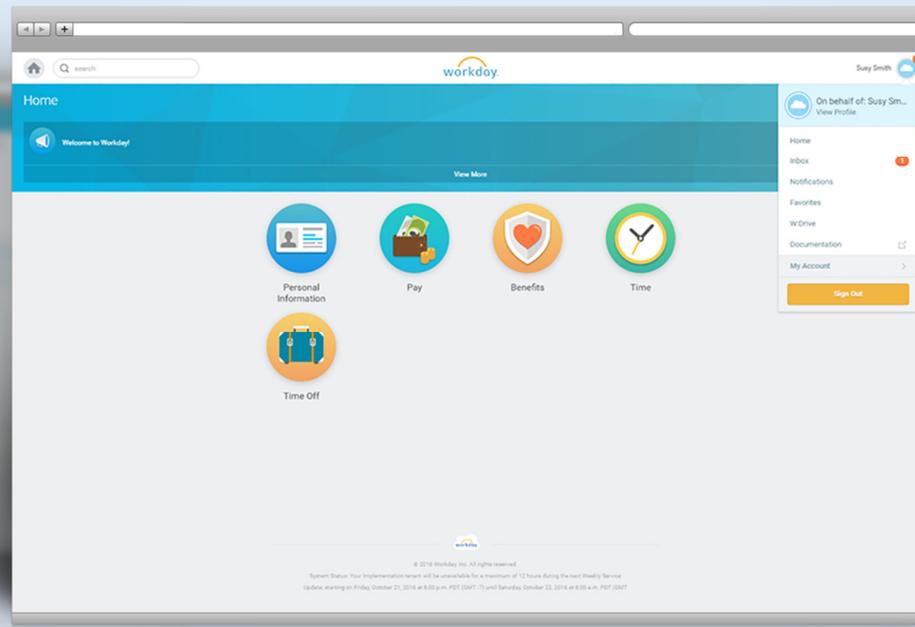




# Workday Benefits Enrollment Quick Guide





# Introduction

You can enroll or make changes to your benefits during Open Enrollment using Workday which you can access from work or home.

Review this Guide for an overview of the key steps to enroll or make changes to your benefits including:

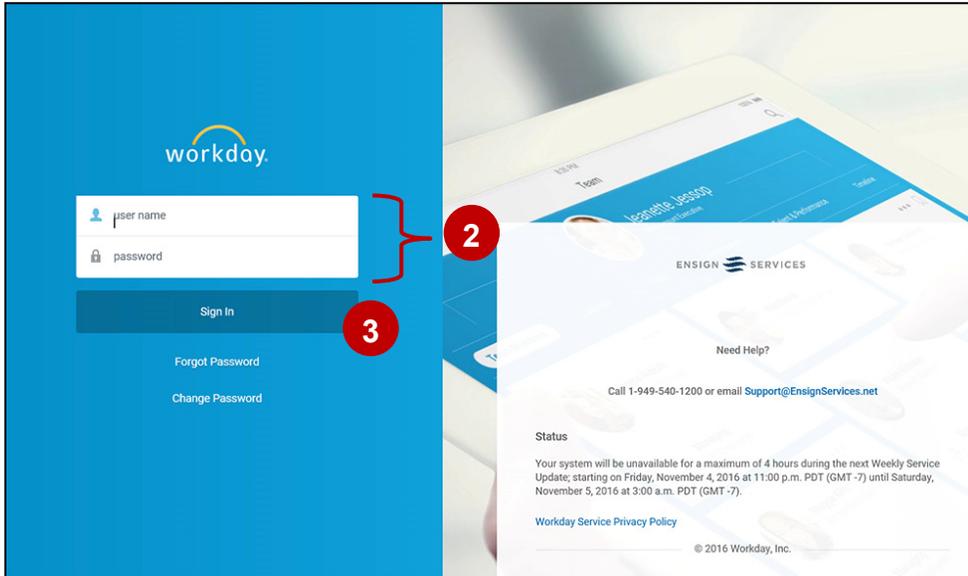
- [Workday Sign in instructions](#)
- [Open Enrollment instructions](#)

Because your personal information is displayed on your computer when you sign in Workday, it's important to always use discretion when accessing Workday. Be sure to log out when you are finished to keep your information secure.





# Workday Sign in Instructions



## Sign in to Workday

Workday can be accessed from any device with an Internet connection.

- 1 A direct link to the Workday website is available from [www.Workday@Ensign.com](http://www.Workday@Ensign.com). Click on the **Sign in to Workday** button in the top right corner of any page.

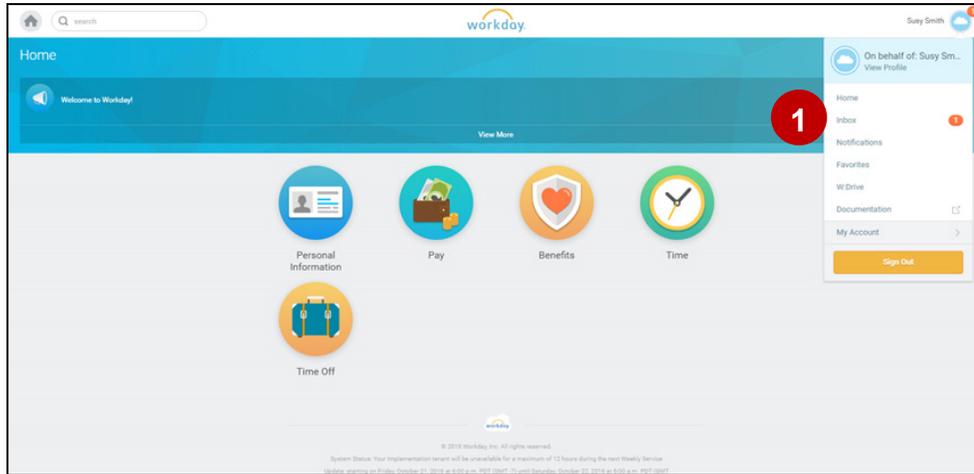


You can also type in the URL to the Workday login page: <https://www.myworkday.com/ensign/login.flex>

- 2 Enter your **user name** and **password**. Your user name is your Ensign Employee ID.
- 3 Click on the **Sign In** button.

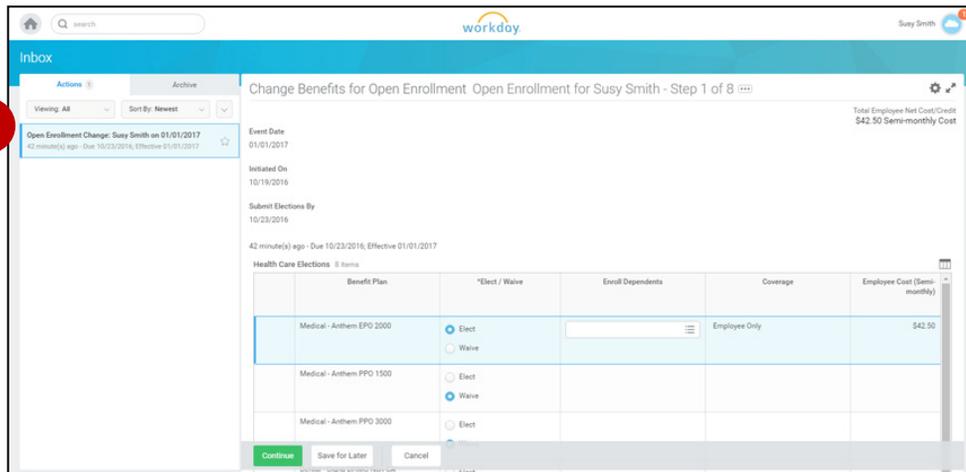


# Open Enrollment Instructions



## Workday Inbox

- 1 Once you are signed in to Workday, click on your **Workday Inbox** to get started.



- 2 Select **Action—Open Enrollment Change** and you can begin to make your elections.

**PLEASE NOTE:** If you do not see **Action—Open Enrollment Change**, please call Ensign Benefits Center at 877-352-8104.



# Open Enrollment Instructions

Change Benefits for Open Enrollment Open Enrollment for Susy Smith - Step 1 of 8

Event Date: 01/01/2017  
 Initiated On: 10/19/2016  
 Submit Elections By: 10/23/2016  
 42 minute(s) ago - Due 10/23/2016, Effective 01/01/2017

Total Employee Net Cost/Coverage: \$42.50 Semi-monthly Cost

| Benefit Plan                                       | *Elect / Waive  | Enroll Dependents | Coverage | Employee Cost (Semi-monthly) | Employee Contribution (Semi-monthly) |
|--|---|-------------------|----------|------------------------------|--------------------------------------|
| Medical - Anthem EPO 2000                          | <input checked="" type="radio"/> Elect<br><input type="radio"/> Waive |                   |          | \$42.50                      | \$159.12                             |
| Medical - Anthem PPO 1500                          | <input type="radio"/> Elect<br><input checked="" type="radio"/> Waive |                   |          |                              |                                      |
| Medical - Anthem PPO 3000                          | <input type="radio"/> Elect<br><input checked="" type="radio"/> Waive |                   |          |                              |                                      |
| Dental - Cigna DHMO Non-CA                         | <input type="radio"/> Elect<br><input checked="" type="radio"/> Waive |                   |          |                              |                                      |
| Dental - Cigna PPO                                 | <input type="radio"/> Elect<br><input checked="" type="radio"/> Waive |                   |          |                              |                                      |
| Vision - VSP                                       | <input type="radio"/> Elect<br><input checked="" type="radio"/> Waive |                   |          |                              |                                      |
| Group Voluntary Benefits - Uhum Accident           | <input type="radio"/> Elect<br><input checked="" type="radio"/> Waive |                   |          |                              |                                      |
| Group Voluntary Benefits - Uhum Hospital Indemnity | <input type="radio"/> Elect<br><input checked="" type="radio"/> Waive |                   |          |                              |                                      |

Buttons: Continue, Save for Later, Cancel

## Health Care Elections

On this page, your current medical plan election will be pre-populated.

- 1 You can elect or waive your medical plan by clicking either **Elect** or **Waive** (decline) coverage.
- 2 If you wish to keep the same plan and coverage tier that you have today, click **Continue** to proceed to go to the next page or click **Save for Later** to come back to this page later.

## Add, Delete or Update Covered Dependents

- 3 **Add a new dependent:** If you need to add a new dependent, click on the **Dependent** field, then click on **Add My Dependent From Enrollment**.

**Delete existing dependent:** To delete an existing dependent from your coverage, click on the **dependent's name** and mark "X" to delete from coverage.

**Update covered dependent:** To update information about an existing dependent, go to the **Benefits worklet** on the home page, click on **Dependents** and make your changes.

**PLEASE NOTE:** All dependents covered under an Ensign medical plan must have a Social Security Number (SSN) listed in Workday. Please verify each dependent covered under your medical plan has an SSN listed and add or update as required.

**TIP:** Having complete information about your covered dependents including names, Social Security Numbers and dates of birth will save time when you adding new dependents to your coverage.



# Open Enrollment Instructions

← 1 of 1

Add My Dependent From Enrollment Susy Smith

42 minute(s) ago - Due 10/23/2016, Effective 01/01/2017

Use your new dependent as a beneficiary?

Yes **1**

No

← 1 of 1

Add My Dependent From Enrollment

42 minute(s) ago - Due 10/23/2016, Effective 01/01/2017

Name

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

Personal Information

Relationship \*

Date of Birth \*

Age

Gender \*

Primary Nationality

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

← 1 of 1

Change Benefits for Open Enrollment Open Enrollment for Susy Smith - Step 3 of 9

Total Employee Cost/Credit \$213.83 Semi-monthly Cost

Event Date 01/01/2017

Initiated On 10/19/2016

Submit Elections By 10/23/2016

42 minute(s) ago - Due 10/23/2016, Effective 01/01/2017

The IRS has increased the amount an individual can contribute to a Health Savings Account (HSA) on a pre-tax basis to \$3,400 in 2017. If you wish, please adjust the contribution amount below.

Please enter the total contributions you would like to make for the year. You are also able to enter a pay period amount and it will calculate the total for the year.

Health Savings Account Plan Dependencies

| Benefit Plan                          | *Elect / Waive   | Contribution Range (Annual)  | Supporting Information                      |
|---------------------------------------|--|--|---|
| Health Savings Account - HealthEquity | <input checked="" type="radio"/> Elect<br><input type="radio"/> Waive <b>3</b> | Your number of remaining payroll deductions for the year<br>24<br>How much do you want to contribute for the total year?<br><input type="text" value="2,000.00"/><br>How much do you want to contribute per paycheck (Semi-monthly)?<br><input type="text" value="83.33"/> | Maximum Contribution (Annual)<br>\$6,750.00 |

## Adding a New Dependent/Beneficiary

- 1** If you are adding a new dependent who will also be a designated beneficiary for any life insurance benefits you are eligible to receive, you can save time by clicking “Yes” for the question “Use your new dependent as a beneficiary?”
- 2** Complete the information requested to add a dependent/beneficiary.

## Health Savings Account Election

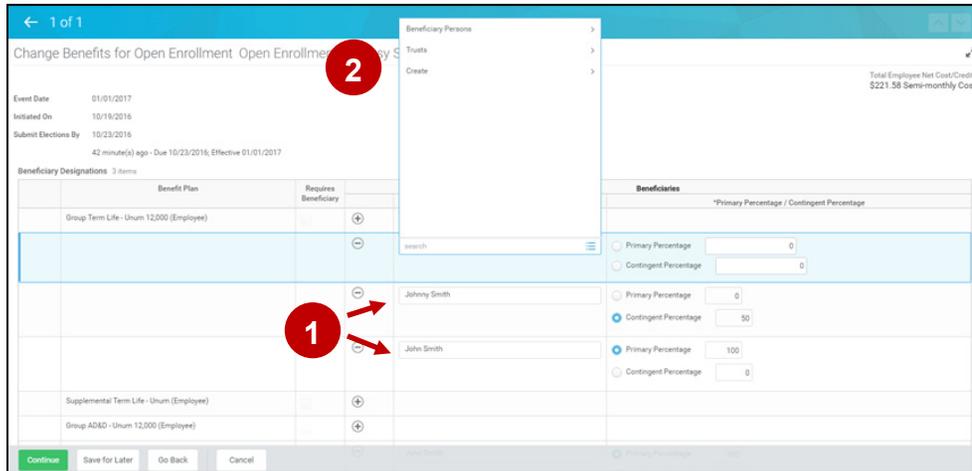
- 3** If you elected an Ensign medical plan, you will also be asked to complete a Health Savings Account (HSA) election. You can enter an amount you would like to contribute on a pre-tax basis to your HSA as an **annual amount** or a **per pay period amount** or you can waive the HSA election if you do not plan to contribute to an HSA.



# Open Enrollment Instructions

## Continue Through Each Guided Page

Continue through each guided page to make all of your benefit elections.



## Beneficiary Allocations

- 1 Your existing beneficiaries for purposes of life insurance will be automatically assigned. To add a new beneficiary, click on the “+” symbol.
- 2 Click on the **Beneficiary** field to select a person or trust previously entered as a beneficiary or click on “**Create**” to add a new beneficiary.



# Open Enrollment Instructions

← 1 of 1

Change Benefits for Open Enrollment: Benefit Elections Review for Open Enrollment - Step 9 of 9

Total Employee Net Cost (Credit): \$221.58 Semi-monthly Cost

**1** Selected Coverages

| Benefit Plan                             | Coverage Begin Date | Deduction Begin Date | Coverage              | Calculated Coverage | Dependents   | Beneficiaries | Employee Cost (Semi-monthly) | Employer Contribution (Semi-monthly) |
|--|---------------------|----------------------|-----------------------|---------------------|--------------|---------------|------------------------------|--------------------------------------|
| Medical - Anthem EPO 2000                | 01/01/2017          | 01/01/2017           | Employee + Child(ren) |                     | Johnny Smith |               | \$130.50                     | \$254.90                             |
| Health Savings Account - HealthEquity    | 01/01/2017          | 01/01/2017           | \$2,000.00 Annual     |                     |              |               | \$83.33                      |                                      |
| Group Term Life - Unum 12,000 (Employee) | 01/01/2016          | 01/01/2016           | \$12,000              | \$12,000.00         | Johnny Smith |               |                              | \$0.00                               |
| Group AD&D - Unum 12,000 (Employee)      | 01/01/2016          | 01/01/2016           | \$12,000              | \$12,000.00         | John Smith   |               |                              | \$0.08                               |
| Supplemental Term Life - Unum (Employee) | 01/01/2017          | 01/01/2017           | \$100,000             | \$100,000.00        |              |               | \$7.75                       |                                      |
| Employee Assistance Program - Cersidian  | 01/01/2016          | 01/01/2016           | Employee              |                     |              |               |                              |                                      |
| <b>Total</b>                             |                     |                      |                       |                     |              |               | <b>\$221.58</b>              | <b>\$355.48</b>                      |

**2** Waived Coverages

**3** Beneficiary Designations

Attachments

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 and approve the enrollment as indicated above. You hereby authorize the company to debit from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations on loans, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- You understand that you will not pay income tax or FICA tax on any medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.

If electing Supplemental Employees' Life Insurance, you certify that you are currently working, on a temporary leave of absence, or on a temporary assignment, and you understand that if you are absent from work for more than 90 consecutive days, your coverage will begin on the first day you return to active employment. Regularly scheduled vacation time is considered active employment.

If electing Supplemental Executive Life Insurance, you certify that you are currently working, on a temporary leave of absence, or on a temporary assignment, and you understand that if you are absent from work for more than 90 consecutive days, your coverage will begin on the first day you return to active employment. Regularly scheduled vacation time is considered active employment.

I understand that if my eligible dependent is totally disabled, my dependent's coverage will begin on the first of the month coincident with or next following the date my eligible dependent no longer is totally disabled. This delay does not apply to newborn children while dependent insurance is in effect. "Totally disabled" means the dependent is unable to perform any substantial gainful activity because of a physical or mental injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution, is confined at home under the care of a physician for a sickness or injury, or for dependent spouse coverage, your spouse has a life-threatening condition. Disability coverage for dependent children is subject to the maximum child age may be eligible for benefits, please see your plan administrator for more details.

I Agree

**4** **Submit** **No Back** **Cancel**

**5**

## Review Benefit Elections

- 1 Review your elected coverages. Also review your covered dependents for medical, dental and vision.
- 2 Review your waived coverages.
- 3 Review your beneficiary designations.
- 4 Click on "Go Back" if you need to update or change any elected coverages, waived coverages, dependent information or beneficiary designations.
- 5 If you are satisfied with your benefit elections, covered dependents and beneficiary designations, click the "I Agree" box then click on the "Submit" button.

**PLEASE NOTE:** To enroll or make changes to Voluntary Short-term Disability, Long-term Disability, Critical Illness, Accident and/or Whole Life Insurance, you must meet with a Benefit Enrollment Counselor in the Coyote Room during the Open Enrollment period.



# Open Enrollment Instructions

**1** Submit Elections Confirmation 11:34 PM  
10/19/2016  
Page 1 of 3

Open Enrollment for Suay Smith  
Initiated On: 10/19/2016  
Submit Elections By: 10/23/2016  
Event Date: 01/01/2017

Total Employee Cost/Credit  
**\$221.58 Semi-monthly Cost**

You have completed making your 2017 Benefit Elections. Please review them carefully. If any changes need to be made, click the "Go Back" button. Otherwise, please read the Electronic Signatures, click "I Agree", and click "Submit".

| Benefit Plan                             | Coverage Begin Date | Deduction Begin Date | Coverage              | Calculated Coverage | Dependents   | Beneficiaries | Employee Cost (Semi-monthly) | Employee Contribution (Semi-monthly) |
|--|---------------------|----------------------|-----------------------|---------------------|--------------|---------------|------------------------------|--------------------------------------|
| Medical - Anthem EPO 2009                | 01/01/2017          | 01/01/2017           | Employee + Child(ren) |                     | Johnny Smith |               | \$130.50                     | \$254.90                             |
| Health Savings Account - HealthEquity    | 01/01/2017          | 01/01/2017           | \$2,000.00 Annual     |                     |              |               | \$83.33                      |                                      |
| Group Term Life - Unum 12,000 (Employee) | 01/01/2016          | 01/01/2016           | \$12,000              | \$12,000.00         |              | Johnny Smith  |                              | \$0.50                               |
| Group AD&D - Unum 12,000 (Employee)      | 01/01/2016          | 01/01/2016           | \$12,000              | \$12,000.00         |              | John Smith    |                              | \$0.08                               |
| Supplemental Term Life - Unum (Employee) | 01/01/2017          | 01/01/2017           | \$100,000             | \$100,000.00        |              |               | \$7.75                       |                                      |
| Employee Assistance Program - Ceridian   | 01/01/2016          | 01/01/2016           | Employee              |                     |              |               |                              |                                      |
| <b>Total:</b>                            |                     |                      |                       |                     |              |               | <b>\$221.58</b>              | <b>\$256.43</b>                      |

**Waived Coverages**

| Plan Type                |
|--------------------------|
| Dental                   |
| Vision                   |
| Group Voluntary Benefits |
| Medical FSA              |
| Combination FSA          |
| Dependent Care FSA       |
| Supplemental AD&D        |
| Spouse Life              |
| Spouse AD&D              |
| Child Life               |
| Child AD&D               |
| Long Term Disability     |
| 401K                     |
| Transportation Benefit   |
| Legal                    |
| Voluntary Benefits       |

**2**

Submit Elections Confirmation 11:34 PM  
10/19/2016  
Page 2 of 3

| Benefit Plan                             | Requires Beneficiary | Beneficiaries |  |
|--|----------------------|---------------|--|
|  |                      | Beneficiary   | Primary Percentage / Contingent Percentage |
| Group Term Life - Unum 12,000 (Employee) |                      | John Smith    | Primary Percentage 100                     |
|  |                      | Johnny Smith  | Contingent Percentage 100                  |
| Supplemental Term Life - Unum (Employee) |                      | John Smith    | Primary Percentage 100                     |
| Group AD&D - Unum 12,000 (Employee)      |                      | John Smith    | Primary Percentage 100                     |

**Signature**

\_\_\_\_\_  
X  
Employee Signature Required

**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 and approve the enrollment as indicated above. 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.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- Each year, during the annual enrollment period, you will have the option to change certain coverage's whether or not you have had a qualified change in status event during the calendar year.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.

**If electing Supplemental Employee Life coverage:**  
I understand that if I am absent from work due to injury, sickness or temporary leave of absence, my coverage will begin on the first of the month coincident with or next following the date I return to active employment. Regularly scheduled

## Confirmation Statement PDF

- Print a copy of the Confirmation Statement PDF for your records.
- Note that statement prints your electronic signature at the bottom of the statement, not on the signature line.