

Job Aid: Completing your New Hire Benefit Event



Document Name: Completing Your New Hire Benefit Event		
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Date Revised: 11/29/2023	Revised by: Yarixza Gonzalez	

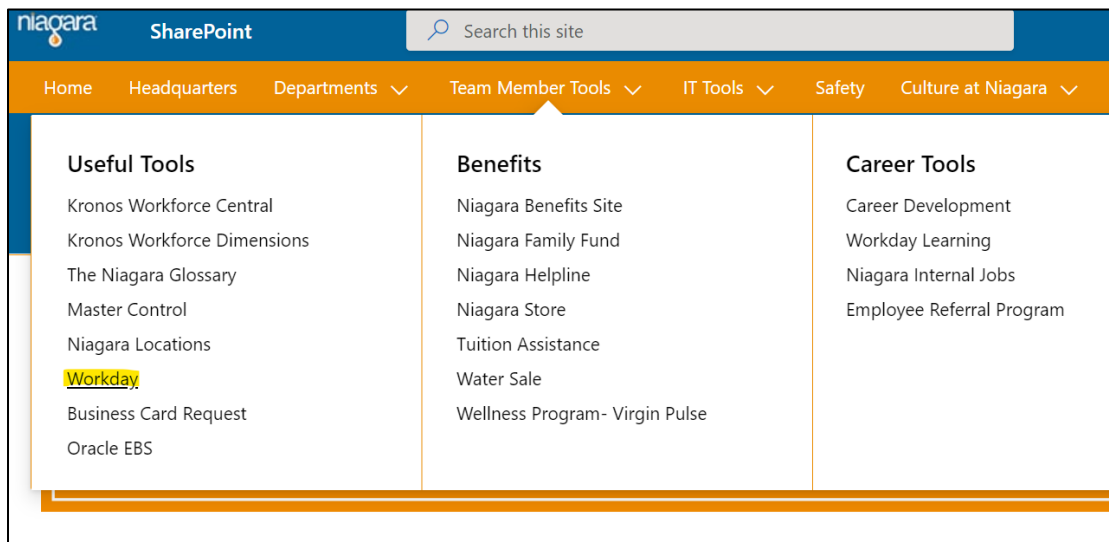
Overview

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

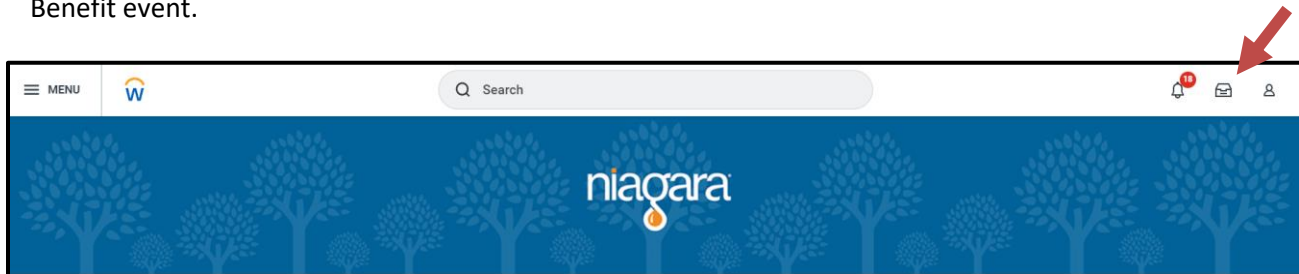
Procedure

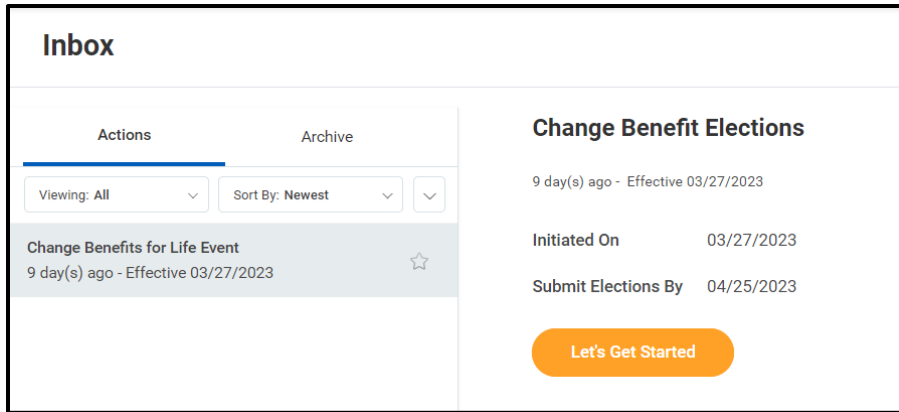
[PART 1]

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

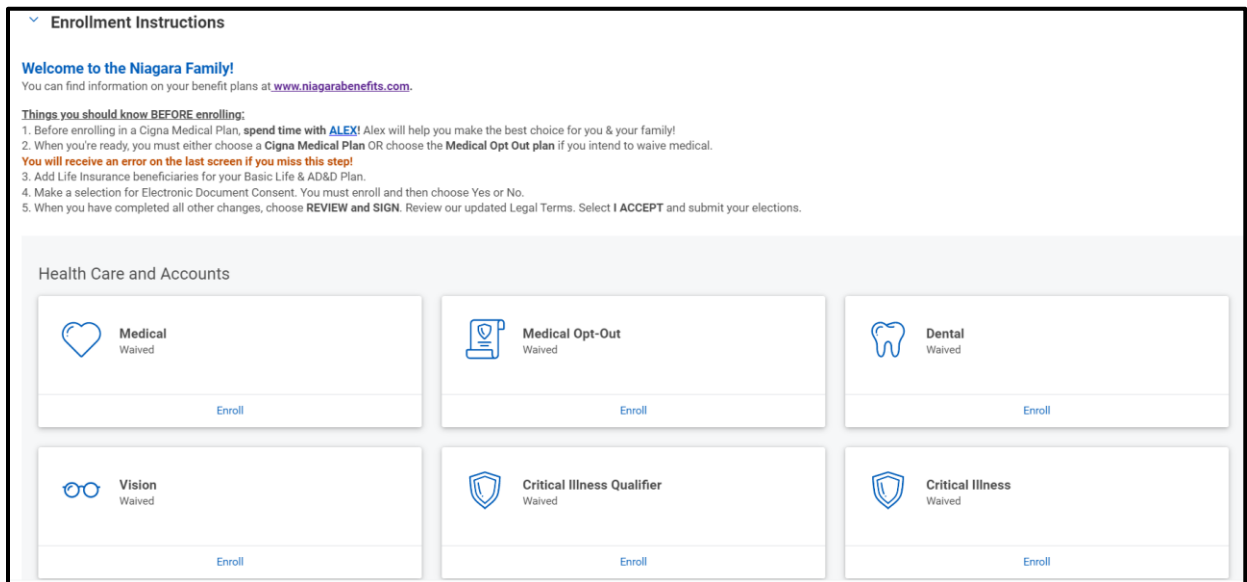


2. From the Workday home page click on the Inbox icon located in the top ribbon then select your New Hire Benefit event.

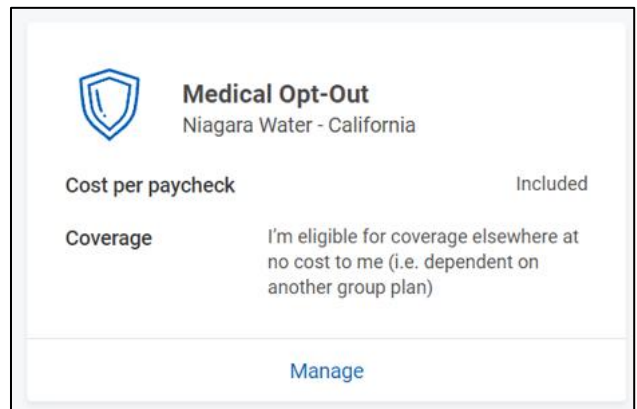




3. Click “Let’s Get Started” when you are ready to select your plans. From that screen you can start selecting your healthcare elections. Hover over and select the “Enroll” button on the medical, dental, vision or GAP coverage you wish to select.



- a. **IMPORTANT:** If you are **WAIVING** 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.**



- 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 select an existing dependent from the list below.

Coverage * Employee

Plan cost per paycheck

Add New Dependent

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 **cancelled**.

General Instructions:

- Select the beneficiary box to add your dependent to the benefits coverage and 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

Country * United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Allow Duplicate Name

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

Personal Information

Relationship *

Date of Birth * MM/DD/YYYY

Age (empty)

Gender * select one

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

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

Add

Address
Use Existing Address

Country * United States of America


Address Line 1
Address Line 2
City
State
Postal Code
County

Phone & Email
Use Existing Phone

Country Phone Code United States of America (+1)
Phone Number (909) 518-3713
Phone Extension
Email Address

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

 **HSA**
Waived

Enroll

Plans Available
Select a plan or Waive to opt out of HSA.

1 Item

*Selection	Benefit Details	Use Savings (per month)	Company Contribution
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Fidelity Health Savings Account		

When you elect HSA, changes to your contribution amount can be made at any time via Workday by following steps 2-6 and selecting “Health Savings Change.”

HSA - Fidelity Health Savings Account

Projected Total Cost Per Paycheck
\$25.00

Contribute

Your estimated contributions made this year 0.00

Per Paycheck

Annual Remaining Paychecks 16

Maximum Annual Amount: \$3,600.00

Summary

Total Annual HSA Contribution \$0.00

[Save](#) [Cancel](#)

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

FSA Health
Waived

[Enroll](#)

Limited FSA
Waived

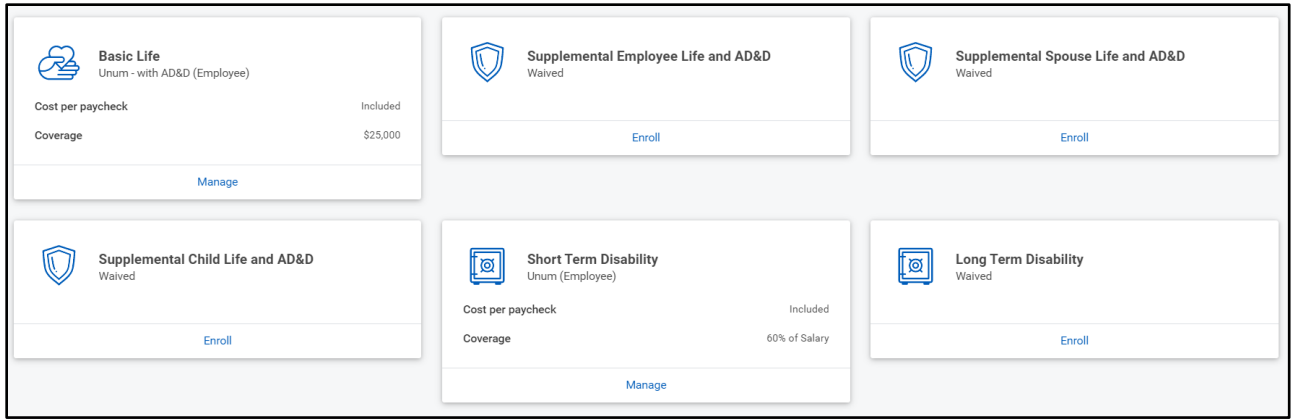
[Enroll](#)

FSA Dependent Care
Waived

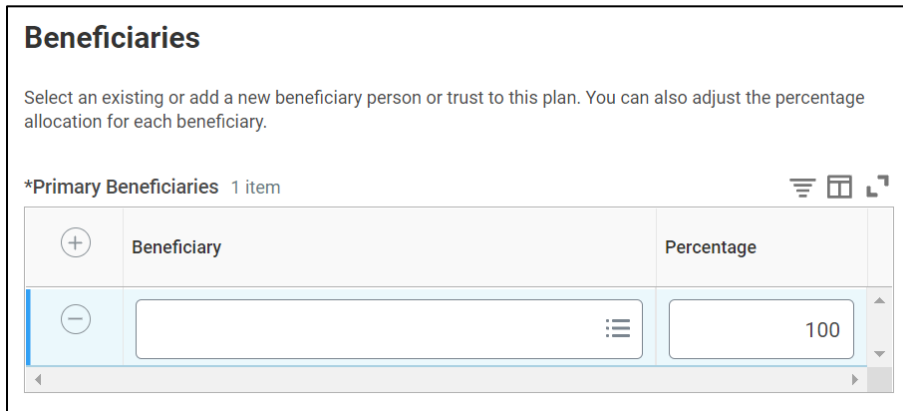
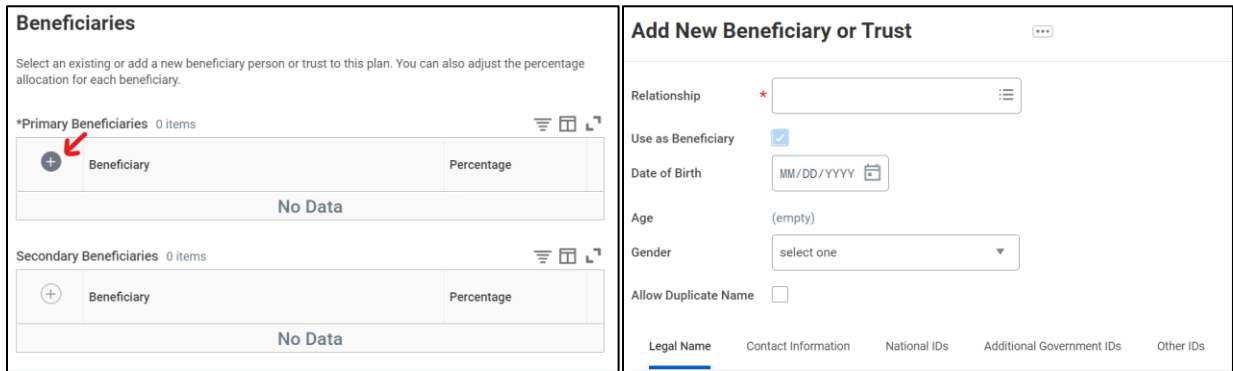
[Enroll](#)

When you elect FSA, you are required to remain enrolled for the duration of the Plan Year unless you experience a change 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.**




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.



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
Niagara

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

[Manage](#)

Electronic Document Consent

Projected Total Cost Per Paycheck


Plans Available

You must select a plan.

1 item


*Selection	Benefit Plan
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Niagara

- 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
Waived

[Enroll](#)



Pet Discount Plan
Waived

[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@onesourcevital.com. Include your name and Team Member ID on all pages.
3. Carefully review each benefit and add/drop dependents as you wish.
4. Once you have submitted the event, review the coverage effective date.

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

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**.

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.

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](#)