

STAFF AND FACULTY: BENEFIT CHANGES

Changes to benefit elections outside of the annual open enrollment period can be made for qualifying life events, for example, marriage, divorce, birth, adoption, loss or gain of other insurance. When a qualifying life event occurs, you have 31 days from the date of the event to make changes to your benefits. **To begin the change process in Workday, you must have proof of the qualifying event in electronic document format for attachment to the change request.** Follow the steps below to make changes to your benefits in Workday.

1. Open the **Benefits** worklet on your Workday **All About Me** screen and select the **Benefits** link in the **Change** section of the pop-up window:

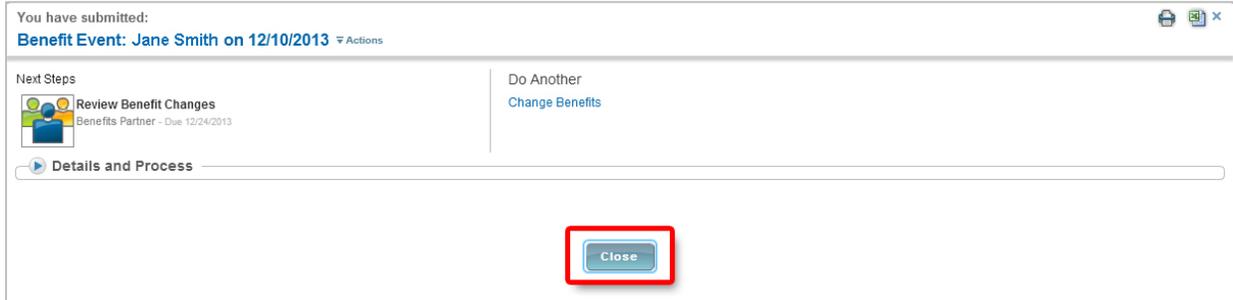


2. Select the **Benefit Event Type** and **Date**, click the **Add icon** to attach required documents as indicated, then click **Submit** to forward your request to Human Resources for review and approval:

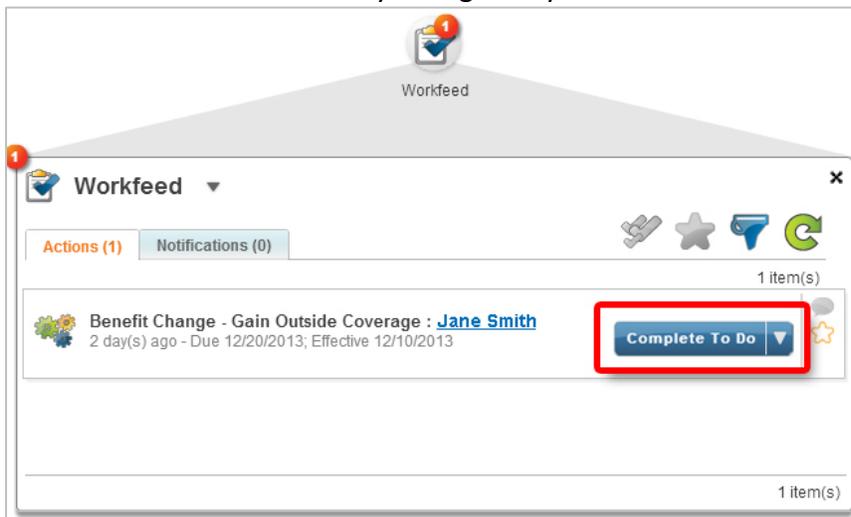
The screenshot shows the 'Change Benefits' form for Jane Smith. The 'Qualifying Events' section contains a dropdown for 'Benefit Event Type' set to 'Gain Outside Coverage' and a date field for 'Benefit Event Date' set to '12/10/2013'. Below this, there is a section for 'Attachments' with a table containing one entry: 'Proof of insurance under spouse's insurance coverage.' with the file 'Proof-of-Insurance.pdf'. At the bottom of the form, there is a comment field and a 'Submit' button highlighted with a red box. Other buttons include 'Save for Later' and 'Cancel'. The form also includes a 'Submit Elections by' date of 01/09/2014 and a list of 'Enrollment Offering Types' including Dental, Dependent Care Flexible Savings Account, Health Flexible Savings Account, and Medical-Vision-RX.

Attachment	Comment	File
	Proof of insurance under spouse's insurance coverage.	Proof-of-Insurance.pdf

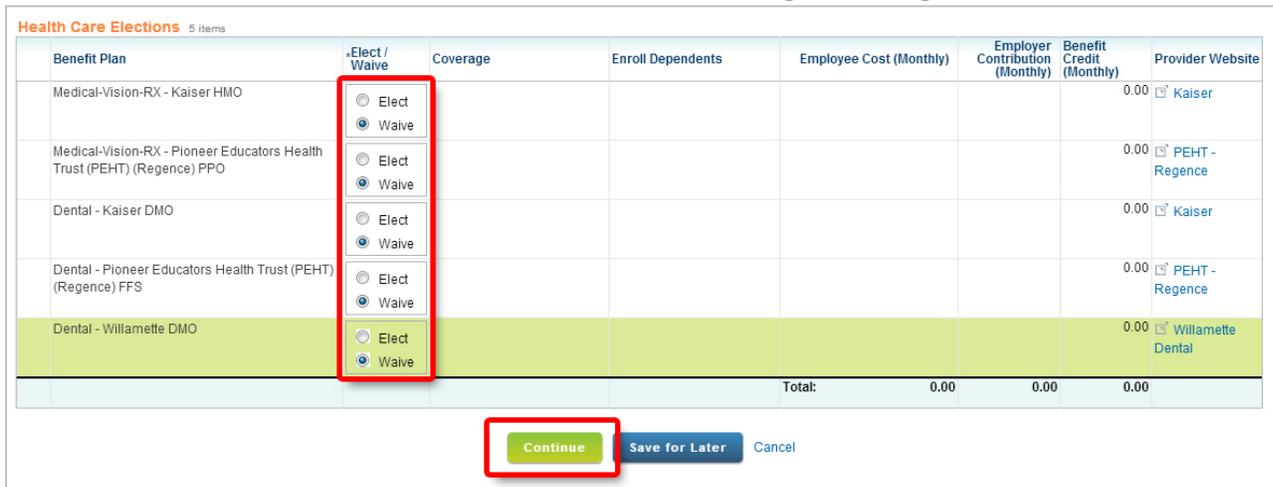
3. Click **Close** to return to your Workday landing page:



4. When Human Resources approves your benefits change request, an action item is generated in your **Workfeed**. Move your cursor over the action item in the **Actions tab** and click the **Complete To Do** button to make the necessary changes to your benefits:



5. **Elect** or **waive** benefits as needed and click **Continue** to navigate through the benefit election screens:



In this example, Jane has new health care insurance coverage through her husband’s company so she is waiving those Lewis & Clark benefit elections.

6. After navigating through the benefit elections screens and making the desired changes, review your elections, click the **I Agree** checkbox to confirm your changes, then click the **Submit** button to save your entries:

Elected Coverages © Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)
Basic Life - LifeMap Assurance Company (Employee)	01/01/2014	11/16/2013	1.5 X Salary	\$45,000.00		John Smith <input type="checkbox"/>		\$6.17	
Group AD&D - LifeMap Assurance Company (Employee)	01/01/2014	11/16/2013	1.5 X Salary	\$45,000.00				\$0.72	
Long-Term Disability - LifeMap Assurance Company Basic (Employee)	01/01/2014	11/16/2013	60% of Salary	\$1,494.68				\$7.17	
LTD Buy-Up - LifeMap Assurance Company (LTD wait period 90 Days) (Employee)	01/01/2014	11/16/2013	60% of Salary	\$1,494.68			\$5.26		
403(b) - TIAA-CREF (SRA)	01/01/2014	12/16/2013	3%						
Employee Assistance Program - Cascade Centers EAP	01/01/2014	12/16/2013						\$1.71	
Total:							5.26	15.77	0.00

Waived Coverages

Beneficiary Designations

Benefit Credits Summary

Benefit Credits	Total
Medical-Vision-RX	\$25.00
Total:	25.00

Attachments

Attachment	Comment	File
Electronic Signature		

Clicking the checkbox is considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you click in the "I Agree" checkbox, you are certifying that:

1. You declare that you have examined your elections and to the best of your knowledge and belief, they are true, correct, and complete.
2. You understand that all submissions are contingent upon acceptance by your Benefits representative.

These elections are not valid without an electronic signature.

I Agree

Submit **Save for Later** **Go Back** **Cancel**

7. Click **Print** to print a copy of your revised benefit elections, then click **Close** to complete the benefit change process:

Electronic Signature

Clicking the checkbox is considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you click in the "I Agree" checkbox, you are certifying that:

1. You declare that you have examined your elections and to the best of your knowledge and belief, they are true, correct, and complete.
2. You understand that all submissions are contingent upon acceptance by your Benefits representative.

These elections are not valid without an electronic signature.

Signed By
 Date 12/17/2013

Print **Close**