

OPEN ENROLLMENT IN WORKDAY

Important Information:

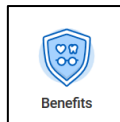
- New dependents must first be added as a dependent prior to adding them to any benefits elections (instructions are below)
- If you initiate a Change Benefits for Life Event business process after you have completed your open enrollment task, but before September 1, you will prompted to complete your Open Enrollment again

****If no additional dependents are needed, start on PAGE 3 – OPEN ENROLLMENT TASK**

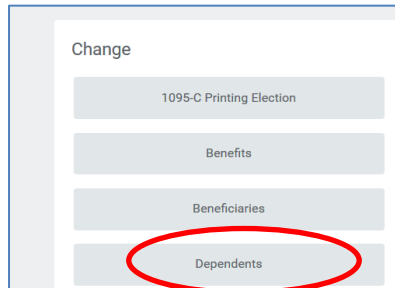
ADDING NEW DEPENDENT INSTRUCTIONS:

If you want to add a spouse or children to your coverage and they are not already listed as dependents, you must first add their information to your dependent list.

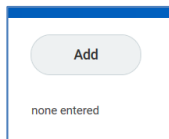
1) Go to the Benefits icon



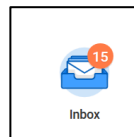
2) Select CHANGE/ DEPENDENTS



3) Select the "REASON" as "Hire – Newly Eligible". Then complete the Dependent Information sections and SUBMIT.



4) Go to your Workday inbox.



You will need to provide documentation for each NEW dependent (see list on page 2).

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IMPORTANT STEPS

Look for the email about DEPENDENT EVENT – UPLOAD DOCUMENTATION. It will give you the [link to HR Connect](#) to UPLOAD required documentation.

Instructions on HOW to upload are in HR Connect

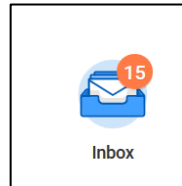
To upload a document, select a Document Category & a Document Type, then click the Browse button and select the document on your computer. Please add the individual's name in the Notes field, then click **Upload**. After you are done uploading your documents, **click the green Submit Document button.**

Document Category	Document Type	Attachment
Dependent Verification	Birth Certificate	Browse... No file selected.

Submit Document

Required documents for Dependents:

Child	Birth Certificate
Spouse	Marriage license + proof of joint account OR Recent Federal tax return showing "married filing Jointly"
Common law spouse	Texas Declaration of Informal/ Common Law Marriage from the county where the marriage is recognized
Grandchild	Official document showing the child's address is the same as the employee's address: examples: current school record copy of daycare record social security card with home address

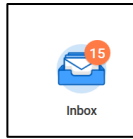


After uploading, go back to your Workday inbox

- 5) **Click SUBMIT on the Upload Documentation task before moving on to the Open Enrollment task.**

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OPEN ENROLLMENT TASK



Go to your Workday inbox.

Proceed to the Open Enrollment task and read information at the top carefully.

		Total Cost \$36.95 Monthly Cost	Total Credits \$30.00 Monthly Credit
		Total Employee Net Cost/Credit \$6.95 Monthly Cost	
→	Event Date	09/01/2018	
	Initiated On	06/11/2018	
	Submit Elections By	07/31/2018	

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 haven't already added your dependents, please add dependents before proceeding, if you want to add them to medical, dental, vision or child life.**

Your elections will be in effect until the next plan year, unless you have a qualified life event and change your elections at that time.

Note:

- **Bi-weekly paid employees**, the amounts you see are **per paycheck**, not per month (maximum two per month).
- If you or your use **tobacco products**, the health plan rates include an additional \$30 per month.

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STEP 1 – Health / Dental / Vision

Health Information

1 item

Have you used to **UPDATE TOBACCO STATUS**

Yes No

ADD OR DROP DEPENDENTS BY CLICKING TWICE INSIDE THE BOX TO VIEW YOUR LIST OF DEPENDENTS--SELECT OR DESELECT DEPENDENTS

Health Care Elections 4 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - Blue Cross Blue Shield of TX PPO A&M Care	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Employee Only
Dental - Delta Dental DHMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Dental - Delta Dental DPPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Vision - Superior Vision VIS	<input type="radio"/> Elect		

ELECT OR WAIVE FOR THE COVERAGES YOU WANT TO CHANGE

PREMIUMS WILL BE IN COLUMNS ON RIGHT SIDE OF PAGE

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*Note - if you are in a FACULTY position that is for 9, 10, or 11 months, your premiums will be deducted over the first 9 months of the new plan year.

Therefore the monthly cost reflects a higher amount in the Employee Cost column. These monthly deductions will begin on the 10/1 paycheck and end on the 6/1 paycheck.

This will be true whether you are in 9, 10, or 11-month appointment for the 2018-2019 plan year.

Coverage	Employee Cost (Monthly - 9)	SUBTRACT CREDIT FROM MONTHLY EMPLOYEE COST	Benefit Credit (Monthly - 9)
Employee + Spouse	\$454.73		80.00

**THIS IS AN EXAMPLE
OF HOW WORKDAY
HAS CALCULATED
YOUR PREMIUMS:**

**ANNUAL PREMIUM FOR
EMP + SPOUSE WITHOUT
WELLNESS CREDIT**

$\$341.05 \times 12 = \4092.60

$\$4092.60 \text{ divided by } 9 = \454.73

**ANNUAL AMOUNT FOR
CREDIT**

$\$60 \times 12 = \720

$\$720 \text{ divided by } 9 = \80

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STEP 2 – Spending Accounts

You will need to ELECT to re-enroll in the Spending Accounts. You can enter an annual amount or a monthly amount. Workday will calculate the other for you.

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.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions
Healthcare Spending Account - Navia	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining periods for the year 12 How much do you want to contribute for the total year? 0.00 How much do you want to contribute (Monthly)? 0.00
Dependent Day Care Spending Account - Navia	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining periods for the year 12 How much do you want to contribute for the total year? 0.00 How much do you want to contribute (Monthly)? 0.00

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STEP 3 - Life Insurance

Adding or Increasing Optional Life or Dependent Life will prompt an email for you to go to the Securian website to complete the application process.

> Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 8 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage
Basic Life/AD&D - Securian (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$7,500		\$7,500.00
Optional Life - Securian (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Optional AD&D - Securian (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Optional AD&D - Securian (Family)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Spouse Life - Securian Plan A (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

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STEP 4 - Beneficiaries

You should check your beneficiaries for accuracy. You can make any changes here during open enrollment.

Beneficiaries	
*Beneficiary	*Primary Percentage / Contingent Percentage
(+)	
(-)	<input type="text"/> <input checked="" type="radio"/> Primary Percentage 100 <input type="radio"/> Contingent Percentage 0

- Beneficiary Persons >
- Trusts >
- Create >

To ADD a new beneficiary, click inside the box and choose CREATE

It will take you through steps to add a new name.

You will need to set up each as Primary with percentage (and Contingent if applicable.)

Primary Percentage

Contingent Percentage

Primary Percentage

Contingent Percentage

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STEP 5 – Review and Submit

There will be a final summary page. **Verify your changes.** The monthly cost and wellness credit will be at the top of the page.

Total Cost	Total Credits	Total Employee Net Cost/Credit
\$36.95 Monthly Cost	\$30.00 Monthly Credit	\$6.95 Monthly Cost

Event Date 09/01/2018
Initiated On 06/11/2018
Submit Elections By 07/31/2018

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 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)
Medical - Blue Cross Blue Shield of TX PPO A&M Care	09/01/2009	09/01/2009	Employee Only				\$30.00	\$593.77	\$30.00
Basic Life/AD&D - Securian (Employee)	11/01/2005	11/01/2005	\$7,500	\$7,500.00		Terry Ball		\$6.59	

connection to my benefit change, my benefit coverage will be canceled an

Insurance Cancellation Agreement: If cancelling any insurance coverage, addition, I may enroll in some plans only during specified enrollment period

I Agree

Submit

Click the I AGREE box and then SUBMIT.