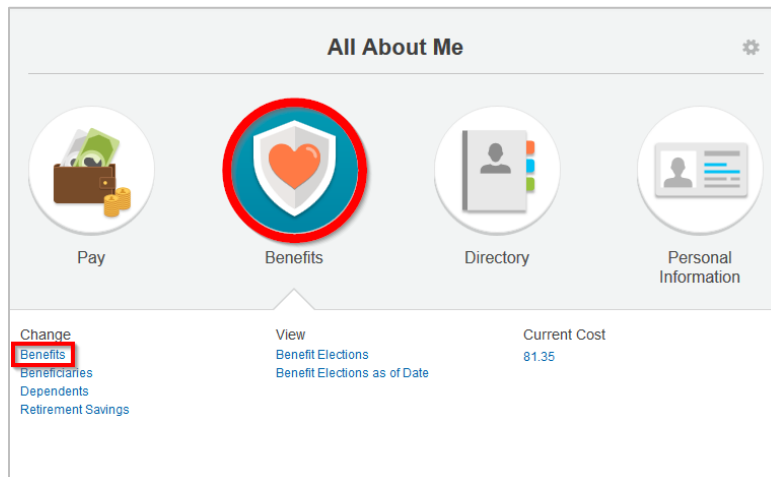


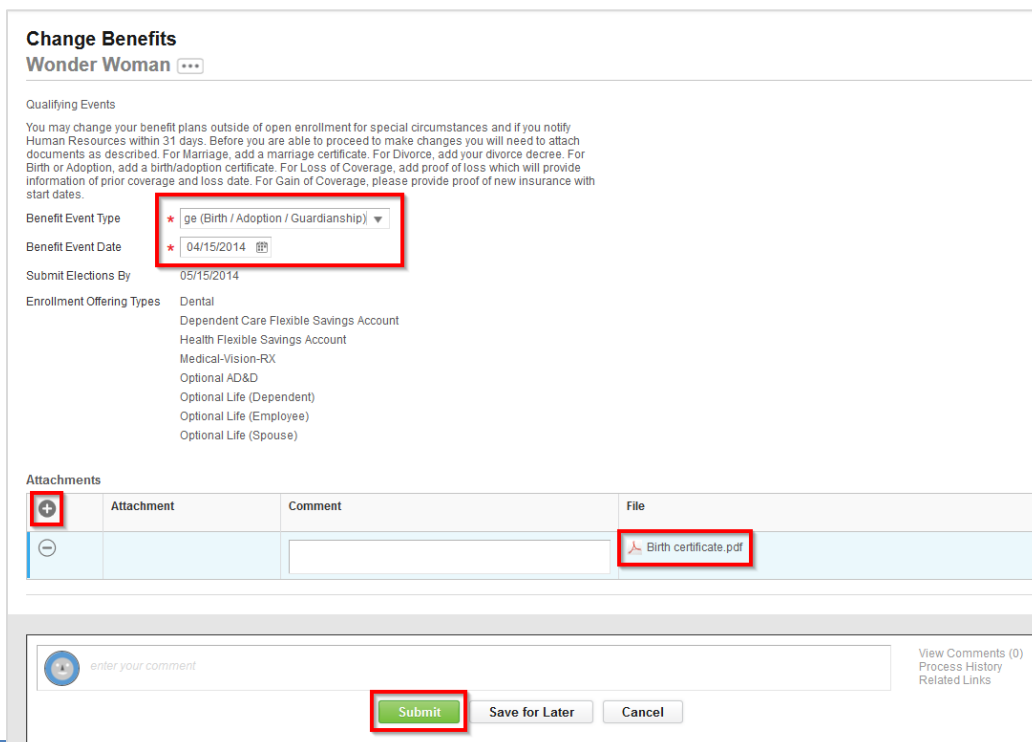
STAFF AND FACULTY: BENEFIT CHANGES

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.

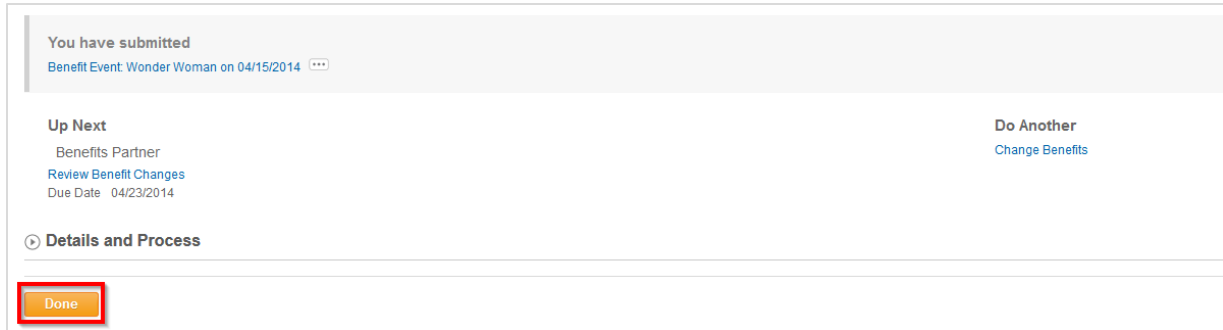
1. Open the **Benefits** worklet on your Workday **All About Me** screen and select the **Benefits** link in the **Change** section of the pop-up window:



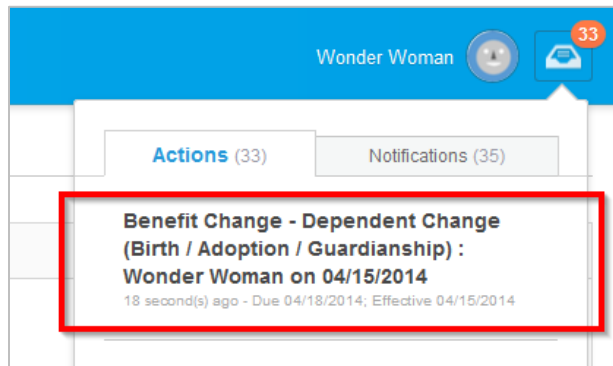
2. Select the **Benefit Event Type** and **Date**, click the **Add icon** to attach required documents as indicated, and click **Submit** to forward your request to Human Resources for review and approval. In this example, Wonder Woman is adding a child to her dependents:



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



4. Log out of Workday, since Human Resources now needs to approve your request. 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 **Inbox** tab and click the message to make the necessary changes to your benefits:



5. Enroll your dependent in your desired (current) insurance options. You can add a dependent by changing the option in the **Coverage** column to **Employee + 1**, then enroll your dependent by adding their name to the **Enroll Dependents** column.

Benefit Plan	* Elect / Waive	Coverage	Enroll Dependents
Medical-Vision-RX - Kaiser Traditional (HMO)	<input type="radio"/> Elect <input type="radio"/> Waive	Employee + 1	search
Medical-Vision-RX - Pioneer Educators			

search

Dependents

Create

Coverage Type Credit Inform

You will receive \$25.00 Month

Enroll Dependents

search

search

Top > Create

Add My Dependent From Enrollment

6. Add your dependent from enrollment (unless you are adding a dependent who is already a beneficiary or emergency contact) and click **OK** to continue:

Add My Dependent From Enrollment

Wonder Woman ⋮

Is your new dependent already a beneficiary or emergency contact?

Yes
 No

Use your new dependent as a beneficiary?

Yes
 No

OK
Cancel

7. Complete the required personal and contact information fields for your dependent. Make sure to include their Social Security number by clicking the **Add** button under **National IDs**. Please note that your dependent’s contact information will be automatically linked to yours, unless you choose another option from the pull-down menus. Click OK to submit:

Add My Dependent From Enrollment

Name

Country * United States of America ⋮

Prefix

First Name * Johnny

Middle Name

Last Name * Cash

Suffix

Personal Information

Relationship * Child ⋮

Date of Birth * 04/15/2014 📅

Age 0 years, 0 months, 2 days

Gender * Male ▼

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

Address

Use Existing Address ✖ 8888 SW Wonder Lane for W ... ⋮

Country United States of America

Address Line 1 8888 SW Wonder Lane

Address Line 2

City Portland

State Oregon

Postal Code 97219

County

Phone & Email

Use Existing Phone ✖ +1 (888) 888-8888 for Wonde ... ⋮

Country Phone Code United States of America (+1)

Area Code 888

Phone Number 888-8888

Phone Extension

Email Address

OK
Cancel

- The next screen will show your current benefits elections with your added dependent, and your new monthly cost will be at the top of the screen. Review your elections, then click the **Continue** button to confirm your changes:

Change Benefit Elections

Dependent Change (Birth / Adoption / Guardianship) for Wonder Woman - Step 1 of 4

Event Date: 04/15/2014 Initiated On: 04/16/2014
 Submit Elections By: 05/15/2014

➤
\$282.06 Monthly Cost
\$0.00 Monthly Credit
\$282.06 Monthly Cost

Total Cost
Total Credits
Total Employee Net Cost/Credit

Coverage Type Credits

Benefit Coverage Type	Coverage Type Credit Information
Medical-Vision-RX	You will receive \$25.00 Monthly if you waive Medical-Vision-RX coverage.

Health Care Elections 5 items

Benefit Plan	* Elect / Waive	Coverage	Enroll Dependents	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)	Provider Website
Medical-Vision-RX - Kaiser Traditional (HMO)	<input type="radio"/> Elect <input type="radio"/> Waive	Employee + 1	<div style="border: 1px solid red; padding: 2px;"> <input type="text" value="search"/> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Johnny Cash </div>	\$270.54	\$679.71	0.00	Kaiser
Medical-Vision-RX - Pioneer Educators Health Trust (PEHT) (Regence) PPO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	PEHT - Regence
Dental - Kaiser DMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Kaiser
Dental - Pioneer Educators Health Trust (PEHT) (Regence) FFS	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	PEHT - Regence
Dental - Willamette DMO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Employee Only		\$11.52	\$29.18	0.00	Willamette Dental
Total:				282.06	708.89	0.00	

Continue
Save for Later
Cancel

- Elect or waive Flexible Spending Accounts for your dependent:

A Flexible Spending Account (FSA) is a tax-free account that allows you to use pre-tax dollars to pay for your out-of-pocket prescriptions, medical, dental, vision, and childcare expenses. As a benefits eligible employee, you can enroll in both a Health Care Spending Account for up to \$2,500 per year and a Dependent Care Spending Account for up to \$5,000 per year. If you would like to enroll in a Flex Spending Card (debit card for your FSA), please complete the form found at this link: <http://www.lclark.edu/live/files/16345-eligance-flexenrollmenformdebitcard.pdf> and send the form to Human Resources (MSC 72).

Your annual election will be divided over the number of pay periods remaining in the plan year (April 1 through March 31).

Spending Account Elections 2 items

Benefit Plan	* Elect / Waive	Contributions	Supporting Information
Health Flexible Savings Account - Allegiance	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 12 Your estimated contributions made this year: 0.00 How much do you want to contribute for the total year?: 0.00 How much do you want to contribute per paycheck (Monthly)? 0.00	Maximum Contribution (Annual): \$2,500.00 Provider Website: Allegiance
Dependent Care Flexible Savings Account - Allegiance	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 12 Your estimated contributions made this year: 0.00 How much do you want to contribute for the total year?: 0.00 How much do you want to contribute per paycheck (Monthly)? 0.00	Maximum Contribution (Annual): \$5,000.00 Provider Website: Allegiance

Continue
Save for Later
Go Back
Cancel

10. Elect or waive optional Life and Accidental Death and Dismemberment Insurance for your dependent, then click **Continue**:

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 5 items

Benefit Plan	* Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Monthly)	Benefit Credit (Monthly)	Provider Website
Optional Life (Employee) - LifeMap Assurance Company (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	LifeMap Assurance Company
Optional Life (Spouse) - LifeMap Assurance Company (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	LifeMap Assurance Company
Optional Life (Dependent) - LifeMap Assurance Company (Family)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	LifeMap Assurance Company
Optional AD&D - LifeMap Assurance Company (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	LifeMap Assurance Company
Optional AD&D - LifeMap Assurance Company (Family)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	LifeMap Assurance Company
					Total:	0.00	0.00

Continue Save for Later Go Back Cancel

11. The next screen is a summary of all of your elected changes. Check the **I Agree** box to provide your electronic signature, then click the **Submit** button to finish:

Change Benefit Elections
Benefit Elections Review for Dependent Change (Birth / Adoption / Guardianship) - Step 4 of 4

Worker: Wonder Woman Event Date: 04/16/2014
Initiated On: 04/16/2014 Submit Elections By: 05/15/2014

\$282.06 Monthly Cost **\$0.00 Monthly Credit** **\$282.06 Monthly Cost**
Total Cost Total Credits Total Employee Net Cost/Credit

Elected Coverages 2 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)
Medical-Vision RX - Kaiser Traditional (HMO)	04/15/2014	03/16/2014	Employee + 1	Johnny Cash		\$270.54	\$670.71	
Dental - Willamette DMO	04/01/2013	04/01/2013	Employee Only			\$11.52	\$29.18	
						Total:	282.06	708.89

Waived Coverages

Attachments

Attachment	Comment	File
No Data		

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:

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

These elections are not valid without an electronic signature.

I Agree

enter your comment

Submit Save for Later Go Back Cancel

View Comments (0)
Process History
Related Links

12. Click **Print** to print a copy of your revised benefit elections, then click **Done** 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 [Wonder Woman](#)

Date 04/17/2014

13. If adding a spouse/domestic partner who has not been covered previously, you will need to complete a Marriage/Domestic Partner Affidavit.
14. If you have chosen LifeMap voluntary life, AD&D, 90 day LTD buy up (non-exempt), LTD buy-up (exempt), Dependent Life Insurance, you may need to complete a LifeMap Voluntary insurance form for the health statement (evidence of insurability).
15. If you want Genworth Long Term Care insurance outside of 31 days from date of hire, you will need to complete an application.

All of these forms should be listed in "Review Documents" once you have completed the Benefit Change.