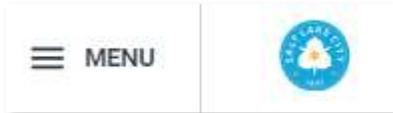


1. In the upper left-hand corner of Workday, **click on MENU**.



2. Click on **Benefits and Pay**.



3. Click on **Benefits**.



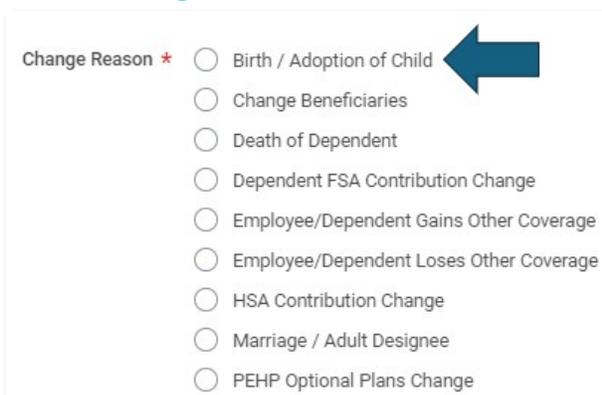
4. Click on **Benefit Elections**.



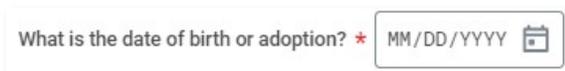
5. Click on the **Change Benefits button** under Benefit Elections.



6. For the Change Reason, **click on the Birth / Adoption of Child** radio button.



7. **Enter the date of birth** or click on the calendar and then the date.



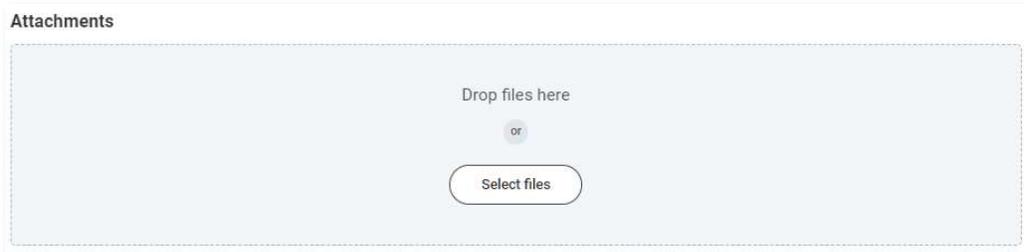
8. Click out of the date box and you will see how many days are left in your 60-day window.



What is the date of birth or adoption? * 01/01/2024 

Submit Elections By 02/29/2024 

9. Drop your child's birth certificate in the attachments box or click the Select files button and choose it from your computer's file.



Attachments

Drop files here

or

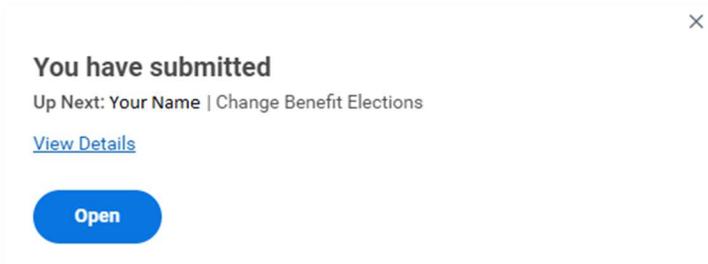
Select files

10. Click the blue **Submit button** at the bottom of the screen.



Submit Save for Later Cancel

11. Click the **Open button** in the 'You have submitted' pop up window.



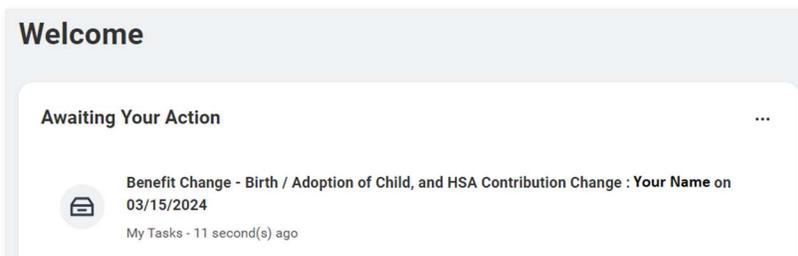
You have submitted

Up Next: Your Name | Change Benefit Elections

[View Details](#)

Open

OR – 11a. Alternatively, the enrollment will be on your home screen in the Awaiting Your Action section, click on it.



Welcome

Awaiting Your Action ...

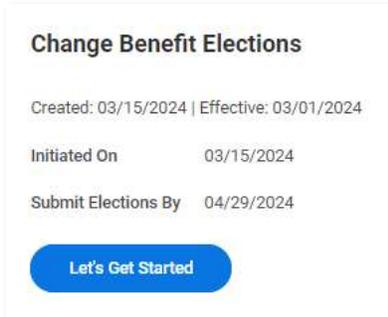
 Benefit Change - Birth / Adoption of Child, and HSA Contribution Change : Your Name on 03/15/2024

My Tasks - 11 second(s) ago

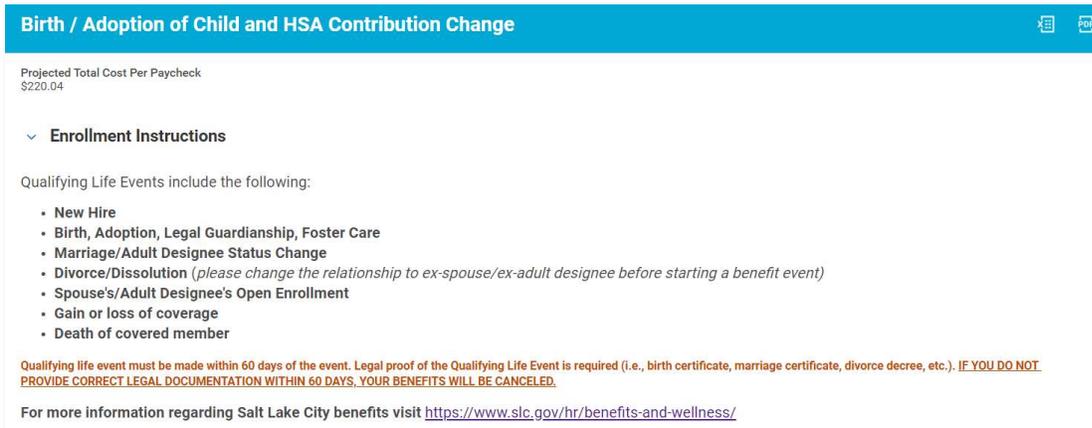
OR – 11b. Alternatively, you can find it in your **My Tasks inbox** at the top right.



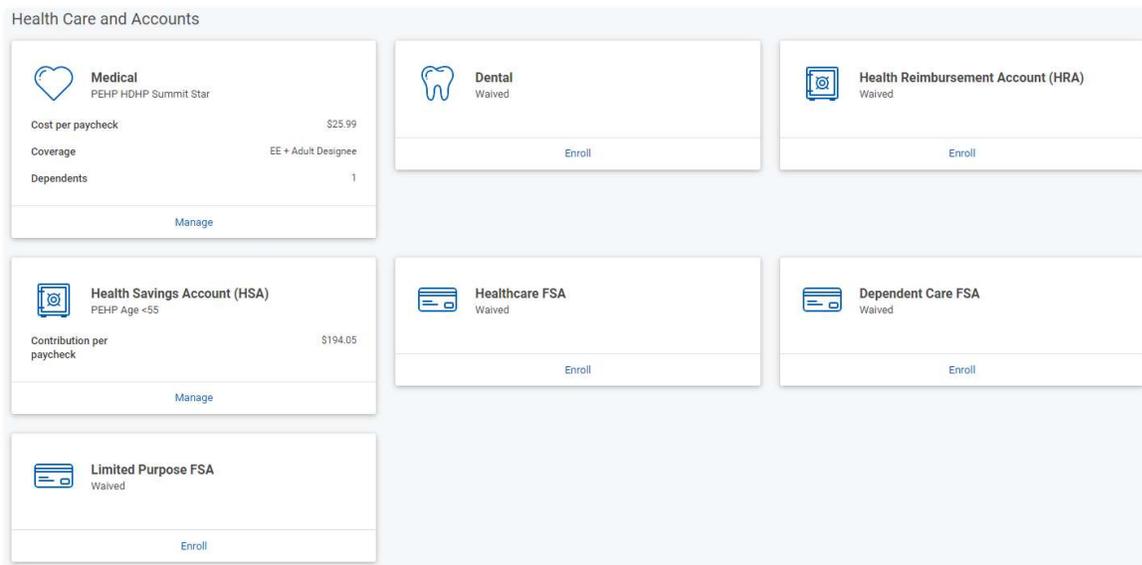
12. Once you click in, click on the **Let's Get Started** button.



13. Read the Enrollment Instructions screen.

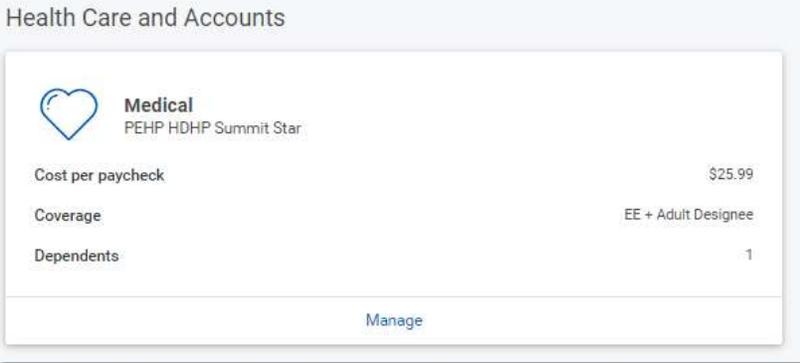


14. Below the instructions are the enrollment worklets.



This shows our Health Care options (Medical, Dental, HRA, HSA, Healthcare FSA, Dependent Care FSA, and Limited Purpose FSA).

15. Click on **Manage** of the Medical worklet (if desired). If not, click on the desired worklet you wish to add newborn to.



Health Care and Accounts

 **Medical**
PEHP HDHP Summit Star

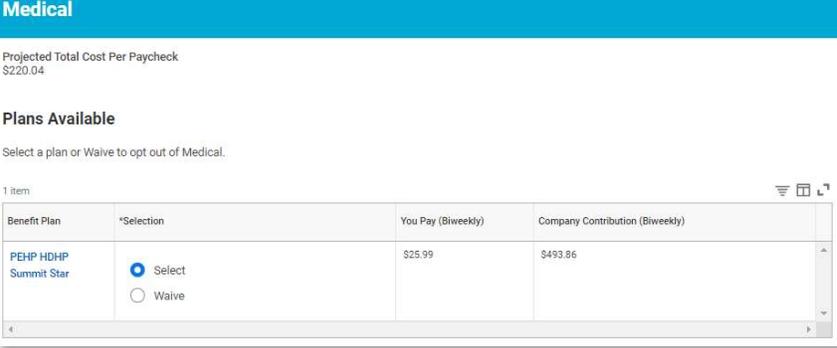
Cost per paycheck \$25.99

Coverage EE + Adult Designee

Dependents 1

Manage

16. You will see your current coverage. Leave the "Select" button chosen.



Medical

Projected Total Cost Per Paycheck
\$220.04

Plans Available

Select a plan or Waive to opt out of Medical.

1 item

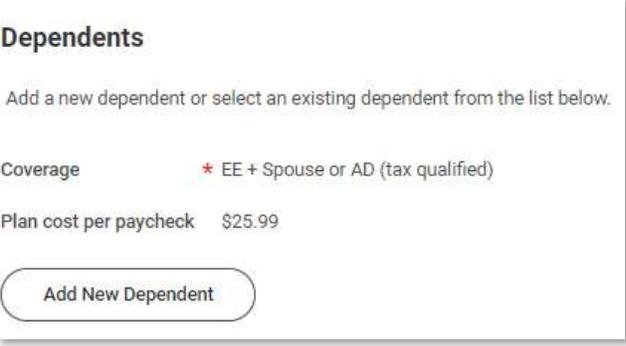
Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
PEHP HDHP Summit Star	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$25.99	\$493.86

17. Click **Confirm and Continue** (you add new dependent on next page).



Confirm and Continue Cancel

18. Click the **Add New Dependent** button.



Dependents

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

Coverage * EE + Spouse or AD (tax qualified)

Plan cost per paycheck \$25.99

Add New Dependent

19. You will need to enter the following information for your child:
 - a. **First Name** (use legal name – this is an insurance record)
 - b. **Last Name**
 - c. **Relationship** (your newborn is an “unmarried child”)
 - d. **Date of Birth** (be sure this is correct and matches the Effective Date of your enrollment)
 - e. **Gender**
 - f. **National ID** – this is the social security number (you may not have it yet, but PEHP will need this number for billing purposes)
 - g. **Address**

The screenshot shows the 'Add My Dependent From Enrollment' form. The 'Name' section includes fields for Country (set to 'United States of America'), Prefix, First Name, Middle Name, Last Name, and Suffix. A checkbox for 'Allow Duplicate Name' is highlighted with a blue arrow and the text '*See note below'. The 'Personal Information' section includes fields for Relationship, Date of Birth, Age, Gender, Full-time Student, Student Status Start Date, Student Status End Date, and Disabled. Blue arrows point to the Relationship, Date of Birth, and Gender fields.

(***Allow Duplicate Name** - If your child is named after you or your spouse, and you have more than one dependent with the exact same name, be sure to click that box so that Workday allows the repeat name and doesn't think it is a repeat of the same person.)

20. Your newborn is your **unmarried child** (the child's marital status, not yours):

The screenshot shows the 'Personal Information' section of the form. The 'Relationship' field is open, displaying a dropdown menu with the following options: Spouse, Child (unmarried), Child (married), Step Child (unmarried), Step Child (married), Foster Child (unmarried), Foster Child (married), Legal Guardian (unmarried), Legal Guardian (married), Adult Designee, Adult Designee (tax qualified), Adult Designee Child (unmarried), and Adult Designee Child (married). A blue arrow points to the 'Child (unmarried)' option.

Personal Information

Relationship *

Date of Birth *

Age 0 years, 0 months, 0 days

Gender *

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

21. On the **National ID** tab, click the Add button (if you do not have your child’s social security number yet, you may add a reason, such as “don’t have yet.” Instructions to add social security numbers can be found on the intranet under HR / Benefits and Wellness). You will be asked to provide this as we routinely audit dependent records for completeness.

National IDs

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

22. In the **Country** box, choose “Frequently Used,” and “United States.”

National IDs

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

Country *

National ID Type *

Current ID (empty)

Add/Edit ID *

Issued Date

Expiration Date

Issued By

Series

Verification Date 03/15/2024

Verified By Erin Franey

23. In the **National ID Type** box, choose “Social Security Number (SSN).”

Once you enter Social Security number for your newborn and click out, it will show XXXXXXXXX for security purposes.

24. On the **Address** tab, click in the “Use Existing Address” box.

25. Choose your address.

26. Click **Save button** at bottom of page.

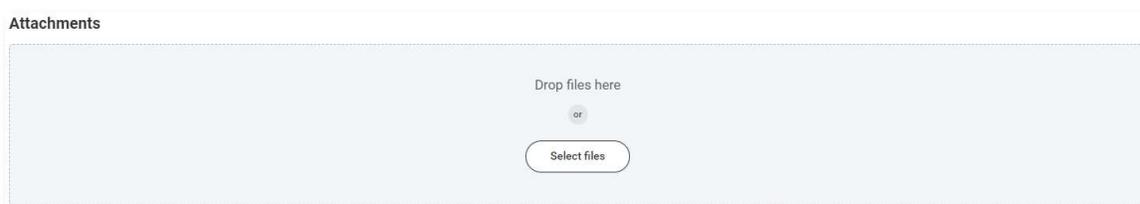
27. Child will show in benefits – be sure not to “uncheck” the box next to their name.

ENROLLMENT:

28. Click into each worklet for which you are eligible and want to add child.
- **Medical** – if you are not enrolled in medical, you may enroll you, your spouse, and your newborn child at this time. No other dependents are eligible to be enrolled at this time.
 - **Dental** – if you are not enrolled in dental, you may enroll you, your spouse, and your newborn child at this time. No other dependents are eligible to be enrolled at this time.
 - **Dependent Care Flexible Spending Account** – this is a use-or-lose account, enroll only if you know your child will be in a facility that can provide you receipts for your childcare enrollment.
 - **Child Life** – if you have other children enrolled in the Child Life policy, you must add newborn for coverage to include that child; however, you are not allowed to add other children at this time for guaranteed issue, you will have to go through underwriting (Evidence of Insurability) for any children you are adding outside their guaranteed issue enrollment:
 - **new hire** (Optional Term Life – \$200k; Spouse Term Life – \$50k; Child Life – \$15k)
 - **marriage** (Spouse Term Life – \$50k; Child Life (new stepchildren only) – \$15k)
 - **birth/adoption** (Child Life – \$15k (newborn (or adoptee) only – siblings must go through underwriting if not previously added at their birth, new hire, or, if stepchildren, at marriage enrollment)).
29. Click **Review and Sign button** when you have added baby to desired (and eligible) enrollments.



30. **Review** your enrollment for accuracy (top of screen).
31. If you did not add the birth certificate at the beginning of the enrollment, add it now to the **attachments section**.



32. Scroll down, read through the **Legal Disclosure**.

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 that your benefit elections are legal and binding transactions.
- You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carrier and benefit providers.
- You understand that if you willfully misrepresent your eligibility or the eligibility of your dependents during this enrollment, or fail to take the necessary action to remove ineligible dependents within 60 days, or in any way obtain benefits to which you are not entitled, your benefits will be canceled, you will be required to repay the full value of the lessor of any claims or insurance premiums, and may face criminal investigation and prosecution.
- You understand and certify that you are not a part to a divorce proceeding and not subject to an injunction/order which prevents you from modifying insurance or changing beneficiaries.
- You understand you are responsible to provide all required documents for dependents (birth or marriage certificates) within 60 days of enrollment. You understand that if adequate documentation is not provided timely, it will result in termination for your dependent coverage retroactively to the time the dependent was not eligible.

I Accept

33. Click the **"I Accept"** box.



34. Click the **Submit** button.



Questions? Run into problems?

Email us for assistance – Benefits@slcgov.com

Or call – 801-535-6600