

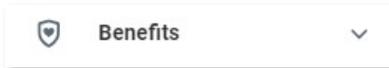
1. In the upper left-hand corner of Workday, **click on MENU**



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 Employee/Dependent Loses Other Coverage radio button.**

Change Reason \*

- Birth / Adoption of Child
- Change Beneficiaries
- Death of Dependent
- Dependent FSA Contribution Change
- Employee/Dependent Gains Other Coverage
- Employee/Dependent Loses Other Coverage
- HSA Contribution Change
- Marriage / Adult Designee
- PEHP Optional Plans Change



7. Enter the **day AFTER the last day of coverage** or click on the calendar and then the date. (If your spouse lost coverage on May 31, put April 1.)

First Day After Prior Coverage Ended \* MM/DD/YYYY 

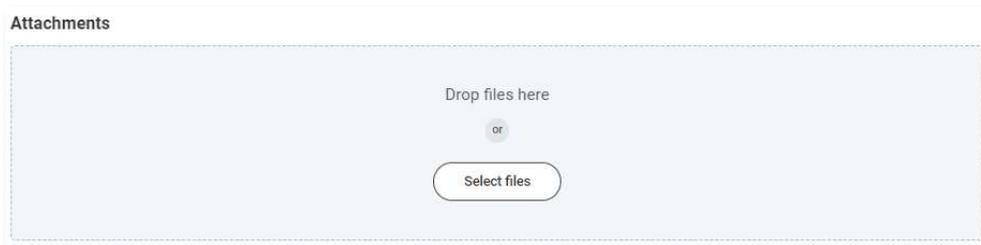
8. Click out of the date box and you will see how many days are left in your 60-day window.



First Day After Prior Coverage Ended \* 04/01/2024

Submit Elections By 05/30/2024

9. Drop your LOC (loss of coverage) document into the Attachments box – this document must show names of people you are attempting to add, and the coverage(s) they lost. (You cannot add someone to dental who did not previously have dental. (Those changes can be made at Open Enrollment.))



Attachments

Drop files here

or

Select files

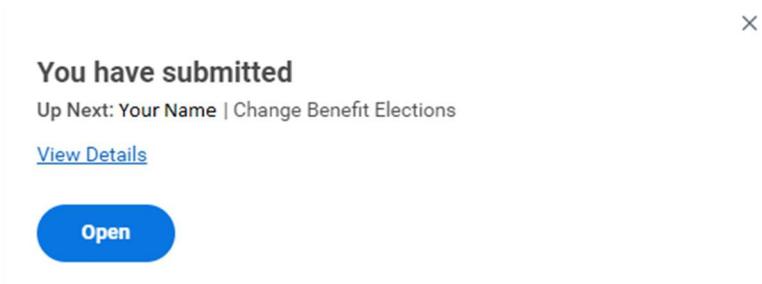
If you have never covered this dependent before, you will need to provide documentation to show your legal relationship with them (marriage certificate (official not commemorative) for a spouse, or birth certificates for dependent children).

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.

**Hello There**

**Awaiting Your Action** ...

 **Benefit Change - Employee/Dependent Loses Other Coverage : Your Name on 04/01/2024**  
My Tasks - 1 minute(s) ago

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



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

☆ ⚙️ ↗️ Created: 04/12/2024 | Effective: 04/01/2024

**Change Benefit Elections**

Initiated On 04/12/2024  
Submit Elections By 05/30/2024

**Let's Get Started**

13. Below that are the enrollment worklets

Health Care and Accounts

 <b>Medical</b> PEHP HDHP Summit Star Cost per paycheck \$25.99 Coverage EE + Adult Designee Dependents 1 <b>Manage</b>	 <b>Dental</b> Waived <b>Enroll</b>	 <b>Health Reimbursement Account (HRA)</b> Waived <b>Enroll</b>
 <b>Health Savings Account (HSA)</b> PEHP Age <55 Contribution per paycheck \$194.05 <b>Manage</b>	 <b>Healthcare FSA</b> Waived <b>Enroll</b>	 <b>Dependent Care FSA</b> Waived <b>Enroll</b>
 <b>Limited Purpose FSA</b> Waived <b>Enroll</b>		

The Health Care options (Medical, Dental, HRA, HSA, Healthcare FSA, Dependent Care FSA, and Limited Purpose FSA)

14. Click on manage of the Medical worklet (if desired).

Health Care and Accounts

**Medical**  
PEHP HDHP Summit Star

Cost per paycheck \$25.99

Coverage EE + Adult Designee

Dependents 1

Manage

15. 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

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

Confirm and Continue Cancel

17. 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

18. Check the checkbox on Use as Beneficiary, if you'd also like dependent to be a beneficiary (please note, PEHP will not pay out claims to minors).

## 19. Click OK

**Add My Dependent From Enrollment**

Your Name

Use as Beneficiary

If you check the beneficiary box above, this dependent will be available to easily add when you designate beneficiaries.

[Spouse](#)  
Individual lawfully married to you; Legal Marriage Certificate is required.

[Dependents](#)  
Children with whom you have a legal parental relationship; Birth Certificate, Legal Documentation, etc. is required.

[Adult Designee](#)  
Only available to unmarried employees. Tax consequences apply. Contact [benefits@slcgov.com](mailto:benefits@slcgov.com) regarding verification and required documentation.

Cancel OK

20. You will need to enter the following information for your dependent:
- First Name** (use legal name – this is an insurance record)
  - Last Name**
  - Relationship** (marital status is the marital status of the child, not you)
  - Date of Birth** – be sure this is correct
  - Gender**
  - National ID** – this is the **social security number**, PEHP will need this number for billing purposes)
  - Address**

**Add My Dependent From Enrollment**

**Name**

Country

Prefix

First Name

Middle Name

Last Name

Suffix

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.

Add

**Personal Information**

Relationship

Date of Birth

Age (empty)

Gender

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

If your child is unmarried, choose “Child (unmarried).” (It is the child’s marital status, not yours.)

**Personal Information**

Relationship \*  ⋮

Date of Birth \*  Spouse

Age  Child (unmarried)

Gender \*  Child (married)

Full-time Student  Step Child (unmarried)

Student Status Start Date  Step Child (married)

Student Status End Date  Foster Child (unmarried)

Disabled  Legal Guardian (unmarried)

Adult Designee

Adult Designee (tax qualified)

Foster Child (married)

Adult Designee Child (unmarried)

Adult Designee Child (married)

Legal Guardian (married)

**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. To add the social, click on the Add button.

**National IDs**

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

22. In the Country box, click on "Frequently Used."

## National IDs

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

Country *	<input type="text" value="Search"/>
National ID Type *	<input type="text"/>
Current ID	(empty)
Add/Edit ID *	<input type="text"/>
Issued Date	<input type="text" value="MM/DD/YYYY"/>
Expiration Date	<input type="text" value="MM/DD/YYYY"/>
Issued By	
Series	
Verification Date	03/15/2024
Verified By	Erin Franey
<input type="button" value="Remove"/>	

Country *	<input type="text" value="Search"/>
National ID Type *	<input type="text" value="Frequently Used"/>
	<input type="text" value="By Country Alphabetically"/>

Country *	<input type="text" value="Search"/>
National ID Type *	<input type="text" value="← Frequently Used"/>
	<input checked="" type="radio"/> United States of America
Current ID	(empty)

National ID Type *	<input type="text" value="Search"/>
Current ID	<input type="radio"/> Social Security Number (SSN)
Add/Edit ID *	<input type="radio"/> U.S. Individual Taxpayer Identification Number (ITIN)

Add/Edit ID *	<input type="text" value="-----"/>
<p>Error: The field Add/Edit ID is required and must have a value.</p>	

Once you click out of the social security number box, the numbers will turn to XXXXXXXXX, this is for security purposes.

23. You will need to add an address for your dependent.

**Address**

Use Existing Address  123 Sesame Street, Apt 23 for Your Spouse, Your Name, Your Child Dependents

Country \* United States of America

Be sure to click on the usage type (Home or Office)

24. Click into each worklet for which you are **eligible** and want to enroll dependent.
25. Click **Review and Sign button** when you have added baby to desired (and eligible) enrollments.



26. **Review** your enrollment for accuracy (top of screen).
27. If you did not add the LOC document and required proof of relationship at the beginning of the enrollment, add it now to the **attachments section**.

**Attachments**

Drop files here

or

Select files

28. 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

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



30. Click the **Submit** button.



## **Questions? Run into problems?**

Email us for assistance – [Benefits@slcgov.com](mailto:Benefits@slcgov.com)

Or call – 801-535-6600