

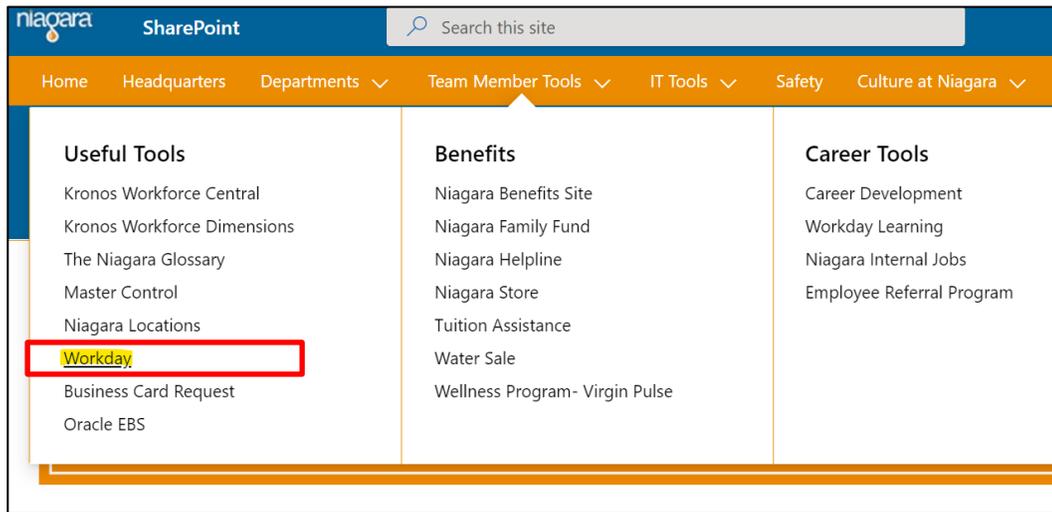
# Job Aid: Changing Electronic Document Consent in Workday



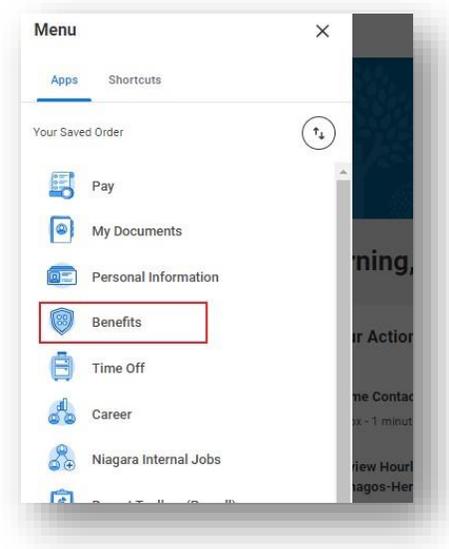
<b>Document Name:</b> Changing Electronic Document Consent <a href="#">Click here to enter text.</a>		
<b>Date Revised:</b> 11/10/2023	<b>Written by:</b> Victoria Jeon	<b>Approved by:</b> <a href="#">Click here to enter text.</a>

## Procedure

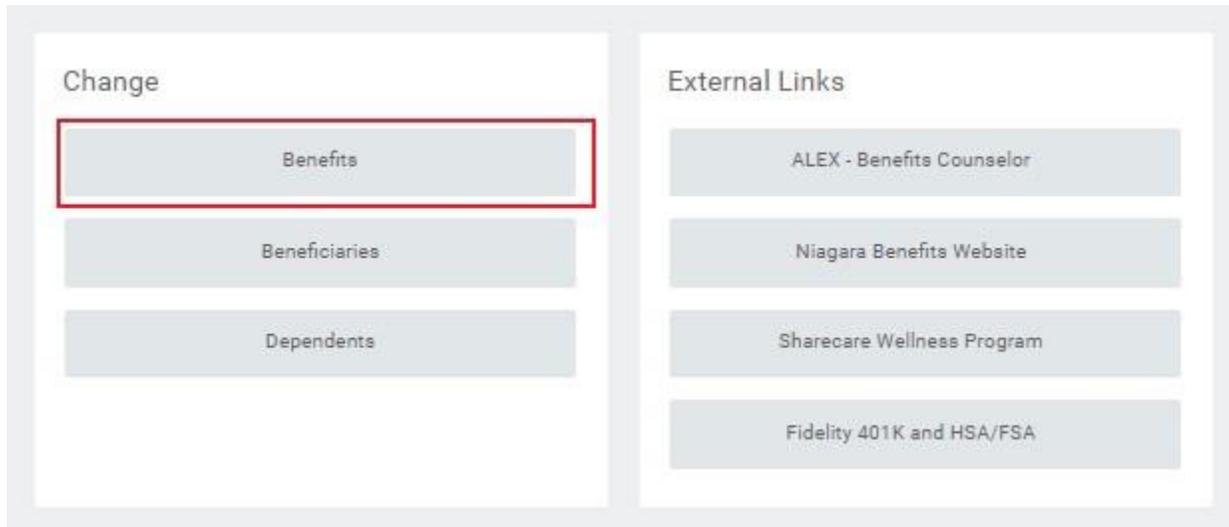
1. Open an internet browser like Firefox or Google Chrome and access Workday via Splash located under Team Member Tools



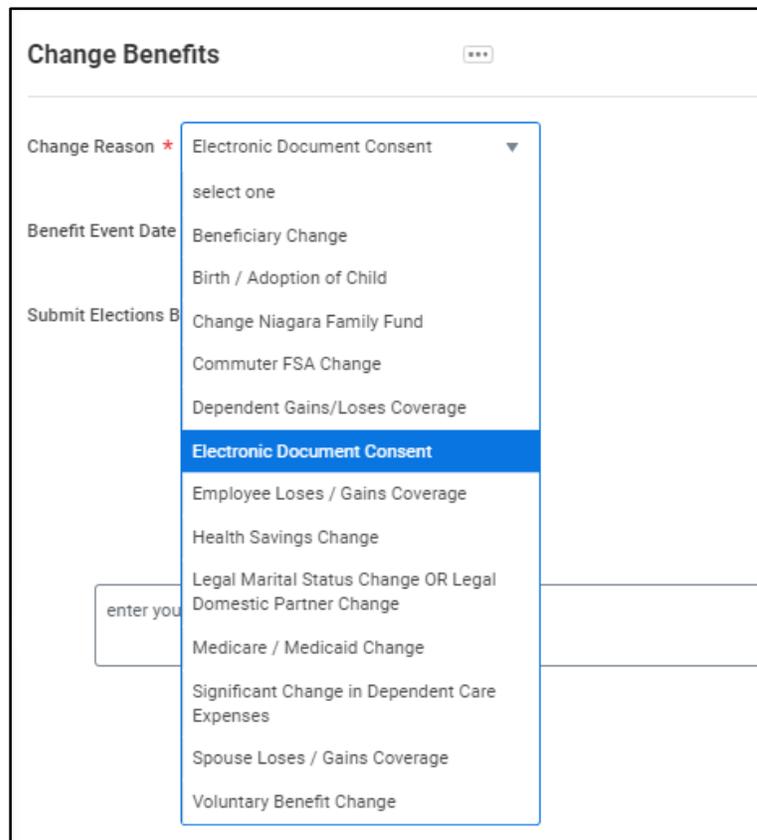
2. From the Workday home page, click View All Apps → Benefits Icon



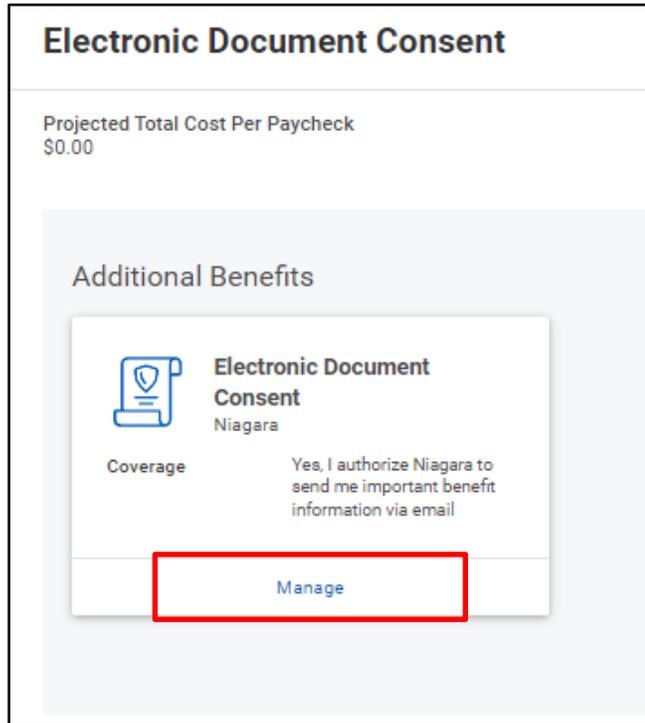
3. Select Change Benefits from the left navigation area



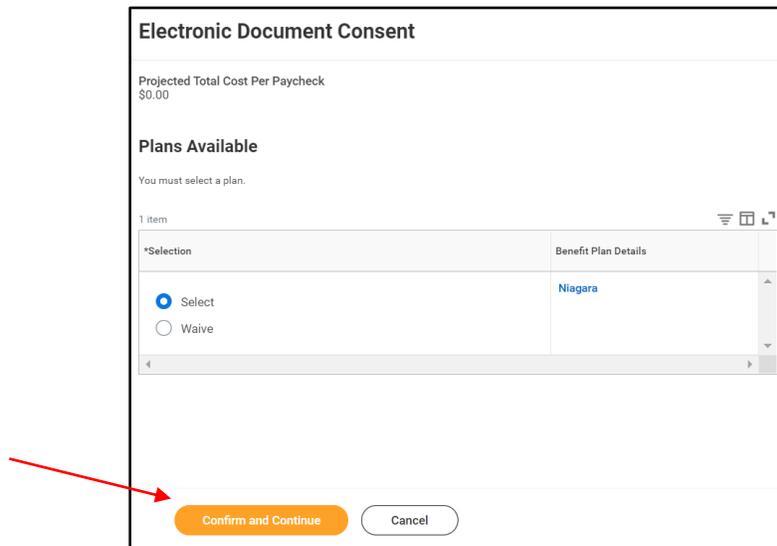
- 4. Choose **Electronic Document Consent** from the drop down menu
  - a. Benefit event date: Enter today's date or pick from the calendar icon
  - b. Submit



- 5. Find the task in your Workday inbox and launch
- 6. Choose **Manage** on the Electronic Document consent card



- 7. Click Confirm and Continue



8. On the coverage screen, change the answer (from **Yes to No** OR **No to Yes**)

**Electronic Document Consent - Niagara**

Projected Total Cost Per Paycheck  
\$0.00

**Coverage**

Select the coverage that you would like for this plan.

Coverage \*  Yes, I authorize Niagara to send me important benefit information via email

Search

Yes, I authorize Niagara to send me important benefit information via email

No, I would like to receive all benefit information through the US Mail at my home

9. Once you submit your response, click Review and Sign

**Electronic Document Consent**

Projected Total Cost Per Paycheck  
\$0.00

Additional Benefits

**REVIEWED**

**Electronic Document Consent**  
Niagara

Coverage Yes, I authorize Niagara to send me important benefit information via email

Manage

**Review and Sign** Save for Later

10. Scroll to the bottom of the page and review the Legal Acknowledgements and select ***I Accept***.
- a. Once the ***I Accept*** box is checked, click **Submit**

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 **30 days** 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 **30 days** 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 Niagara 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.

I Accept



11. Print your Confirmation Statement and store a copy on your computer
- a. Note: It is always recommended to print or save an electronic copy of your elections for future reference

**You've submitted your elections.**

**Thank you for completing your Benefit Elections.**

Select **PRINT** and save a copy of your **Confirmation Statement** to your computer.