

BENEFITS: LIFE EVENT CHANGE



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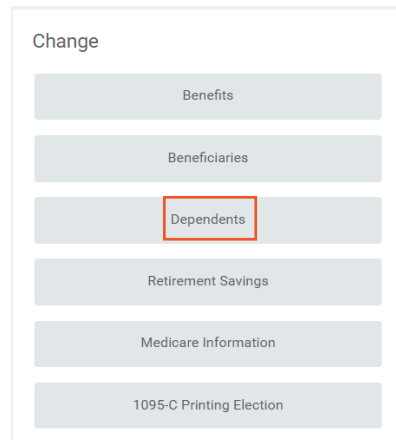
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Welcome to the Benefits: Life Event Change guide! In this document, you will find everything you need to know to change benefits for a qualifying life event, add a dependent or beneficiary, and view benefit elections.

Note that, while divorce is a qualifying life event, the procedure for requesting that benefit change is slightly different to the other life events. Divorce is handled in its own section in this guide.

To change your benefits as a result of divorce, you must first change your dependent's status in Workday. Follow the procedure below to request a benefit change resulting from a divorce.

1. Click the **Benefits** Worklet, then click **Dependents** in the **Change** column.




2. Click **Edit** in your spouse's information.



Dependent	Relationship	Age	Benefit Elections	
Janie Jones	Child	15 years, 3 months, 12 days	Jordan Jones Benefit Elections Active on 04/10/2017 (Dental - Aetna DPO) (Elect) Jordan Jones Benefit Elections Active on 04/10/2017 (Medical - Aetna HDHP with HSA) (Elect) Jordan Jones Benefit Elections Active on 04/10/2017 (Vision - VSP VIS) (Elect)	Edit
Jason Jones	Spouse	49 years, 6 months, 14 days	Jordan Jones Benefit Elections Active on 04/10/2017 (Dental - Aetna DPO) (Elect) Jordan Jones Benefit Elections Active on 04/10/2017 (Medical - Aetna HDHP with HSA) (Elect) Jordan Jones Benefit Elections Active on 04/10/2017 (Vision - VSP VIS) (Elect)	Edit
Michael Jones	Child	0 years, 0 months, 11 days	Jordan Jones Benefit Elections Active on 04/10/2017 (Medical - Aetna HDHP with HSA) (Elect)	Edit

3. Click the **Pencil** icon in the **Effective Date & Reason** field, then enter the date of the divorce. Click the **Prompt** icon in the **Reason** field, then select **Inactivate/Drop Dependent**, then select **Inactivate/Drop Dependent > Divorce**. Click the check mark.

Effective Date *

08/18/2022 





Reason

 Inactivate/Drop Dependent > Duplicated Dependent made in error 

4. Scroll down to **Relationship**, click the **Pencil** icon, and click the **Prompt** to select **Ex-Spouse**. Click the check mark.

Relationship

Relationship *

 Spouse   

Domestic Partner Children (CAN)

Spouse

Domestic Partner (CAN)





Child

Dependent Grandchild

Ex-Spouse

5. Click **Submit**. You will receive a task in your Workday Inbox to update your benefit elections.

6. The process for changing your benefit elections matches the **Change Benefit Elections** section starting on **Page 7**.

Submit    

REQUEST BENEFIT CHANGE

If you have a qualifying life event (e.g., the birth or adoption of a child, marriage, etc.), you can request a change to your benefits in Workday.

1. Click the **Benefits** Worklet, then click **Benefits** in the **Change** column.



Benefits

2. Use the drop-down to choose the **Benefit Event Type**, then enter the **Benefit Event Date**. Click **Submit** and **Done**; you will receive a task in your Workday Inbox to change your benefit elections.

Change Reason * Birth / Adoption of Child

Benefit Event Date * 08/01/2022

Submit Elections By 08/31/2022

Benefits Offered
Accident
Basic Child Life
Critical Illness - Child(ren)
Critical Illness - Employee
Critical Illness - Spouse
More (16)

Attachments

Drop files here
or
Select files

enter your comment

Submit Save for Later Cancel

select one
Bicycle/Parking/Transit Change
Birth / Adoption of Child
Cancel Existing Accident Coverage
Cancel Existing Critical Illness Coverage - Child
Cancel Existing Critical Illness Coverage - Employee
Cancel Existing Critical Illness Coverage - Spouse
Cancel Existing Hospital Indemnity Coverage

After you request a benefit change, you will receive a task in your Workday Inbox to change your benefit elections.

1. Access your Inbox, then click on the **Lets Get Started** button.

Change Benefit Elections

16 minute(s) ago - Effective 08/18/2022

Initiated On 08/18/2022

Submit Elections By 09/17/2022

Let's Get Started

2. Update your Tabacoo Use information by selecting either **Yes** or **No**. Click **Continue**.

Update Your Information

Health Information

Tobacco Use

Question Tobacco usage is applied to the Critical Illness product only. This will not impact your contributions to any other product at this time.

Have you used tobacco in any form in the past 12 months?

Answer * Yes
 No

Continue

Cancel

Health Care and Accounts

3. Medical - Dental - Vision

Birth, Adoption of Child, or Marriage: Select Manage to add your new dependent to your health care coverage.

4. Surcharge

Divorce: Click Manage to remove ex-spouse from coverage.

Marriage: Click Manage to add your spouse to your coverage.

Health Care and Accounts

<div style="display: flex; align-items: center;"> <div> <p>Medical Aetna PPO Open Choice</p> </div> </div>	<div style="display: flex; align-items: center;"> <div> <p>Surcharge Simpson Spousal</p> </div> </div>
<p>Cost per paycheck \$77.50</p> <p>Coverage Employee Only</p>	<p>Cost per paycheck Included</p> <p>Coverage I am not enrolling a spouse in medical coverage</p>
<div style="border: 1px solid red; padding: 2px 10px; display: inline-block; color: blue; text-decoration: underline;">Manage</div>	<div style="color: blue; text-decoration: underline;">Manage</div>

MEDICAL - DENTAL - VISION

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee Only

Plan cost per paycheck \$77.50

Add New Dependent

Add My Dependent From Enrollment Mary Wells ⋮

Use an Existing Beneficiary or Emergency Contact ⋮

Create Dependent

Use as Beneficiary

Instructional Text
Click OK to add dependents.

OK

Cancel

5. **Select** Add New Dependent to add new dependent to your coverage.

6. **Select** Create Dependent and **check** the Use as Beneficiary box if you wish to include new dependent as a beneficiary. You can **update** the beneficiary information by **selecting** Use an Existing Beneficiary or Emergency Contact.

7. Enter the dependent's **First Name** and **Last Name**, then use the **Prompt** to select the **Relationship**. Enter the **Date of Birth**, then use the drop-down to select the **Gender**. Your contact will auto-populate in the Address and Phone & Email sections; you can change it if needed. When you have entered all necessary information, click **OK**. **Note:** You can click the **Add** button to add a Social Security Number, if available. Otherwise, you will provide a reason it is not available in the next step. **Note that an SSN is required for all dependents over one year of age.**

Add My Dependent From Enrollment 33 minute(s) ago - Due 04/13/2017; Effective 04/10/2017

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age 0 years, 0 months, 1 days

Gender *

Citizenship Status

Uses Tobacco

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Domestic Partner Children (CAN)

Spouse

Domestic Partner (CAN)

Child

Dependent Grandchild

Ex-Spouse

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

National IDs

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

Click Add to include SSN for your dependent.

Address

Use Existing Address

Country United States of America

Address Line 1 1464 Maple St

Address Line 2

City Fremont

State California

Postal Code 94539

County

Phone & Email

Use Existing Phone

Country Phone Code United States of America (+1)

Area Code 510

Phone Number 555-1212

Phone Extension

Email Address

8. **Verify** Coverage

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Employee + Child(ren)

Plan cost per paycheck \$120.00

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Lily Wells	Child	08/01/2022

SURCHARGE

Plans Available ?

Select a plan or Waive to opt out of Surcharge.

1 item

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Simpson Spousal	Included	\$0.00

9. **Select** to remove or add the Simpson Spousal plan from your coverage. Click **Confirm and Continue**.

Coverage * ✕ I am not enrolling a spouse in medical coverage ...

Plan cost per paycheck

Search



- My Spouse is not eligible for Medical coverage with another employer and I'm enrolling my spouse on Simpson sponsored medical plan
- My Spouse is eligible for Medical coverage with another employer and I'm enrolling my spouse on Simpson sponsored medical plan
- I am not enrolling a spouse in medical coverage

10. **For example**, select the "I am not enrolling a spouse in medical coverage" option to remove ex-spouse coverage.

11. Click **Save** to continue.

INSURANCE

Insurance

 <p>Basic Child Life Waived</p> <p style="text-align: center; border: 1px solid red; padding: 2px;">Enroll</p>	 <p>Supplemental Life Waived</p> <p style="text-align: center;">Enroll</p>
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12. If applicable, click on **Enroll/ Manage** to remove your ex-spouse as the Primary Beneficiary under each insurance tile.

13. To remove ex-spouse as your Primary Beneficiary, **click** on the "X" (see example A) next to your ex-spouse name and write in your desired primary beneficiary.

14. Under Secondary Beneficiaries, remove the person who became your primary beneficiary and change the percentages of your beneficiaries to equal to 100 (see example B for final view).

Note: To remove a row, **click** the minus symbol.

Example A.

Beneficiaries ?

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 1 item

+	Beneficiary	Percentage
-	<div style="border: 1px solid #ccc; padding: 2px;"> X Lucas Win ... </div>	100

Example B.

Beneficiaries ?

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 1 item

+	Beneficiary	Percentage
-	<div style="border: 1px solid #ccc; padding: 2px;"> X Vale Win ... </div>	100

Secondary Beneficiaries 2 items

+	Beneficiary	Percentage
-	<div style="border: 1px solid #ccc; padding: 2px;"> X Lily Win ... </div>	50
-	<div style="border: 1px solid #ccc; padding: 2px;"> X Marcela Win ... </div>	50

15. Once you've reviewed and made the necessary changes to your health coverage, **click** Review and Sign to continue. If you need more time to manage your health coverage, **click** Save for Later.

[Review and Sign](#) [Save for Later](#)

Summary and Signature

16. Review all data on the **Summary** screen. If you need to make changes, click the **Go Back** button to return to the section you want to correct. When all information is correct, read the Electronic Signature information, then **click** the **I Agree box** to electronically sign your benefit change. Click Submit. **Click** Print to prepare a PDF copy of your benefit change (if desired), then click **Done**. You will receive a task in your Workday Inbox to upload documentation.

[View Summary](#) [Click Here for Open Enrollment Guidance](#)

Projected Total Cost Per Paycheck
\$96.50

Instructions: Please review elected options. Once you click "I Accept" and "Submit," you cannot make changes.

Selected Benefits 4 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries
Medical Aetna PPO Open Choice	05/16/2022	06/01/2022	Employee Only		
Surcharge Simpson Spousal	05/16/2022	06/01/2022	I am not enrolling a spouse in medical coverage		
Dental Aetna DPO	05/16/2022	06/01/2022	Employee Only		
Vision VSP-VIS	05/16/2022	06/01/2022	Employee Only		

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

- 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 deduction begin date.
- 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
- 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
- Company-provided life insurance that exceeds \$50,000 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
- 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 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

Accept

 enter your comment

Process History

 **Gabby Lenza**
Change Benefits for Life Event- Awaiting Action

Due 08/25/2022

[Submit](#) [Save for Later](#) [Cancel](#)

VIEW BENEFIT ELECTIONS

At any time, you can view your current benefit elections in Workday.

1. Click the **Benefits** Worklet, then click **Benefit Elections** in the **View** column.



Benefits

View

- My ACA Forms
- Benefit Elections
- Benefit Elections as of Date**

2. Your current benefit elections will display. Note that these will not include any changes that have not yet been approved by the Benefit Partner.

Benefit Elections Jordan Jones Actions

Current Benefit Elections and Costs 14 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)
Medical - Aetna HDHP with HSA	04/10/2017	01/01/2016	Employee + Family		Jason Jones Jamie Jones Michael Jones		\$37.50	\$796.68
Surcharge - Simpson Spousal	04/10/2017	01/01/2016	My Spouse is not eligible for Medical coverage with another employer and I'm enrolling my spouse on Simpson sponsored medical plan					
Dental - Aetna DPO	01/01/2016	01/01/2016	Employee + Family		Jason Jones Jamie Jones		\$7.50	\$52.03
Vision - VSP VIS	01/01/2016	01/01/2016	Employee + Family		Jason Jones Jamie Jones		\$1.50	\$10.42
Health Savings Account - Payflex	01/01/2016	01/01/2016	\$5,250.00 Annual				\$218.75	
Basic Life - Liberty Mutual (Employee)	01/01/2016	01/01/2016	\$50,000	\$50,000.00				\$1.63
Basic AD&D - Liberty Mutual (Employee)	01/01/2016	01/01/2016	\$50,000	\$50,000.00				\$0.50
Basic Spouse Life - Liberty Mutual (Spouse)	01/01/2016	01/01/2016	\$10,000					\$0.45
Supplemental AD&D - Liberty Mutual (Employee)	08/16/2004	08/16/2004	\$50,000	\$50,000.00		Michael Jones	\$0.75	
Basic STD - Matrix (Employee)	01/01/2016	01/01/2016	60% of Salary	\$1,286.06				\$1.15
Long Term Disability (LTD) - Liberty Mutual (Employee)	01/01/2016	01/01/2016	66.67% of Salary	\$6,192.44				\$11.94
401(k) - Milliman	01/22/2013	01/22/2013	\$750.00				\$750.00	
Travel Accident - ACE USA	01/01/2016	01/01/2016						
HSA Employer Contribution - Simpson	01/10/2017	01/10/2017						\$62.50
Total:							\$1,016.00	\$937.30