

Workday: Change Benefits Due to Qualifying Event Job Aid

In this job aid we will cover how to change your benefits due to a qualifying event.

Qualifying Events and Documentation Requirements

Below is a list of events that qualify you to make a change to benefits outside of Open Enrollment during the current year. A Change Benefits event must be added and submitted within 31 days of the date of the event.

- 1. Birth/Adoption of a Child
- 2. Marriage
- 3. I am, or one of my dependents is, now eligible for outside coverage (letter of proof of gain and must include who is gaining and what type of coverages and effective date e.g. child under 26 moves in or decided to use spousal coverage)
- 4. Lost coverage from another source (self or dependent) (letter of proof of loss and must include who is losing and what type of coverages and when they terminated)
- 5. Divorce
- 6. Death of a Dependent

Documentation

The eligibility documentation must be provided within the following time frames:

- Within 31 days of benefits-eligibility, or
- During the annual Open Enrollment period as scheduled by the member institutions for benefit changes effective the following January 1st, or
- Within 31 days of all changes related to IRS-defined change of status, or

Legal Spouse: Registered copy of marriage certificate.

Civil Union Partner: Civil Union License

Common-law Spouse:

- Common-law marriage affidavit AND
- A document dated within the last 60 days showing current relationship status such as a monthly or quarterly household bill or statement of account. The document must list your spouse's name, the date, and your mailing address.

Children:

- The child's birth or adoption certificate, naming you or your spouse/DP as the child's parent, or appropriate custody or allocation of parental responsibility documents naming you or your spouse/DP as the responsible party to provide insurance for the child.
- For newborns, the registered birth certificate must be provided within 45 days of birth. Social Security number must be provided within 90 days of birth.

Death: A death certificate with the dependent's full name.

Divorce: A divorce decree.



For gain of coverage in addition to the dependent verification documents, please show a letter of proof showing who is gaining coverage, what type of coverage has been elected and the effective date coverage begins. For loss of coverage in addition to the dependent verification documents, please provide a letter of proof including who is losing coverage, what type of coverage(s) have ended with the termination date the coverage was lost.

The employee must provide a certified and notarized translation of any documents presented which are in a foreign language.

Start by logging into Workday at workday.mines.edu.

1) Type and select **Change Benefits** in the search bar.

		MINES		2	Q	change	\otimes	
		Eller Ale Mart				Change Benefits Task		
		Stall S	s			Change Business Title Task		
					1	Change Contact Information Report		
					1	Change Contingent Worker Data Task		
			Good After	noon, On Beha		Change My Licenses Task		uesday, October 2
			Awaiting Your A	Action		401240 Investigating changes to metal oxide nanoparticle stabili in a contaminated stream during the initial period of remediation Grant	ty	iportant Dates
			Open			401745 Auantitative Imaging of 4D Processio Changes wing Seice	mic	
			My Tas	Change Bene	fits	***		
			😑 Go to My Tasks					
				Change Reason *	\bigcirc	Assign/Change Beneficiary		
2)	Select	one of the lis	ted		0	Birth/Adoption of a Child		
2)	events	at the top of	this		\bigcirc) Change My HSA Contribution		
	docum	ent. An additi	ional		\bigcirc	Change My Voluntary Retirement Saving	js	
	date fie	eld will be dis	played		\bigcirc) Death of a Dependent		
	for you	to enter the	tion In		0	Divorce		
	this ex	ample we hav	ve		\bigcirc) I am, or one of my dependents is, now e	ligible	e for outside coverage
	selecte	ed Birth/Ado	ption		\bigcirc) Lost coverage from another source (self	f or d	ependent)
	of a C	hild and will e	enter		\bigcirc	Marriage		
	the Bir	thdate. Pleas	e note					
	upload	a copy of the	e birth	Birthdate or Officia	l Ad	option Date of Child *	Ĵ	
	placeh receive	older until yo the official b	u virth	Submit Elections By	y	(empty)		
	birth ce	ertificate mus	t be					
	provide birth.	ed within 45 c	lays of					



 Once you enter the date, the Submit Elections By date will be automated. This is the date by which you must submit any documentation. Please remember this must be fully submitted within 31 days of the event date.

Benefits Offered Accident Basic Life and AD&D Employee Critical Illness Dental Dependent Care FSA More (11)	Submit Elections By	02/02/2024	li
	Benefits Offered	Accident Basic Life and AD&D Employee Critical Illness Dental Dependent Care FSA More (11)	l

4) Click Submit.





- Your event has been successfully submitted. Click **Open** to be taken to the event you just created. You can only make elections or add/remove dependents in your Workday event.
- 9) After your event has been created and you are unable to complete all the steps at one time, you can go the inbox icon on your Workday home screen to find the task. Click Let's Get Started. This will remain in your inbox until you have fully submitted for approval from the benefits team.

Success! Eve	ent submitted
Up Next:	Change Benefit Elections Due Date
02/18/2024	
View Details	



My Tasks	←	All Items 1 item	Change Benefit Elections
III All Items		Q Search: All Items	Created: 01/18/2024 Due: 02/18/2024 Effective: 01/03/2024
C Saved Searches	~	입하 Advanced Search Benefit Change - Birth/Adoption of a 01/18/2024 ☆ Child : 01/03/2024	Submit Elections By 02/02/2024
	~	Due: 02/18/2024 Effective: 01/03/2024	Let's Get Started

10) In the Birth/Adoption of a Child event, you can now click Manage/Enroll for each benefit offering to review the details and add dependents. Please click manage on all tiles where you need to make a change. There may be employer (MINES) paid benefits viewable that you are unable to elect or decline. Please know you cannot make edits to these and can only view them. Scroll down to see all the options.

oligered Total Cost Per Paycheck .00		
 Enrollment Instructions 		
ck "manage" specific benefit plans to make enrollment elections or changes.		
Health Care and Accounts		
Wedical Waived	CO Dental Waived	Vision Waved
Enroll	Enol	Evol
Accident Weived	Hospital Indemnity Walved	Health Savings Account
Enroll	Enroll	Erroll
Healthcare FSA Waived	Dependent Care FSA Waived	
Enroll	Errol	
Insurance		



If you see **Enroll** under a benefit type that shows you may be eligible for this and do not currently have any elections. If you want to enroll during your qualifying event, you may do so.

urance		
Basic Life and AD&D Employee Arthern BlacCose and BlacSheld Faculty Age < 67 (Employee) Cost per percheck Includes	Voluntary Life Employee	Voluntary AD&D Employee
Coverage 2 X Salary	Evol	Erroll
Manage		
Voluntary Life Spouse	Voluntary AD&D Spouse Visited	Voluntary Life Child Waved
Emol	Errol	Errol
Voluntary AD&D Child Waived	Critical Illness Waved	
Errol	Errol	
Review and Sign Save for Later		

11) When you click manage on a tile you have elections, it will automatically show what you are currently enrolled in.

Medical						
Projected Total Cost \$0.00	Per Paycheck					
Plans Available	e					Health Care Instructions
Select a plan or Waive	e to opt out of Medica	al. The displayed cost of waived pla	ans assumes coverage for	r Employee Only.		General Instructions
3 items						When you are adding a new dependent to your coverage, dependent verification documentation must be submitted.
Benefit Plan	*Selection		You Pay (Monthly)	Company Contribution (Monthly)		
Anthem BlueCross and BlueShield HDHP Post-Tax	 Select Waive 		Included	\$678.00	*	
Anthem BlueCross and BlueShield POS Adv Post-Tax	SelectWaive		Included	\$811.00		
Anthem BlueCross and BlueShield PPO Prime Post-Tax	SelectWaive		Included	\$811.00		

a. Click **Confirm and Continue** once you make the appropriate selection. This will take you to the **Dependents** page where you will add or remove dependents.





12) Click Add New Dependents to enter any new dependent details.

Projected Total Cost Per Paycheck Stopendents Add a new dependent or select an existing dependent from the list below. Coverage * Employee Only Pan cost per paycheck Cator paycheck <td< th=""><th>Medical - /</th><th>Anthem BlueCross and BlueShield</th><th>HDHP Post-Tax</th><th></th><th></th></td<>	Medical - /	Anthem BlueCross and BlueShield	HDHP Post-Tax		
Dependents * Health Care Instructions Add new dependent rome healts below. > row devendent coses and BlueSheid coverage * Employee Only General Instructions Plan cost per paychect When you are adding a new dependent to your coverage, dependent verification documentation must be submitted ind New Dependent Spouse ind New Dependent New Dependent	Projected Total Co \$0.00	ost Per Paycheck			
Add new dependent or select an existing dependent from the list below. Coverage E Indowe Dependent	Dependents				✓ Health Care Instructions
Coorage Employee General Instructions Plancast per particular Instructions Instructions </td <td>Add a new depen</td> <td>dent or select an existing dependent from the list below.</td> <td></td> <td></td> <td>Provider Website Anthem BlueCross and BlueShield</td>	Add a new depen	dent or select an existing dependent from the list below.			Provider Website Anthem BlueCross and BlueShield
Plan cost per paychek Add New Dependent 2 items 2 items Select Dependent Souce Ohid 11/29/2016	Coverage	* Employee Only			General Instructions
Select Dependent Relationship Date of Birth Image: Spoule	Plan cost per payo	pendent		≅ ⊡ ."	When you are adding a new dependent to your coverage, dependent verification documentation must be submitted.
Spouse 08/09/1981 * Child 11/29/2016 *	Select	Dependent	Relationship	Date of Birth	
Child 11/29/2016			Spouse	08/09/1981	
			Child	11/29/2016	
	4			Þ	

- 13) Select the checkbox Use as Beneficiary if you would like to add them to your list of dependents eligible to be assigned as beneficiaries. Clicking this box does not make them your beneficiary - please follow the Workday Add or Update Beneficiary Job Aid located <u>here</u> for more information on how to assign beneficiaries.
 - a. Click OK.

Add My Depende	ent From Enrollment	**	•	
Use as Beneficiary]			
Please submit depende	nt verification documents. Yo	u can attach your do	ocuments during your revie	ew and sign steps.
Please submit depende	nt verification documents. You	u can attach your do	ocuments during your revie	ew and sign steps.



14) On the **Add My Dependent From Enrollment** page, add all the required details for the new dependent. The red asterisk indicates required fields. Click **Save**.

ame	Personal Information
ountry ★ X United States of America :=	Relationship * 📃
refix :=	Date of Birth * MM/DD/YYYY
	Age (empty)
Ist realize	Gender ★ 📃
lddle Name	Citizenship Status
st Name *	Full-time Student
ıffix ∷≣	Student Status Start Date
	Student Status End Date
	Disabled
llow Duplicate Name	
heck this box only when there is more than one dependent with the same name.	
lational IDs	
ick the Add button to enter one or more National Identifiers for this dependent.	
Add	
ddress	Phone & Email

a. After your dependent(s) have been added, you will be prompted to add additional details as needed. If you do not have a SSN for a dependent that is ok. You will select **Reason SSN is Not Available** and add a reason. Enter the information and click **Save**.

N is Not Available if you don't h	ave access to their number at this time.	
ependent Social Security Numbers	1 item	≡ ⊡ . '
Dependent	*Social Security Number	
Test Test1	Social Security Number (SSN) Reason SSN is Not Available	
		▼ ►



15) To remove a dependent from a benefit plan, simply uncheck the box to remove them as a covered dependent.



a. Your updates have been saved. You will continue to make these additions/deletions from all benefit plan offerings. Once you have reviewed all and are satisfied with your elections.

16) Click Review and Sign to View Summary of all elected benefits. This screen is like a

receipt of the changes you have made.

- a. Notice there is another location at the end for you to upload required documents if you have not already done so.
- b. If everything looks accurate, scroll down to the Electronic Signature and check I Accept.



c. Click **Submit** again. This is the final submit button that will send this to a benefits analyst for review.

Drop files here
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 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 abory will not put 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 succeeds \$50000 may be subject to imputed income. • 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. • If you decline medical insurance certolical order coverage in the subject to imputed income. • If you decline medical insurance or toff coverage of the coverages whether or not you have had a qualified change in status event during the calendar year. • If you decline medical insurance coverages, you may in the future be able to erroll yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to erroll yourself, your spouse and your dependent
I Accept
Submit Save for Later Cancel



17) You have successfully updated your benefits!

On the next screen you will see a benefits statement if you click this button, you can save a copy of the elections you made during this event for your records. This document can also be used as proof of coverage.

Benefits integrations run weekly and bi-weekly. Anthem Medical, dental, and vision run every Thursday. If your benefits are approved before Thursday in the current week then you can expect information to be updated in Anthem by the following week. It then takes 7-14 business days for any new insurance cards to be generated and mailed out.

Alerus Medical Flex Spending account and Dependent Care spending account enrollments will be sent according to your pay schedule and should be completed in the month you enroll unless payroll has already closed. You can expect the enrollment to occur by the next pay period if this is the case.

Catch up payments may always apply. If your event is approved after payroll has run and you were eligible in that month you can expect the retro payment to be applied on the next pay period.

For any questions or concerns, please contact the Mines benefits team at <u>benefits@mines.edu</u> or book an appointment for 1:1 assistance here: <u>Benefits Office Hours Scheduling</u> (office365.com)