion, ...rmation, veteran status, sexual orientation or gender identity and will strive to achieve full and ...e System for faculty and staff employees.

- [ ] I AM NOT A VETERAN
- [ ] I IDENTIFY AS A VETERAN, JUST NOT A PROTECTED VETERAN
- [ ] I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS
- [ ] I DO NOT WISH TO SELF-IDENTIFY

search

Select all that apply

Select the appropriate option. Mark any additional characteristics and click Submit

Disability Self-Identification

Actions (1) | Archive

Viewing: All | Sort By: Newest

Review Required New Employee Notices: P06372
Human Resources Generalist III - Caroline Williams
2 minute(s) ago - Effective 10/02/2019

Veteran Status Identification
2 minute(s) ago - Effective 10/02/2019

Disability Self-Identification
2 minute(s) ago - Effective 10/02/2019

Change Self-Identification of Disability

2 minute(s) ago - Effective 10/02/2019

Voluntary Self-Identification of Disability

Form	CC-305
OMB Control Number	1250-0005
Expires	01/31/2020

Scroll to the bottom. Select the appropriate option and click Submit

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[1] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental im
substantially limits a major life activity, or if you have a history or record o
condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retard

Please select one of the below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

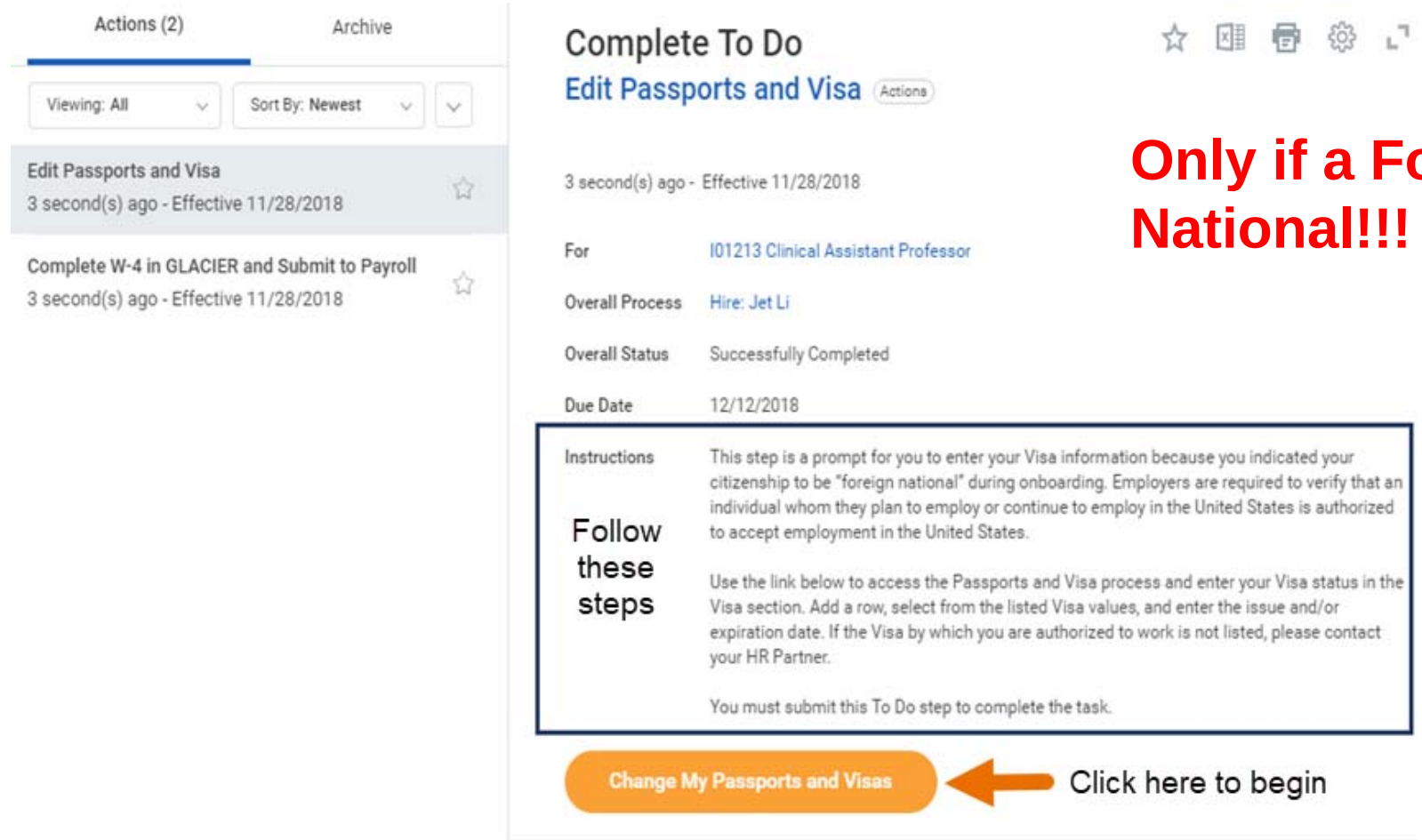
Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

[1] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

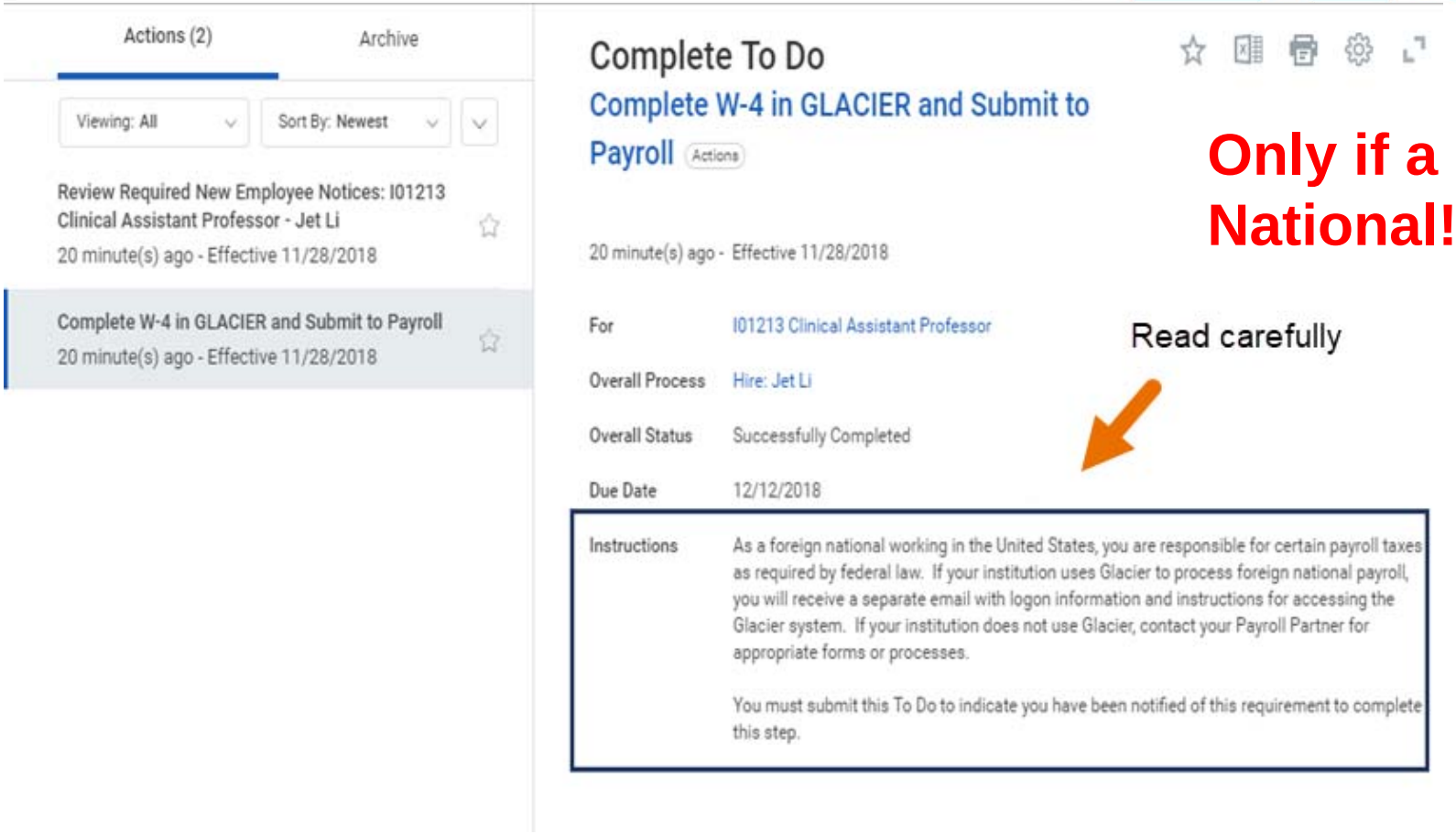
Edit Passports and Visa



Only if a Foreign National!!!

Follow the instructions provided.
You must *<u>return here and Submit</u>* to complete the task

Complete W-4 in Glacier



Only if a Foreign National!!!

Follow the instructions provided.
You must *return here and Submit* to complete the task

Add Dependents and Complete Benefits Elections

Note: This section is only for Employees in positions that are benefits eligible

Add Dependents First

THE TEXAS A&M UNIVERSITY SYSTEM

Dependents

Dependents - Report

If you have not reached your Hire date, go here

Before you can add coverage to Dependents, you must add them in Workday first

If you have reached your Hire date, you can click here

Inbox
0 items

Go to Inbox

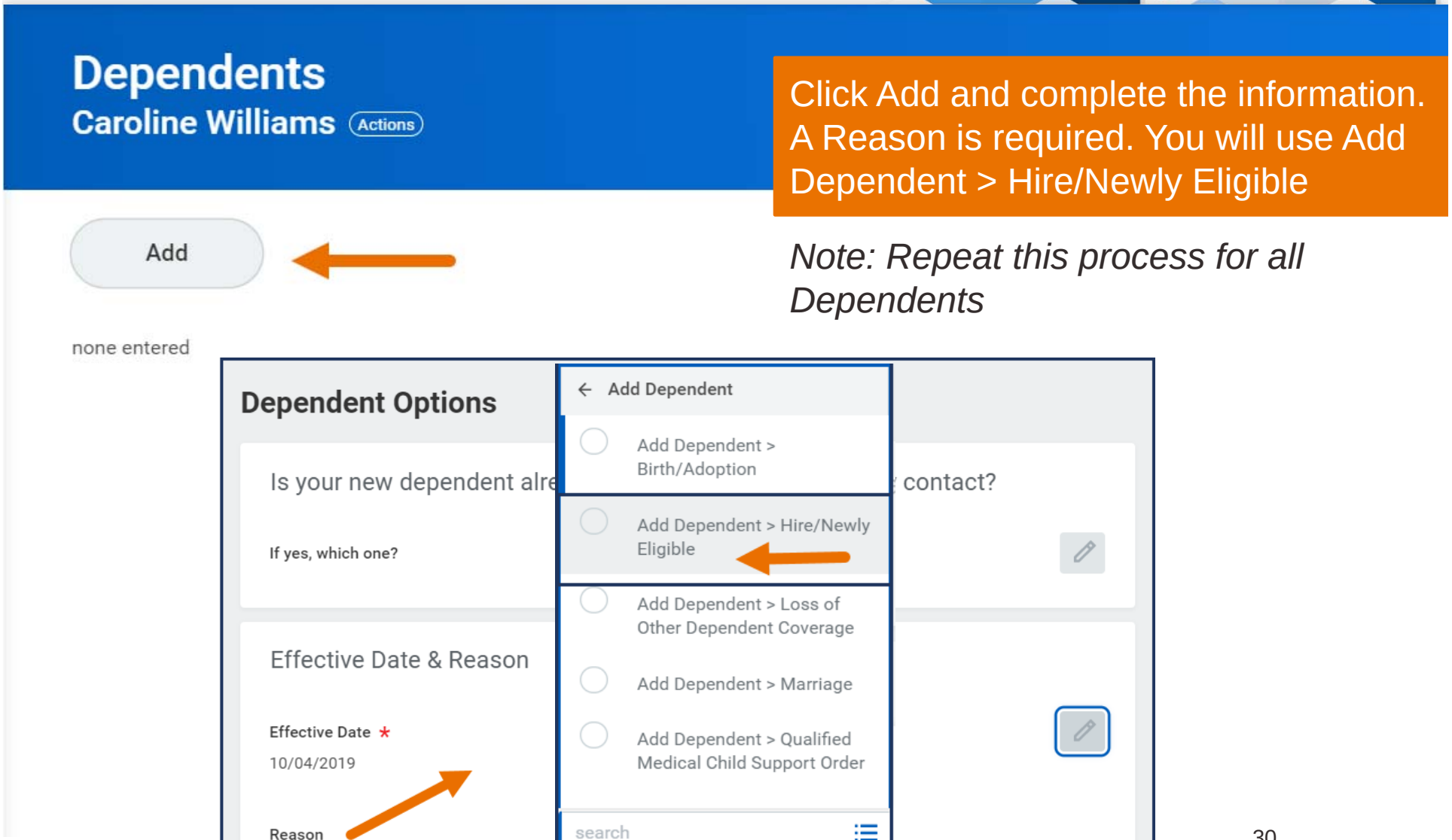
Applications
11 items

Personal Information

Benefits

Time Off

Add Dependents



Make Your Benefits Elections

Actions (1) | Archive

Viewing: **All** | Sort By: **Newest**

Change Benefits for Life Event
3 hour(s) ago - Effective 10/02/2019

Return to your inbox. These slides will guide you through making your Benefits Elections

Change Benefit Elections

Hire - benefits effective first of month following 60 days for Caroline Williams - Step 1 of 5 Actions

Event Date	10/02/2019
Initiated On	10/03/2019
lections By	11/15/2019

3 hour(s) ago - Effective 10/02/2019

st	Total Credits	Total Employee Net Cost/Credit
lonthly Cost	$0.00 Monthly Credit	$30.00 Monthly Cost

Please select your medical, dental and vision elections below. If you indicated that you already have medical coverage elsewhere, you will see that the employer contribution will cover the cost of some of your coverages.

If you want to add dependents to any of your coverages, and they are not yet in Workday, please return to your Workday homepage and follow the steps below. This process must be completed for each dependent you would like to add to your coverages.

- From your Workday homepage, click on the Benefits worklet
- Click on the Dependents button, then click the Add button
- Enter the dependent's demographic information and click the Submit button

Your medical coverage, along with any of the optional coverages you choose, will begin on the first of the month following 60 days after your hire date. If you want to start your medical coverage immediately, please contact your Human Resources or Benefits Office.

Your premiums, including the employer contribution, should be visible below.

Continue | Save for Later | Cancel

Tobacco Usage

Health Information

1 item

Tobacco Use

Tobacco products include tobacco cigarettes, smokeless tobacco, and e-cigarettes/vaping.

Question
Have you used tobacco products in the last three months?

Answer *
- Yes
- No

You will begin by answering questions related to Tobacco usage

Spouse/Domestic Partner Health Information

1 item

Tobacco Use

Tobacco products include tobacco cigarettes, smokeless tobacco, and e-cigarettes/vaping.

Question
Has your spouse used tobacco products in the last three months?

Answer *
- Yes
- No

Health Insurance

NOTE: Follow instructions provided on the first slide of this section to add your Dependents

Health Care Elections

3 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)	Provider Website
Medical - Blue Cross Blue Shield of TX PPO A&M Care	(•) Elect ( ) Waive	search	Employee Only	$60.00	$593.77	0.00	BCBSTX
Dental - Delta Dental DDPPO	( ) Elect (•) Waive					0.00	Delta Dental
Vision - Superior Vision VIS	( ) Elect (•) Waive					0.00	Superior Vision
				60.00	593.77	$0.00	

Remember you must first add Dependents in Workday before they will show as options here

Make elections as desired for Medical, Dental, and Vision insurance. Cost for each election will display according to coverage

Spending Accounts

The Spending Account plan year runs from September 1 through August 31.

You can enter either a monthly or an annual amount.

If you and your TAMUS-employed spouse both have Dependent Day Care accounts, the sum of your contributions is limited to $5,000.

Read the important information

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Healthcare Spending Account - Navia	○ Elect ● Waive	Your number of remaining payroll deductions for the year 4 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 (Monthly)? 0.00	Minimum Contribution (Annual) $1.00 Maximum Contribution (Annual) $2,650.00
Dependent Day Care Spending Account - Navia	○ Elect ● Waive	Your number of remaining payroll deductions for the year 4 timated contributions made this year uch do you want to contribute for the total year? uch do you want to contribute per paycheck (Monthly)? 0.00	Minimum Contribution (Annual) $1.00 Maximum Contribution (Annual) $5,000.00

Make elections as desired for Healthcare and Dependent Day Care Spending Accounts

Life Insurance

Insurance Elections

8 items

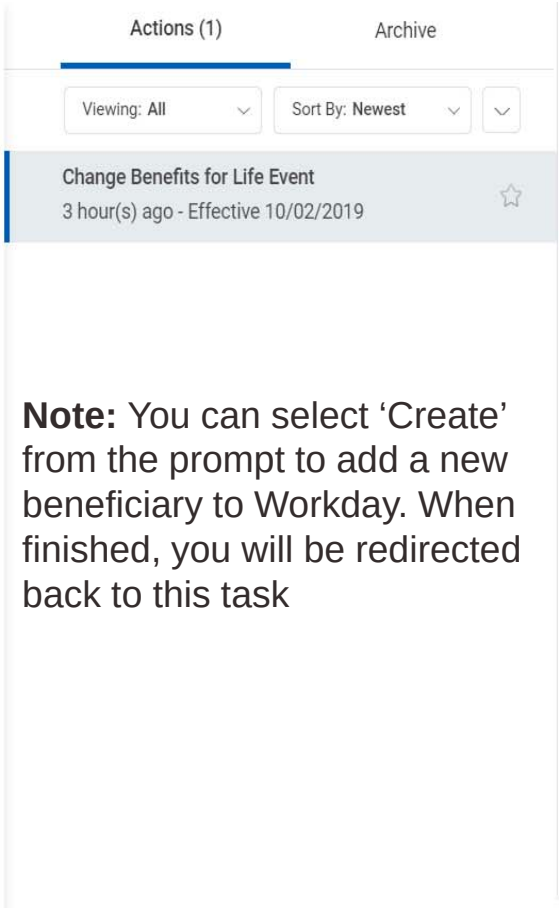
Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)
Basic Life/AD&D - Securian (Employee)	(•) Elect ( ) Waive	$7,500		$7,500.00		$6.59	0.00
Optional Life - Securian (Employee)	(•) Elect ( ) Waive	search					0.00
Optional AD&D - Securian (Employee)	( ) Elect (•) Waive						0.00
Optional AD&D - Securian (Family)	( ) Elect (•) Waive						
Spouse Life - Securian Plan A (Spouse)	( ) Elect (•) Waive						0.00
Spouse Life - Securian Plan B (Spouse and/or Child(ren))	( ) Elect						0.00

- 0.5 X Salary
- 1 X Salary
- 2 X Salary
- 3 X Salary
- 4 X Salary
- 5 X Salary
- 6 X Salary

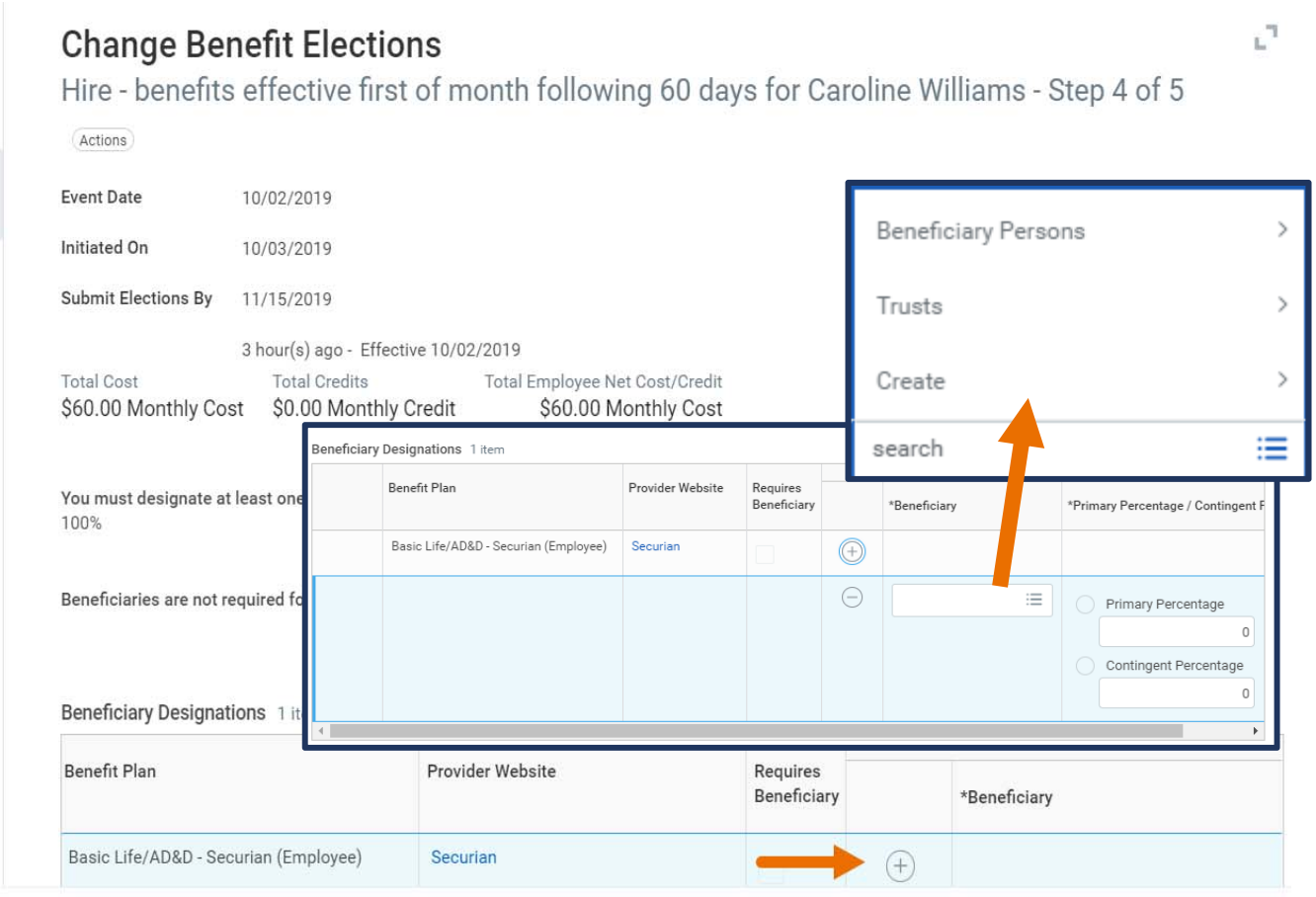
Options become available after you click Elect

Make elections as desired for Life Insurance. Some options require additional verification or approval

Add Beneficiaries



Note: You can select 'Create' from the prompt to add a new beneficiary to Workday. When finished, you will be redirected back to this task



Add beneficiaries to the life insurance policies previously elected. Assign appropriate percentages to beneficiaries

Review Your Elections

Change Benefit Elections

Benefit Elections Review for Hire - benefits effective first of month following 60 days - Step 5 of 5 Actions

Total Cost	Total Credits	Total Employee Net Cost/Credit
$666.77 Monthly Cost	$0.00 Monthly Credit	$666.77 Monthly Cost

Details

IMPORTANT: Do not upload your dependent documentation here. Your documents should have been uploaded through HRConnect. The documentation will be approved and your dependents will be verified after you click Submit.

Elected Coverages 4 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Benefit Credit (Monthly)
Medical - Blue Cross Blue Shield of TX PPO A&M Care	02/01/2019	02/01/2019	Employee Only				$623.77	
Dental - Delta Dental DPPO	02/01/2019	02/01/2019	Employee Only				$29.41	
Vision - Superior Vision VIS	02/01/2019	02/01/2019	Employee Only				$7.00	
Basic Life/AD&D - Securian (Employee)	02/01/2019	02/01/2019	$7,500	$7,500.00		Cherry Pie	$6.59	
							Total: $666.77	

Review what you have elected and waived on this Summary page

Review Information & Sign

Change Benefits for Life Event
3 hour(s) ago - Effective 10/02/2019

Electronic Signature

Payroll Deduction/Pretax Premium/Billing Agreement: I authorize The Texas A&M University System to deduct from my earnings the amount requi
share of the premiums for these coverages. I authorize the A&M System to reduce my taxable income by an amount equal to my health/dental/visi
premiums.

Waiver Agreement: After my 60-day enrollment period, I understand that in order to enroll in the future I may be required to provide evidence of insu
may enroll in some plans only during enrollment periods and/or be subject to pre-existing condition limitations.

Release of Information: I understand that certain information collected by the A&M System must be sent to the carriers of the plans in which I have
A&M System and the insurance carriers will treat this information as confidential.

Tobacco User Agreement: I understand that if I have indicated that I am not a tobacco user and this proves to have been a false statement, my cov
associated dependent benefit coverage may be cancelled.

Certification and signature: I understand that I may be required to provide additional documentation to certify the change I that I am claiming in orc
changes to my benefits. I further understand that should it be found that I have made a false statement in connection to my benefit change, my ben
will be canceled and I may be prosecuted to the full extent of the law.

Insurance Cancellation Agreement: If cancelling any insurance coverage, I understand that in order to participate in the future I may be required to
evidence of insurability at my own expense. Coverage is subject to the carrier's approval and is not guaranteed. In addition, I may enroll in some pla
specified enrollment periods. Benefits will be paid based on coverage records in my insurance file and in accordance with the terms of the applicab

I Agree

enter your comment

Process History

Submit

Save for Later

Go Back

Cancel

Change Benefits for Life Event – Awaiting Action

Click the 'I Agree' check box to provide an electronic signature for you elections

You are Done!

Congratulations! You have completed your onboarding tasks in Workday. Be sure and follow up with your HR professional regarding any outstanding documentation needed (if applicable).

If you have not already, you can complete the online training, *Working in Workday,* available on TrainTraq for more information on how you will use Workday in your position at your organization.

For more information on Workday visit the website Workday Help. Both TrainTraq and Workday Help are available on your SSO menu