

## Workday Employee User Guide – Open Enrollment (Non-Mobile)

Welcome to the Ensign Services' Workday Employee User Guide – Open Enrollment! This guide is for the Non-Mobile App process (laptop, PC or Call Center). You can also enroll via your handheld device. Scan the QR code on the right to download Workday on your mobile phone. Specific instructions on how to download the app will be found here:

<http://ensignbenefits.com/resources/apps-tools>.



Your company ID: *ensign*

You can enroll or make changes to your benefits during Open Enrollment using Workday which you can access from work or home. The Open Enrollment period is from October 29<sup>th</sup> through November 12<sup>th</sup>. **As a reminder, this is an Active enrollment. You must re-enroll in Medical, Health Saving Account & Flexible Spending Accounts. Your other benefits will continue with the exception of the MetLaw Legal Plan and Pet Insurance which have been discontinued for 2019.** Review this guide to an overview of the key steps to enroll or make changes for your benefits!

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### Getting Started!

Start by logging into the Workday System hosted by Ensign Services on behalf of your employer.

1. Open a browser window and type [www.WorkdayatEnsign.com](http://www.WorkdayatEnsign.com).
2. Click on the Sign in to Workday Button.



3. Enter User Name (Employee ID) and Password. Click Sign in!

The image shows the Workday login interface. At the top is the Workday logo. Below it are two input fields: 'user name' and 'password'. A red arrow points from the 'user name' field to the text 'User Name (Employee ID)'. Another red arrow points from the 'password' field to the text 'Password'. Below the input fields is a blue 'Sign In' button, which is highlighted with a red rectangle. At the bottom of the page are links for 'Forgot Password' and 'Change Password'.

To reset your Workday password, please send a ticket to the IT Support team at [support@ensignservices.net](mailto:support@ensignservices.net)

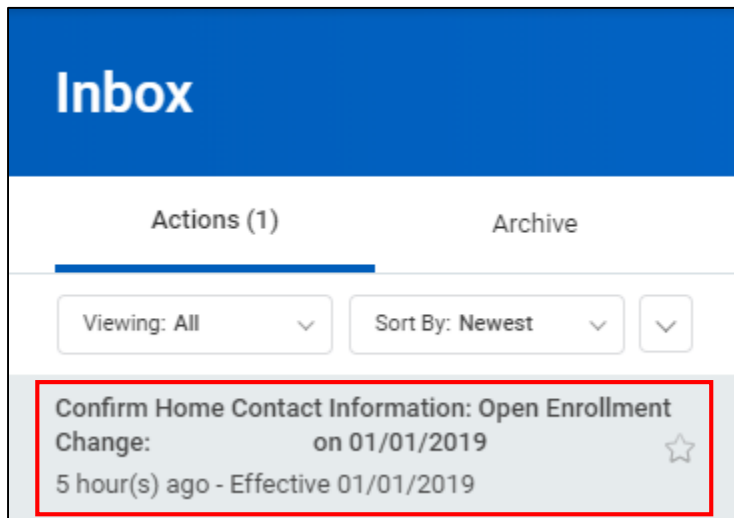
### Confirm Home Contact Information

To update/ensure that your contact information is correct on your account, follow these steps.

1. Click on the “Inbox” Icon on the top right hand corner of your Workday Home Page.



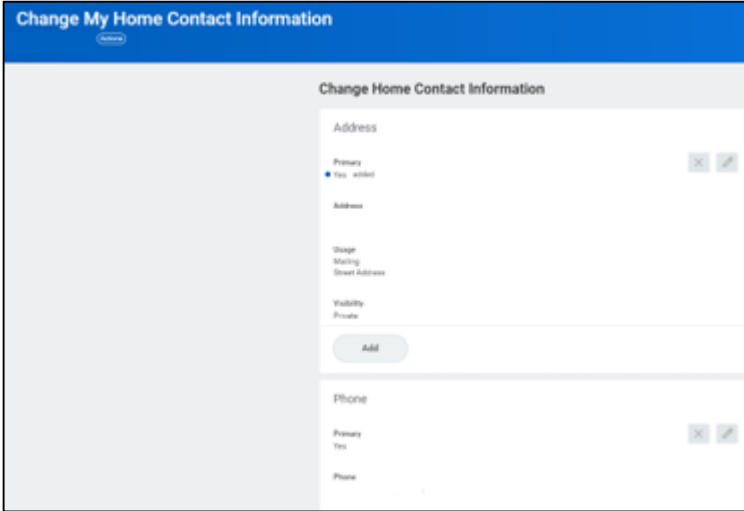
2. Open the Confirm Home Contact Information: Open Enrollment Change task from your Workday inbox.



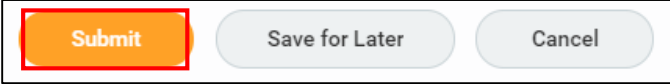
3. Click the orange “Change My Home Contact Information” button.



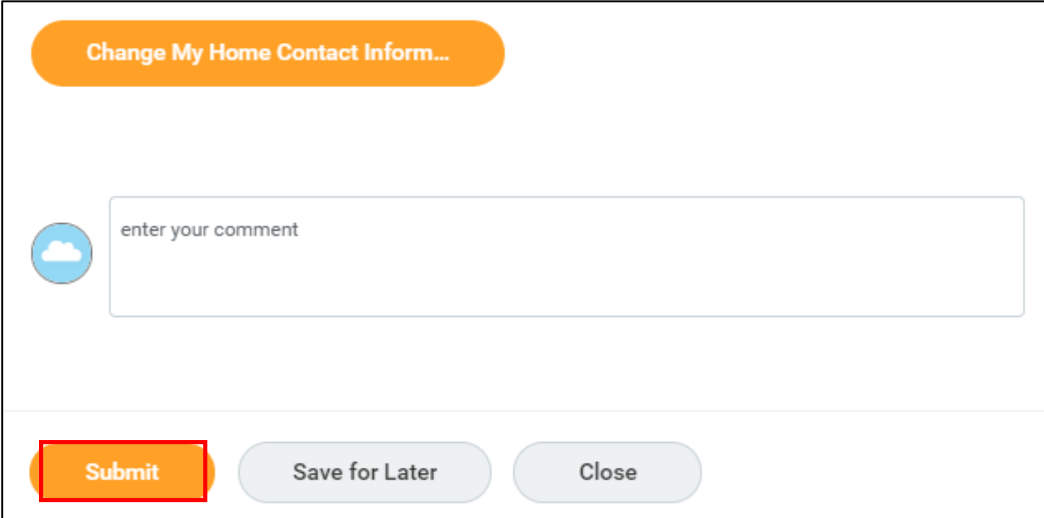
4. Review your Address, Phone Number, and personal Email to see if they're up-to-date.  
*Please note that Workday will not allow you to proceed until you have entered in an address, phone number, and personal email address. If you do not have a personal email address, please refer to [\(Creating a Gmail Account\)](#). the link on the OE Contact Information page, for instructions on how to make one.*



5. Click Submit!



6. After you click Submit, it will bring you back to the previous page. Now click "Submit" again!

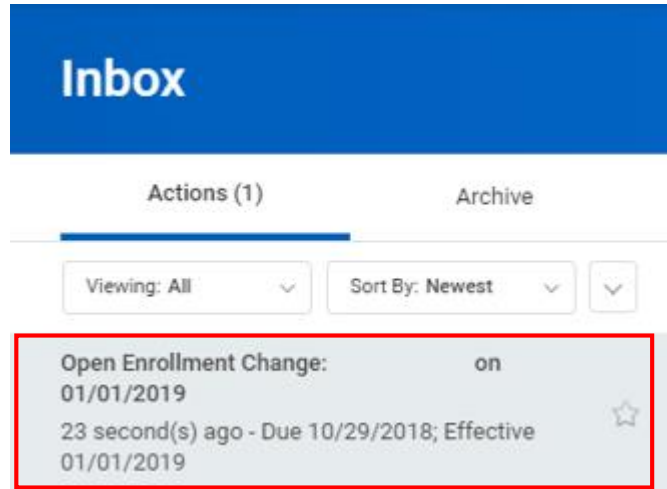


To complete your Open Enrollment, please follow these steps:

- Refresh the page by clicking on your Inbox icon again.



- Open the Open Enrollment Change task from your Workday Inbox.



**\*\*Note:** If you do not see the Open Enrollment Change task, please call Ensign Benefits Center at 877-352-8104. This message means you have another outstanding benefits action to take (such as validating dependents, being a new hire who needs to finish their 2018 enrollment, etc). We can walk you through next steps.

- Choose your Medical plan.

**If you decide to elect medical coverage,** click Elect next to your designated Benefit Plan.

Under the Coverage column, select who you would like to cover.

If you choose to enroll dependents, select their names under "Enroll Dependents."

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)
Medical - "Decline Coverage"	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - Copay 5000	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Spouse Name	Employee + Spouse	\$156.79	\$297
Medical - EPO 2000 with HSA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - PPO 1500 with HSA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - PPO 5000 with HSA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Dental - Cigna DHMO Non-CA	<input type="radio"/> Elect				

**If you decide to decline medical coverage, click Elect on Medical – “Decline Coverage.”**  
**Under the Coverage column, select “Decline.”**

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribu (Semi-mont)
Medical - "Decline Coverage"	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Decline		
Medical - Copay 5000	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - EPO 2000 with HSA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - PPO 1500 with HSA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - PPO 5000 with HSA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Dental - Cigna DHMO Non-CA	<input type="radio"/> Elect				

**\*\* Note: If you were enrolled in Medical, Health Savings Account (HSA), or Flexible Spending Account (FSA) you will need to re-enroll for 2019. Dental, Vision and your other benefits will rollover.**

### Add a new dependent:

If you need to add a new dependent, follow these steps:

A. First, select the type of coverage you want under your designated Benefit Plan.

Benefit Plan	*Elect / Waive	Enroll Dependents
Medical - "Decline Coverage"	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	<div style="border: 2px solid red; padding: 5px;"> <input type="radio"/> Employee Only  <input type="radio"/> Employee + Spouse  <input type="radio"/> Employee + Spouse Surcharge  <input type="radio"/> Employee + Child(ren)  <input type="radio"/> Employee + Family  <input type="radio"/> Employee + Family Surcharge                 </div> <div style="border: 1px solid blue; padding: 5px; margin-top: 5px;">                     search <span style="float: right;">⋮</span> </div>
Medical - Copay 5000	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	
Medical - EPO 2000 with HSA	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	
Medical - PPO 1500 with HSA	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	

B. Under the Enroll Dependents column, click on Add My Dependent from Enrollment.

search ⋮

Existing Dependents >

Add My Dependent  
From Enrollment

C. Answer the question, Use your new dependent as a beneficiary?

### Add My Dependent From Enrollment

23 second(s) ago - Due 10/29/2018; Effective 01/01/2019

Use your new dependent as a beneficiary?

☐ Yes  
☐ No

D. Click OK.

OK

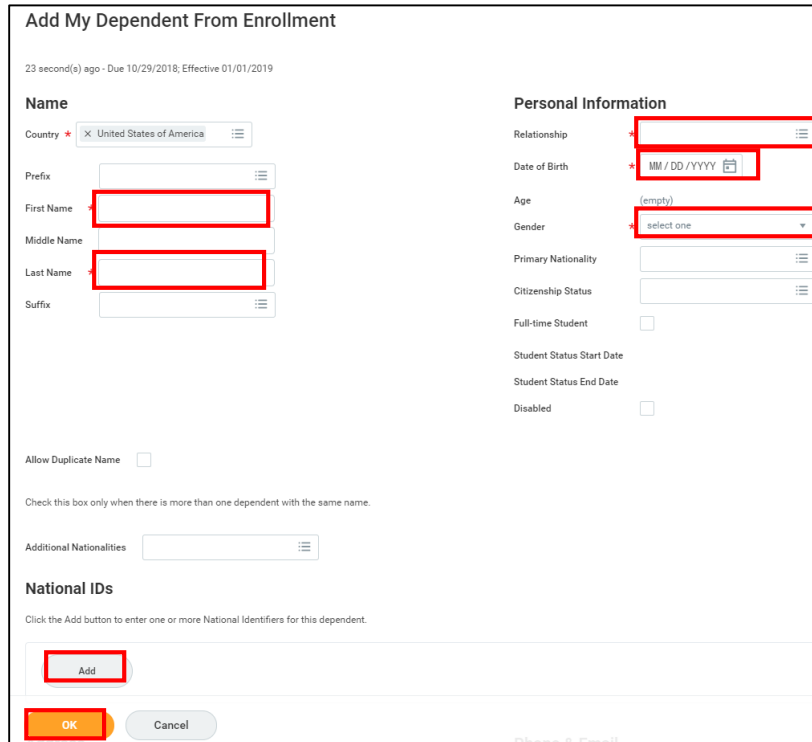
Cancel

E. Complete the “Add My Dependent From Enrollment” Screen.

Enter the First Name, Last Name, Relationship, Date of Birth, Gender and National IDs (Social Security number).

Click OK.

Once you have completed this screen, you will automatically go back to the Change Benefits Elections screen to complete enrollment.

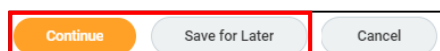


**\*\*Note:** All covered dependents must have a Social Security Number (SSN) listed in Workday. Please verify each dependent covered under insurance plans has a valid SSN listed. Add or update this information as required.

10. Make changes to your Dental and Vision benefits, otherwise your previous elections will roll-over to 2019.

Dental - Cigna PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Child Name	Employee + Child(ren)
Vision - VSP Non-CA	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="x Child Name"/>	<input type="text" value="x Employee + Child(ren)"/>

11. Click Continue to proceed to the next page or click Save for Later to complete enrollment at a later time.



12. Elect or waive your Health Savings Account (HSA) Election by clicking either Elect or Waive (decline) coverage. You can enter an amount you would like to contribute on a pre-tax basis to your HSA as an annual amount or a per pay period amount. You are able to change your contribution amount at any time. If you do not wish to contribute at this time, waive coverage.

> **Health Savings Account Plan Dependencies**

Health Savings Election 1 item

Benefit Plan	*Elect / Waive	Contribution Range (Annual)	Supporting Information
Health Savings Account - HealthEquity	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 24  How much do you want to contribute for the total year? <input type="text" value="1,000.00"/>  How much do you want to contribute per paycheck (Semi-monthly)? <input type="text" value="41.67"/>	Minimum Contribution (Annual) \$120.00  Maximum Contribution (Annual) \$7,000.00  Provider Website <a href="#">HealthEquity</a>

13. Click Continue to proceed to the next page, click Save for Later to complete enrollment at a later time, or click Go Back to go to the previous election page.

14. Continue through each guided step to make all of your benefit elections.
- A. Spending Account Plan Dependencies
  - B. Insurance Plan Dependencies and Coverage Limitations

15. Review your beneficiaries to make sure that there is at least one beneficiary for each life insurance that you have elected.

#### Add a new beneficiary:

If you need to add a new beneficiary, follow these steps:

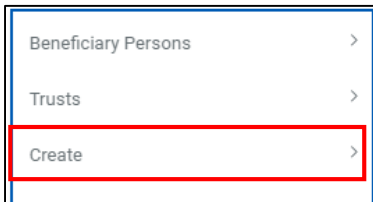
- A. Click on the "+" symbol.
- B. Click on the Beneficiary field.

Beneficiary Designations 2 items

Benefit Plan	Provider Website	Requires Beneficiary	Beneficiaries	
			*Beneficiary	*Primary Percentage / Contingent Percentage
Group AD&D - Unum Company-Paid 12,000 (Employee)	Unum	<input type="checkbox"/>	<input checked="" type="button" value="+"/> <input type="button" value="-"/>	<input type="text"/> <input type="radio"/> Primary Percentage <input type="text" value="0"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

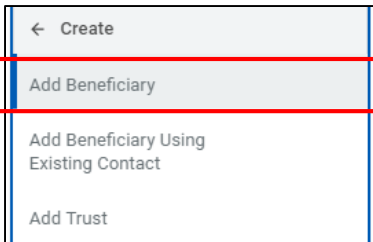


C. Click on Create to add a new beneficiary.



A screenshot of a mobile application menu. The menu has three items: 'Beneficiary Persons', 'Trusts', and 'Create'. The 'Create' item is highlighted with a red rectangular box.

D. Click on Add Beneficiary.

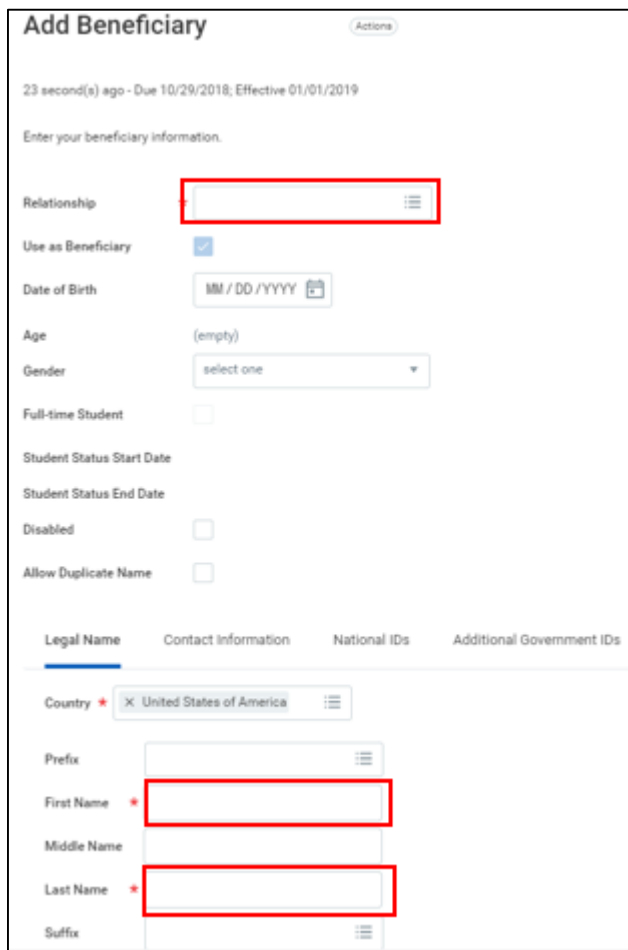


A screenshot of a mobile application screen titled 'Create'. It has four buttons: '← Create', 'Add Beneficiary', 'Add Beneficiary Using Existing Contact', and 'Add Trust'. The 'Add Beneficiary' button is highlighted with a red rectangular box.

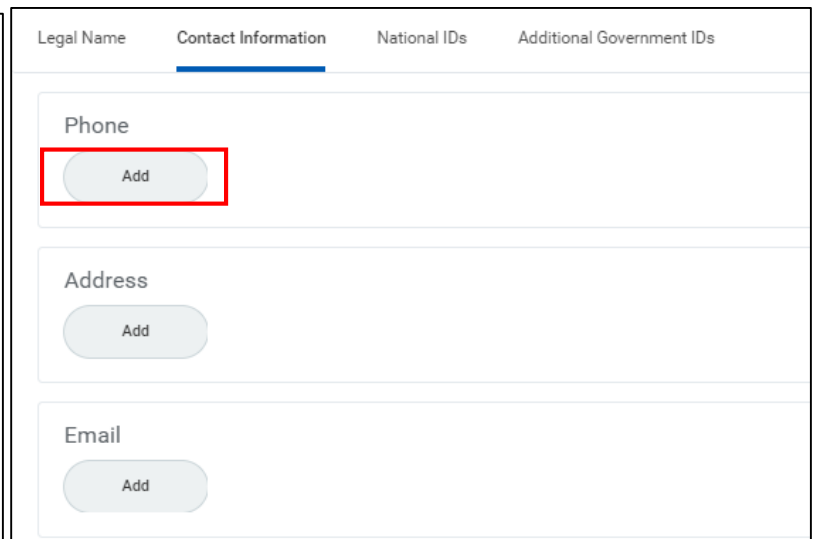
E. Complete the “Add Beneficiary” Screen.

Enter the Relationship, First Name, Last Name, Date of Birth, and Contact Information.

Click OK.



A screenshot of the 'Add Beneficiary' screen in a mobile application. The screen has a title bar with 'Add Beneficiary' and an 'Actions' button. Below the title bar, there is a timestamp '23 second(s) ago - Due 10/29/2018; Effective 01/01/2019' and a prompt 'Enter your beneficiary information.' The form contains several fields: 'Relationship' (highlighted with a red box), 'Use as Beneficiary' (checked), 'Date of Birth' (MM/DD/YYYY), 'Age' (empty), 'Gender' (select one), 'Full-time Student' (checkbox), 'Student Status Start Date', 'Student Status End Date', 'Disabled' (checkbox), and 'Allow Duplicate Name' (checkbox). At the bottom, there are tabs for 'Legal Name', 'Contact Information', 'National IDs', and 'Additional Government IDs'. The 'Legal Name' tab is selected. Below the tabs, there are fields for 'Country' (X United States of America), 'Prefix', 'First Name' (highlighted with a red box), 'Middle Name', 'Last Name' (highlighted with a red box), and 'Suffix'.



A screenshot of the 'Contact Information' screen in a mobile application. The screen has a title bar with 'Legal Name', 'Contact Information', 'National IDs', and 'Additional Government IDs'. The 'Contact Information' tab is selected. Below the title bar, there are three sections: 'Phone' (with an 'Add' button highlighted by a red box), 'Address' (with an 'Add' button), and 'Email' (with an 'Add' button).

Once you have completed this screen, you will automatically go back to the Change Benefits Elections screen to complete enrolling.

16. Click Continue to proceed to the next page, click Save for Later to complete enrollment at a later time, or click Go Back to go to the previous election page.



17. Review your Additional Benefits Elections on Step 7.

- Transportation Benefit – Mass Transit
- Employee Assistance Program - HealthAdvocate

18. Review your Elected Coverages.

Elected Coverages 7 items								
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)
Medical - PPO 1500 with HSA	01/01/2019	01/01/2019	Employee + Child(ren)		Child Name		\$206.88	\$239.14
Dental - Cigna PPO	01/01/2019	01/01/2019	Employee + Child(ren)		Child Name		\$41.08	
Vision - VSP Non-CA	01/01/2019	01/01/2019	Employee + Child(ren)		Child Name		\$6.03	
Health Savings Account - HealthEquity	01/01/2019	01/01/2019	\$1,000.00 Annual				\$41.67	
Group Term Life - Unum Company-Paid 12,000 (Employee)	10/01/2018	10/01/2018	\$12,000	\$12,000.00				\$0.20
Group AD&D - Unum Company-Paid 12,000 (Employee)	10/01/2018	10/01/2018	\$12,000	\$12,000.00		Friend Name		\$0.06
Employee Assistance Program - HealthAdvocate	01/01/2019	01/01/2019	Employee					
Total:							\$295.66	\$239.40

19. Click on the blue arrow to expand and review your Waived Coverages.



▼ Waived Coverages	
Waived Coverages 11 items	
Plan Type	
Medical FSA	
Limited Purpose FSA	
Dependent Care FSA	
Supplemental Term Life	
Supplemental AD&D	

20. Click on the blue arrow to expand and review your Beneficiary Designations.



Beneficiary Designations 2 items				
Benefit Plan	Provider Website	Requires Beneficiary	Beneficiaries	
			*Beneficiary	*Primary Percentage / Contingent Percentage
Group AD&D - Unum Company-Paid 12,000 (Employee)	Unum	<input type="checkbox"/>	Friend Name	<input checked="" type="radio"/> Primary Percentage 100 <input type="radio"/> Contingent Percentage
Group Term Life - Unum Company-Paid 12,000 (Employee)	Unum	<input type="checkbox"/>	Friend Name	<input checked="" type="radio"/> Primary Percentage 100 <input type="radio"/> Contingent Percentage

21. Click on the Go Back button if you need to update or change any elected coverages, waived coverages, dependent information or beneficiary designations.

22. If you are satisfied with your benefit elections, covered dependents and beneficiary designations, please read the legal notice then click the "I Agree" box to electronically sign off on your elections.

### 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 your enrollment information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You have read your Benefits Packet and the Workday enrollment detail and understand and approve the enrollment as indicated above.
- By enrolling in Health Benefits you are agreeing to the Workday missed payment recoupment process called arrears. If during any given pay period your pay is not sufficient to cover your cost of health coverage, Workday will automatically recoup the owed contribution(s) during subsequent pay periods. Recoupment that falls into the next plan year could be subject to taxation.
- By enrolling in Health Benefits you are agreeing to the Workday missed payment recoupment process called arrears. If during any given pay period your pay is not sufficient to cover your cost of health coverage, Workday will automatically recoup the owed contribution(s) during subsequent pay periods. Recoupment that falls into the next plan year could be subject to taxation.
- You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- If enrolling new dependents, you understand that you must provide proof of eligibility (as summarized in the Benefits Packet) by the given deadline or your new dependents will be removed from your elections.
- If covering a spouse, you confirm the truthfulness of your election (you have enrolled in the coverage option of "with surcharge" if your spouse is eligible for medical coverage through their employer). You understand that if your spouse is currently not employed or employed with no access to an employer-sponsored health plan, the spousal surcharge will not apply. In the event your spouse's situation changes, you understand you will be required to make the necessary medical election change within 30 days of the event.
- You understand and acknowledge that under the Internal Revenue Code regulations you may not change your benefit elections during the calendar year unless you experience a qualified change in status. Each year, during the annual Open Enrollment period, you will have the option to change certain coverages whether or not you have a qualified change in status during the calendar year.
- You understand that you will not be subject to income tax withholding, FICA, FUTA or Medicare tax on your medical, dental, vision, spending /savings accounts and transportation benefits. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company paid and pre-tax life insurance that exceeds \$50,000 may be subject to imputed income.
- If you decline medical coverage for yourself or your eligible dependents, including your spouse, because of other medical coverage, you may in the future be able to enroll yourself or your eligible dependents in this Plan, provided you request enrollment within 30 days after your other coverage ends. In addition, if you have a new spouse or eligible dependent as a result of marriage, birth or adoption, you may be able to enroll yourself, your spouse or your eligible dependents, provide you request enrollment within 30 days after the marriage, birth or adoption.
- You understand that if you elect life insurance for yourself and/or your eligible dependents, that there are specific leave/disability limitations that could apply. In addition, Evidence of Insurability (EOI) could apply. If EOI is required, your benefit election will be pended awaiting approval, before deductions begin.
- You understand that Long Term Disability could be subject to Evidence of Insurability (EOI). If EOI is required, your benefit election will be pended awaiting approval, before deductions begin.
- You understand that you will be notified of any outstanding EOI or follow up Open Enrollment requirements via your Workday inbox and agree to check your Workday inbox for such notices.

I Agree ☐

23. Click Submit!

24. Print a copy of the Confirmation Statement PDF for your records.

We will also be sending a hard copy to your address on **November 16, 2018** as well. These confirmation statements will reflect the benefit elections that you have made during Open Enrollment (or your default elections).



### Need Help?

For Benefit assistance, please reach out to the Benefits Call Center at (877) 352-8104 or email [benefits@ensignservices.net](mailto:benefits@ensignservices.net).

Visit <http://www.ensignbenefits.com> for detailed plan outlines and other benefit information.

Find a helpful Ensign Benefits FAQs at <http://www.ensignbenefits.com/resources/faqs>.