



# New Hire Benefits

Audience: New Employees

# Click “Lets Get Started”

---

**Change Benefit Elections**

Created: 01/18/2024 | Due: 02/17/2024 | Effective: 09/25/2023

Initiated On 01/18/2024

Submit Elections By 02/16/2024

**Let's Get Started**

Let's Get Started



# Enroll/waive in all the following options

The screenshot shows a user interface for managing benefits. At the top, there is a navigation bar with a 'MENU' icon, a logo, a search bar, and notification icons. Below this, the page title is 'Hire'. A section titled 'Enrollment Instructions' contains a warning message: 'If the Approver has sent back this event to your inbox, please check 'Notification' section (Click 'Notification Bell' Icon above) and follow the steps mentioned there to review the comment/reason given before you proceed to make Benefits Elections again.' The main content area is titled 'Health Care and Accounts' and displays a grid of seven benefit options, each with an icon, name, and status: 'Medical Waived', 'Dental Waived', 'Vision Waived', 'Voluntary Accident Insurance Waived', 'Health Savings Account Waived', 'Health Care FSA Waived', and 'Dependent Care FSA Waived'. A 'Limited Purpose FSA Waived' option is also visible. At the bottom of the grid, there are two buttons: 'Review and Sign' (highlighted with an orange box) and 'Save for Later'. A red arrow points from the text 'once complete, click Review and Sign' to the 'Review and Sign' button. A small circular logo with a 'W' is in the bottom right corner of the grid area.

# Adding Dependent

## Medical - BCBS of Michigan HDHP

Projected Total Cost (Semimonthly)  
\$6.80

### Dependents

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

Coverage ★ Employee Only

Plan cost (Semimonthly) \$6.80

Add New Dependent

# Fill out all required fields

## Add My Dependent From Enrollment 01/18/2017

### Name

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

Allow Duplicate Names

### Personal Information

Relationship \*

Date of Birth \*

Age 5 years, 11 months, 30 days

Gender \*

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

\* = required field

# Add social security number(s) for dependent(s)

## Dependents

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

Coverage \* Employee + Child(ren)

Plan cost (Semimonthly) \$12.92

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Baby Stewart	Child	01/19/2018

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
Baby Stewart	<p><input checked="" type="radio"/> Social Security Number (SSN) <input type="text" value="123-34-4567"/></p> <p><input type="radio"/> Reason SSN is Not Available <input type="text"/></p>

Health Care I

Provider Website [BCF](#)

# Review and sign once all areas have been selected



# Review summary and *Submit*

## View Summary

Projected Total Cost (Semimonthly)  
\$72.92

Selected Benefits 5 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	10/01/2023	10/01/2023	Employee + Child(ren)	Baby Stewart		\$72.92
BCBS of Michigan PPO						
Basic Employee Life	01/01/2024	01/01/2024	200% of Salary		Baby Stewart	Included
Prudential (Employee)						
Short Term Disability	01/01/2024	01/01/2024	60% of Salary			Included
Prudential (Employee)						
Long Term Disability	01/01/2024	01/01/2024	60% of Salary			Included
Prudential (Employee)						
Employee Assistance Plan	09/25/2023	09/25/2023				Included
Empathia						

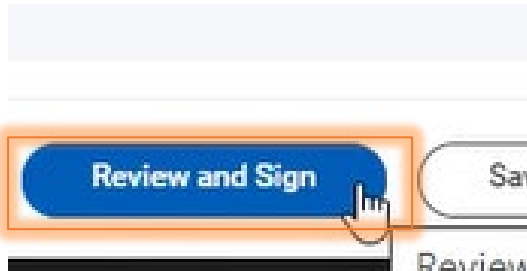
Waived Benefits 14 items

Dental	Waived
Vision	Waived
Voluntary Accident Insurance	Waived
Health Savings Account	Waived
Health-Care FSA	Waived

**Submit** Save for Later Cancel



# Review, sign and submit



## Electronic Signature

I consent to receive benefit plan information electronically through the Workday online enrollment system or other electronic form. This information includes:

- Summaries of Benefits and Coverage (SBCs) for the available medical plans
- Notice of Creditable Coverage
- Notice of Privacy Practices
- Federal Exchange Notice
- CHIPRA notice, and any other federal notifications
- Insurer booklets, certificates, policies, and riders
- Summary Plan Descriptions
- Summaries of Material Modifications

I may request to receive paper copies of benefit plan information free of charge from the Human Resources Department at any time.

I understand that my electronic authorization will serve in the same capacity as my personal signature would on a traditional enrollment form.

I Accept

enter your comment



## Process History



Change Benefits for Life Event - Awaiting Action

Submit

Save for Later

Cancel