



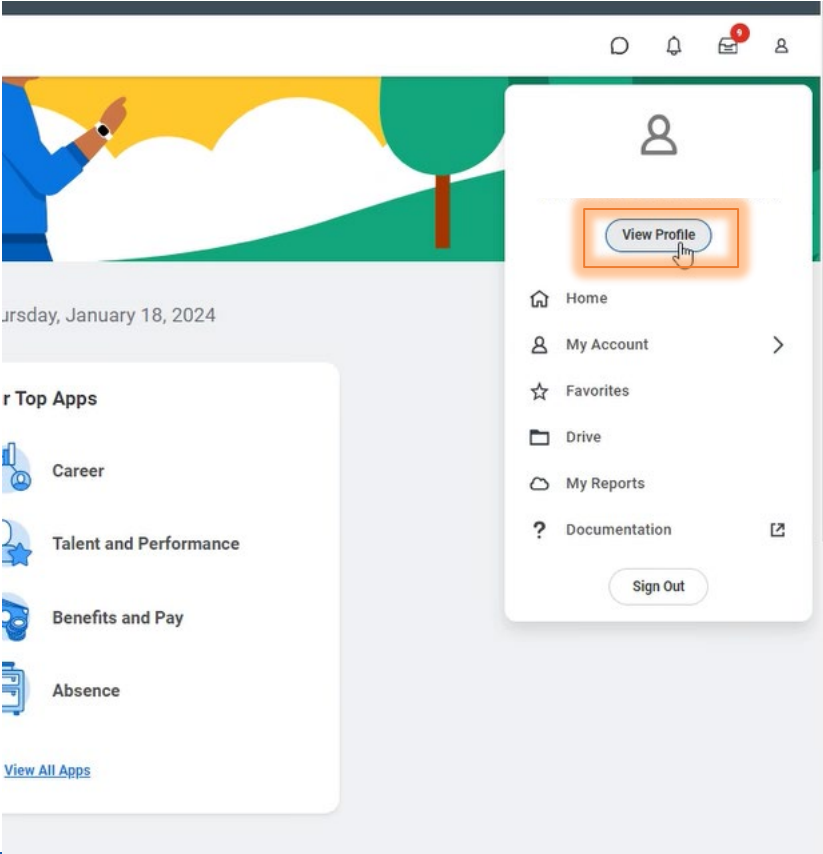
Change Benefits due to Qualifying Life Event

Actions: Employees

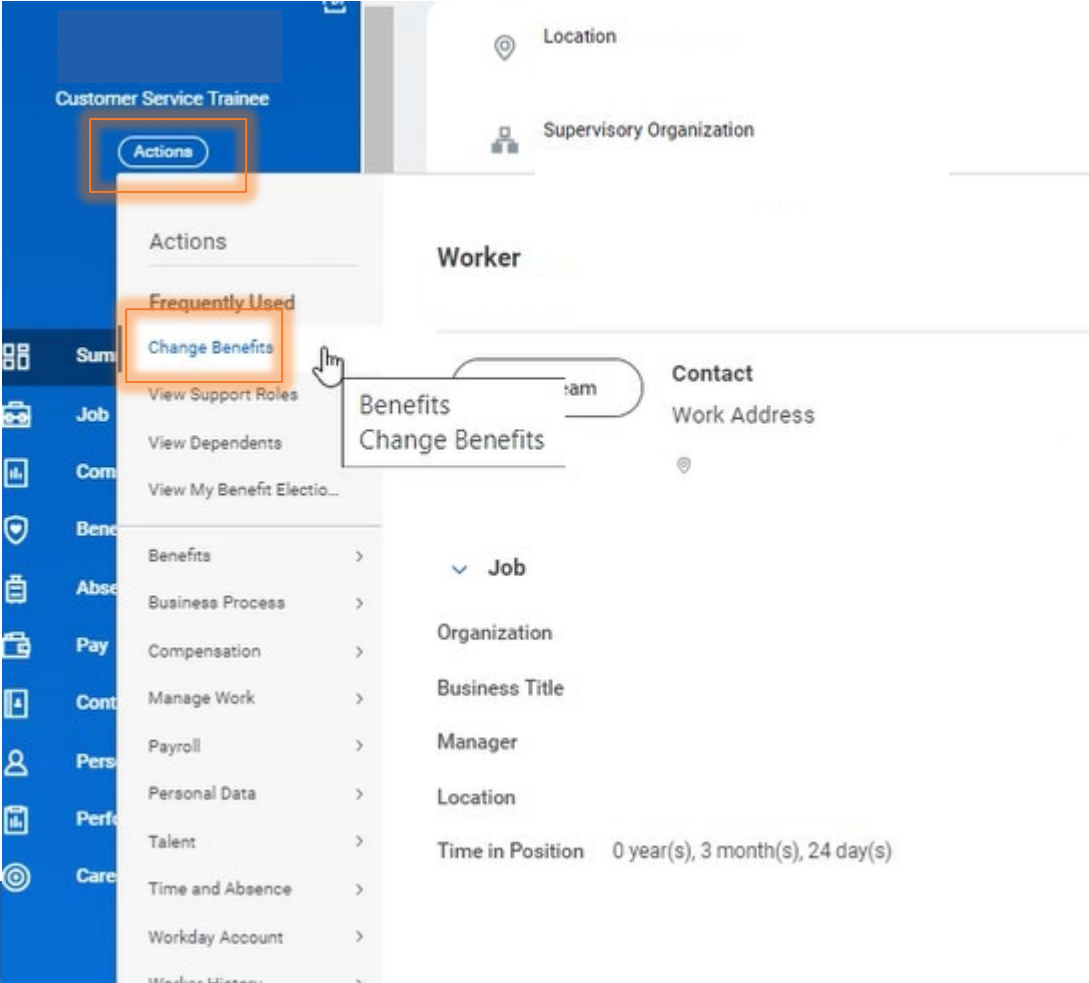
Change benefits selection due to qualifying life event

After a qualifying life event such as birth of a child, divorce or a marriage, you may be eligible to change your benefit elections. You have 30 days to make a change to your benefits and provide supporting documentation.

Click on View Profile



Click on Actions and change benefits



Select reason for change

Change Benefits

Change Reason *

- select one
- Beneficiary Change
- Birth, adoption, or placement for adoption
- Death of dependent
- Divorce, legal separation, or annulment**
- Employee entitlement to Medicare or Medicaid coverage
- Employee loss of Medicare or Medicaid coverage
- Health Savings Account Change
- Loss of legal guardianship or foster child
- Marriage
- Spouse or dependent Gains eligibility for employer's plan
- Spouse or dependent loses eligibility for employer's plan
- Spouse or dependent loses Medicare or Medicaid coverage
- Spouse's or dependent's entitlement to Medicare or Medicaid coverage

enter your c

Note:

1. - Prior to completing a divorce life event change, you are required to change your spouse to ex-spouse or domestic partner to ex-domestic partner. To complete this task, click on the 'dependent' tab within the 'Benefit' section of Workday and update your dependent relationship from 'Spouse' to 'Ex-Spouse' or 'Domestic partner' to 'Ex-Domestic Partner'. This will then trigger various tasks for you to review/complete in the system. (Life Change Event)

To see how to change relationship review "Changing Spouse Status" job aid.

Input date of change

Change Benefits

Change Reason * Marriage

What is the date of your marriage? *

MM/DD/YYYY



Submit Elections By (empty)

January 2024						
SUN	MON	TUE	WED	THU	FRI	SAT
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3



Once complete, submit

Change Benefits

Change Reason * Marriage

What is the date of your marriage? * 01/12/2024

Submit Elections By 02/10/2024

Benefits Offered
Basic Employee Life
Dental
Dependent Care FSA
Employee Assistance Plan
Health Care FSA
More (14)

Attachments

Drop files here

or

Select files

enter your comment

Submit

Save for Later

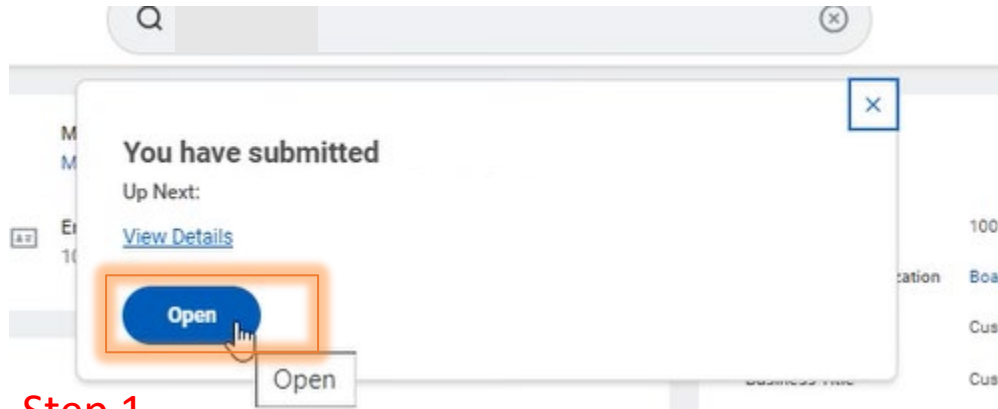
Cancel

Note: This is your due date for submitting any changes to your benefits. You will have 30 days from the event. Day one is day of the event.

Note: If you are doing a qualifying life event, supporting documentation is needed. **Example:** If changes are due to marriage, then a Marriage License would have to be uploaded as supporting documentation.



Click open to change benefits



Step 1

Change Benefit Elections

SAMPLE INSTRUCTIONS

Click the **Let's Get Started** button below to start enrolling in benefits.

When you reach the enrollment page, click each tile to **Enroll, Manage** or

For some benefits such as Basic Life and AD&D you will not be able to c

When you are done with your elections, click the **Review and Sign** button

If the Approver has sent back this event to your inbox, p

Initiated On 01/18/2024

Submit Elections By 02/10/2024

Step 2



Change the necessary benefits below


Marriage

Projected Total Cost (Semimonthly)
\$75.00

Enrollment Instructions

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.

Health Care and Accounts


 **Medical**
BCBS of Michigan PPO

Cost (Semimonthly) \$75.00

Coverage Employee + Child(ren)

Dependents 1


[Manage](#)

 **Dental**
Waived


[Enroll](#)

 **Vision**
Waived


[Enroll](#)

 **Voluntary Accident Insurance**
Waived


[Enroll](#)


 **Health Savings Account**
Waived

[Enroll](#)

 **Health Care FSA**
Waived

[Enroll](#)

 **Dependent Care FSA**
Waived

 **Limited Purpose FSA**
Waived



Once Complete: “Review and 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 service in the same capacity as my personal signature would on a traditional enrollment form.

I Accept

enter your comment



Process History

