Job Aid: Beneficiary Change in Workday



Document Name: Beneficiary Change in Workday				
Date Written: 4/5/2023 Written by: Victoria Jeon Approved by:				
Date Revised: 11/29/2023	Revised by: Yarixza Gonzalez	Approved by:		

Overview

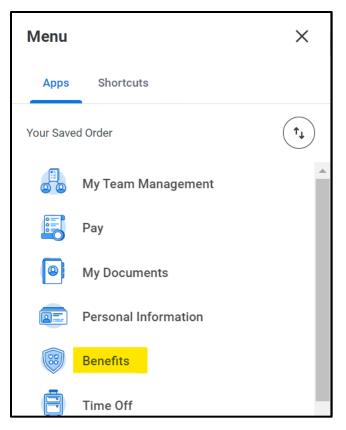
This job aid will walk you through the steps of changing your Beneficiary in Workday

Procedure

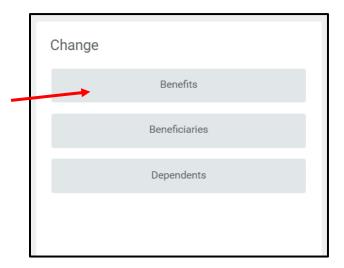
- 1. Login to Workday
- 2. Find the Menu dropdown on the left side

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3. In the menu tab, find Benefits



4. Click Benefits under Change



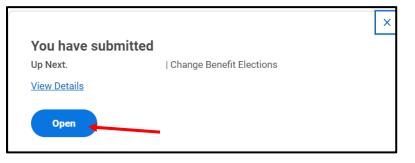
5. Click the Drop down and select Beneficiary Change

Benefit E	vent Type 🗶	select one 🔹 🔻		
Benefit E	vent Date 🔸	select one		
Submit E	lections By	Beneficiary Change		
Enrollme	nt Offering Types	Birth / Adoption of Child		
Attachments		Commuter FSA Change		
		Electronic Document Consent		
		Employee Loses / Gains Coverage		
		Health Savings Change		
		Legal Marital Status Change OR Legal Domestic Partner Change		
		Medicare / Medicaid Change		
		Other Dependent Change		
		Spouse Loses / Gains Coverage		
	enter your commer	Voluntary Benefit Change		

6. Select a **date** you would like this to be effective and click **Submit** at the bottom of the page

Change Reason * Beneficiary Change							
Benefit Event Date * MM/DD/YYYY	<		A	pril 202	23		$\mathbf{>}$
	SUN	MON	TUE	WED	THU	FRI	SAT
Submit Elections By (empty)	26	27	28	29	30	31	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
enter your comment	30	1	2	3	4	5	6

7. This will launch the event in the system. To immediately make the change, select the **Open** button to access your Beneficiary enrollment



8. Now you are in the section to make your beneficiary changes

Insurance				
Basic Life Unum - with AD&D (1x Salary) (Employee) Cost per paycheck Included	Supplemental Employee Life and AD&D Unum (Employee) Cost per paycheck \$3.39	Supplemental Spouse Life and AD&D Waived		
Coverage 1 X Salary	Coverage \$60,000	Enroll		
Manage	Manage			
Supplemental Child Life and AD&D Waived				
Enroll				

- a. Click the plus button to drop down a new section
- b. Click the 3 lines to add a new Beneficiary or add an existing dependent as a beneficiaryi. If you are adding a new person you will need to add all of their personal information
- c. Select the percentage you would like them to have.

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 B	eneficiaries 1 item			± ⊡ r.
(+)	Beneficiary			Percentage
Θ	×		:=	100
4				•
Secondary	Beneficiaries 0 items]		≡ ⊡ ."
(\pm)	Beneficiary			Percentage
		No	Data	

9. Click the Minus button to remove any unwanted beneficiaries

10. Repeat steps 8 and 9 to all other insurances that need beneficiaries

- a. Please note that TM's can only have themselves as a Beneficiary for Spouse insurance coverage and Child insurance coverage
- 11. Click Review and Sign at the bottom of the page
- 12. This is the review page, double check that everything under the Beneficiaries column looks correct

Review your benefits carefully! Because your benefit deductions are withheld on a pre-tax basis, the IRS requires you remain in these plans for the duration of the Plan Year, unless you experience a qualifying life events. Life events like marriage, divorce, birth/adoption, de- pendents gain or lose coverage must be reported in Workday within <u>30 days of the event date.</u>								
****CHECK YOUR MEDICAL PLAN ELECTION! *** Are your family members covered as you expected? Select Go Back and correct before you submit!								
Selected Benefits 2 items						≂⊡ ." 🗏 🖽		
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost		
Basic Life	01/01/2023	01/01/2023	1 X Salary			Included		
Unum - with AD&D (1x Salary) (Employee)								
Supplemental Employee Life and AD&D	01/01/2023	01/01/2023	\$60,000		and the second	\$3.39		
Unum (Employee)						-		

13. Scroll to the bottom of the page and click the "I Accept" button

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 Accept" 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.
- 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, typically within <u>30 days</u> 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 <u>30 days</u> after the marriage.
- tion, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within <u>30 days</u> after the marriage, birth or adoption. • You understand that you will not pay income tax or FICA tax on 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.
- Each year, during the Open Enrollment period, you will have the option to change certain coverage, whether or not you have had a qualified change in status event during the calendar year.
- In accordance with HIPAA, you understand that if you enroll in a Medical plan, Niagara may disclose information to third parties in connection with plan administration, through executed enrollment forms, or in another manner which satisfies applicable law.
- You understand if you enroll in a Niagra medical plan, covered Team Members will be asked to voluntarily participate in the Hydrate Your Health 2.0 Wellness program. Failure to complete wellness activities by stated deadlines will result in additional payroll contributions through the Wellness Surcharge, beginning in April. Wellness Rewards are treated as taxable income upon redemption.

14. Click Submit to complete the process

Submit Save for Later Cancel	
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