Job Aid: Completing your New Hire Benefit Event



Document Name: Completing Your New Hire Benefit Event		
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Overview

This job aid will walk you through the steps of completing your New Hire Benefit event in Workday.

Procedure

[PART 1]

1. Open an internet browser like Firefox or Google Chrome and access Workday via Splash.

Home Headquarters Departments 🥆	✓ Team Member Tools ✓ IT Tools ✓	Safety Culture at Niagara N
Useful Tools	Benefits	Career Tools
Kronos Workforce Central	Niagara Benefits Site	Career Development
Kronos Workforce Dimensions	Niagara Family Fund	Workday Learning
The Niagara Glossary	Niagara Helpline	Niagara Internal Jobs
Master Control	Niagara Store	Employee Referral Program
Niagara Locations	Tuition Assistance	
Workday	Water Sale	
Business Card Request	Wellness Program- Virgin Pulse	
Oracle EBS		

2. From the Workday home page click on the Inbox icon located in the top ribbon then select your New Hire Benefit event.



Inbox			
Actions	Archive	Change Benefit Elections	
Viewing: All	Sort By: Newest	9 day(s) ago - Effective 03/27/2023	
Change Benefits for Life Ev 9 day(s) ago - Effective 03/3	5	Initiated On 03/27/2023	
J day(s) ago - Encouve os,	2172023	Submit Elections By 04/25/2023	
		Let's Get Started	

3. Click "Let's Get Started" when you are ready to select your plans. From that screen you can start selecting your healthcare elections. Hover over and select the "Enroll" button on the medical, dental, vision or GAP coverage you wish to select.

Enrollment Instructions			
Welcome to the Niagara Family! You can find information on your benefit plans at <u>www.niagarabenefits.com</u> .			
Things you should know BEFORE enrolling: 1. Before enrolling in a Cigna Medical Plan, spend time with ALEX! Alex will help you make the best choice for you & your family! 2. When you're ready, you must either choose a Cigna Medical Plan OR choose the Medical Opt Out plan if you intend to waive medical. You will receive an error on the last screen if you miss this step! 3. Add Life Insurance beneficiaries for your Basic Life & AD&D Plan. 4. Make a selection for Electronic Document Consent. You must enroll and then choose Yes or No. 5. When you have completed all other changes, choose REVIEW and SIGN. Review our updated Legal Terms. Select I ACCEPT and submit your elections.			
Health Care and Accounts			
Medical Waived	Medical Opt-Out Waived	Dental Waived	
Enroll	Enroll	Erroll	
OO Vision Waived	Critical Illness Qualifier Waived	Critical Illness Waived	
Enroll	Enroll	Enroll	

a. IMPORTANT: If you are <u>WAIVING</u> Niagara Medical, you must enroll in the *Medical Opt Out* plan and provide a reason. If you do not pick a medical plan, you will receive an error message on the last page of the enrollment process that requires you to restart.

	edical Opt-Out agara Water - California
Cost per payche	eck Included
Coverage	I'm eligible for coverage elsewhere at no cost to me (i.e. dependent on another group plan)
	Manage

b. Once you elect your benefit plan, select the plan and click "Add New Dependent" to add your dependents to your plan.

Dependents	
Add a new dependent or s	elect an existing dependent from the list below.
Coverage	* Employee
Plan cost per paycheck	¢
Add New Depende	ent (

4. Then it will ask you an option to use the dependent you are adding to your plan as "**Beneficiary**." Decide if the dependent will also be a Life Insurance beneficiary.

Add My Dependent From Enrollment
Use as Beneficiary
Dependent Verification
All new dependents must be verified for their relationship to you. Following your enrollment, you will be contacted by One Source Virtual (OSV) to provide proof of your dependent's relationship to you. That may be in the form of a Birth Certificate/Adoption paperwork and/or a Marriage Certificate. You must complete Dependent Verification within 30 days of your new benefit election. IMPORTANT: If you do not submit Dependent Verification documents by the deadline, your dependent's enrollment will be canceled.
General Instructions:
 Select the beneficiary box to add your dependent to the benefits coverage <u>and</u> as a Beneficiary for Life Insurance coverage. Click the "OK" button below to update dependent information on the following screen.
OK Cancel

- 5. On the next screen fill in all of the required fields.
 - a. Make sure you add an address for your dependent. (you can either use your existing address or enter a new address information below)
 - b. Under National ID, enter your dependent's SSN.

Add My Dependent From Enrollment		
Name	Personal Information	
Country * 🛛 × United States of America	Relationship * 📰	
Prefix	Date of Birth *	
First Name *	Age (empty)	
Middle Name	Gender * selectione *	
Middle Name	Full-time Student	
Last Name *	Student Status Start Date	
Suffix :=	Student Status End Date	
	Disabled	
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		
bàA		
Address	Phone & Email	
Address	Phone & Email	
Use Existing Address	Use Existing Phone	
Country * United States of America	Country Phone Code	United States of America (+1)
Address Line 1	Phone Number	(909) 518-3713
Address Line 2	Phone Extension	
	Email Address	
City		
State		
Postal Code		
County		

- 6. Once you have entered your dependent's demographic data, select the OK button.
 - a. You will then be redirected to the dependents page. Go ahead and click on the dependents you would like to include in your plan. Your dependent(s) will be listed to each line of coverage (Medical, Dental, Vision) so you would simply have to select the dependent(s) from the list and hit "save" for each plan.
- 7. If you elected the *Cigna HSA* medical plan, you have an option to select the annual or per paycheck amount that you want to contribute through Fidelity and click the save button to complete.

		When you elect HSA, changes to your
	Plans Available	contribution amount can be made at any
	Select a plan or Waive to opt out of HSA.	time via Workday by following steps 2-6
HSA HSA	1 item	and selecting "Health Savings Change."
Waived		denefity and monthly Company Contril 77
	Select :	Fidelity Health a fidelity Health fidelity Health
Enroll	O Waive 4	Account

a. If you want to opt out, select Waive.

HSA - Fidelity Health Savings Account		
Projected Total Cost Per Paycheck \$25.00		
Contribute		
Your estimated contributions made this year 0.00		
Per Paycheck 0.00		
Annual 0.00 Remaining Paychecks 16		
Maximum Annual Amount: \$3,600.00		
Summary		
Total Annual HSA Contribution \$0.00		
Save		

8. Your next options are *Flexible Spending Accounts* - Traditional FSA, Limited Purpose FSA or Dependent Care FSA.

FSA Health Waived	Limited FSA Waived
Enroll	Enroll
FSA Dependent Care Waived	When you elect FSA, you are required to remain enrolled for the duration of the Plan Year unless you experience a change
Enroll	in status.

- 9. The next page is in reference to your life and disability options. Select the Supplemental Life options you would like for yourself, spouse and child(ren).
 - a. NOTE: If selecting Supplemental Life for your Spouse or Child(ren) it is recommended that you select yourself as a beneficiary. Add yourself in the prompt by clicking the plus sign below "Primary Beneficiaries" → Add Beneficiaries → enter the percentage amount.

Basic Life Unum - with AD&D (Employee) Cost per paycheck Included	Supplemental Employee Life and AD&D Waived	Supplemental Spouse Life and AD&D Waived
Coverage \$25,000	Enroll	Enroll
Manage		
Supplemental Child Life and AD&D Waived	Short Term Disability Unum (Employee)	Long Term Disability Walved
	Cost per paycheck Included	
Enroll	Coverage 60% of Salary	Enroll

- 10. If you elect Supplemental Life coverage, please designate your beneficiaries. If you elected your previous dependents to be your beneficiaries select Beneficiary Persons. If you would like to have another person(s) outside your previously listed dependents select Create. You will be prompted to determine whether each of your beneficiaries are Primary or Contingent benefactors.
 - a. Note: if selecting multiple benefactors for one line of coverage the total benefit percentage must sum up to 100.

Benefic	ciaries			Add New Beneficiary or Trust
	isting or add a new beneficiary person or trust to this plan. You can r each beneficiary.	also adjust the pe	ercentage	Relationship * :=
*Primary B	eneficiaries 0 items		<u>⇒</u> ⊡ ∟	Use as Beneficiary
ÐĽ	Beneficiary	Percentage		Date of Birth MM/DD/YYYY
	No Data			Age (empty)
Secondary	Beneficiaries 0 items		⊽ ⊡ . '	Gender velect one v
+	Beneficiary	Percentage		Allow Duplicate Name
	No Data			Legal Name Contact Information National IDs Additional Government IDs Other IDs

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	≣⊡ ∟				
+	Beneficiary	Percentage				
$\overline{}$:=	100				
		· · · · · · · · · · · · · · · · · · ·				

- 11. Next up, Electronic Distribution Consent, Legal Shield and Pet Assure.
 - a. You must choose to **Elect** Electronic Distribution Consent, and then choose a Coverage. You can modify this choice anytime.

Additional Benefits	Electronic Document Consent		
	Projected Total Cost Per Paycheck		
Electronic Document Consent Niagara	Plans Available You must select a plan.		
Coverage Yes, I authorize Niagara to send me important benefit information via email	1 item *Selection Benefit Pla	Ξ ⊡ ι'	
Manage	Select Waive	* *	

b. Select enroll for the Legal Shield or Pet Assure coverages you want, if not, simply *skip*. After this step, click "**Review and Sign**" button at the very bottom to review your new benefits one last time.

Legal Assistance	Pet Discount Plan
Waived	Waived
Enroll	Enroll

12. Review all elections and verify accuracy. Select the *Cancel* button at the bottom to correct any mistakes.

Enrollment Instructions

Things to Know About Your Qualifying Life Event

Because Niagara offers pre-tax benefits, you are required to remain enrolled in your plans through the end of the Plan Year, unless you experience a Qualifying Life Event. The IRS requires you provide proof of the event before Niagara will finalize your request.

- 1. Proof of a Qualifying Event and/or New Dependent Verification is due within 30 days of submitting this event.
- 2. You may upload QLE Documentation to your event in the last step OR email to niagarabenefits@onesourcevirutal.com. Include your name and Team Member ID on all pages.
- Carefully review each benefit and add/drop dependents as you wish.
 Once you have submitted the event, review the coverage effective date.

- 13. If your elections are as you intend, scroll to the bottom of the page and review the Legal Acknowledgements. Select *I Accept.*
 - a. Note: we suggest that you print or save an electronic copy of your elections for future reference.
 - b. Select the I Accept button
 - c. At the bottom, select the Submit.

For more information on midyear changes, review <u>https://www.niagarabenefits.com/FT/changes.php</u>

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, 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.
- 14. Print your Confirmation Statement and store a copy on your computer.

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.

View 2021 Benefits Statement