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Version 1
Effective Date: 05/01/2019
Approved By: Kristen Buff

Benefits Open Enrollment – Hawaii Office

To Be Completed By: **Hawaii Office
Employees**

Overview: This job aid contains the processes and best practices for **Benefits Open Enrollment – Hawaii Office Employees**.

Information Needed:

If adding beneficiaries or dependents, you must provide Social Security numbers, dates of birth, and addresses for those individuals.

Key Terms: [Click Here](#) to view a **glossary of key terms**.

- Open Enrollment Event - A type of enrollment event. This event controls the benefits open enrollment process. Unlike benefit event enrollment, which is triggered by a life event or job change, an open enrollment event applies to an entire employee population.
- Benefit Event - An event that gives you the opportunity to change your benefit elections. These include staffing and life events (such as getting married or having a child.)

References:

- BAYADA Benefits website: bayada.com/benefits

Keep in Mind:

- Please refer to the BAYADA Benefits website bayada.com/benefits for a comprehensive review of your coverage options prior to proceeding. This job aid provides you with the step-by-step process to enroll in BAYADA benefits. It does not cover benefit election/option details.
- Benefits vary between full-time and part-time office employees.
- If you miss enrollment, you must wait until the next open enrollment period or until you experience a benefit event, also known as a qualified life event (QLE), to make changes to your benefit elections.

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Procedures:

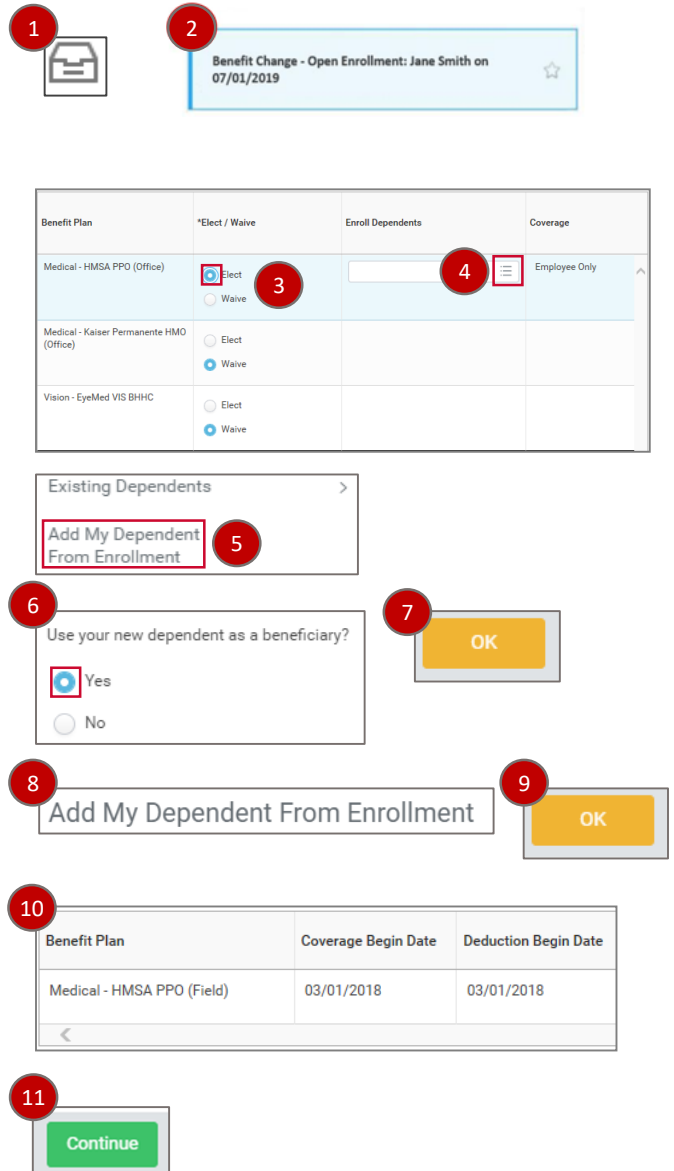
STOP Before completing this job aid, ensure you have reviewed the *Navigating Workday* job aid so you are comfortable navigating through Workday.

Benefits Enrollment (System Role = **Hawaii Office Employees**)

This process walks eligible office employees through the benefits open enrollment process.


- From the Workday home page, in the top right corner, select the **Inbox icon**.
 - Select the **Open Enrollment** task.
 - Select the radio button next to “Elect” for the **Health Care Elections** (Medical, Dental, Rx, Vision) you would like to enroll in. Dental coverage is bundled with the medical plan you select.
 - If covering dependents, use the **prompt icon** under **Enroll Dependents** column to create and add your dependents to your election.
 - Select **Add My Dependent From Enrollment**.
- NOTE:** If adding beneficiaries or dependents, you must provide Social Security numbers, dates of birth, and addresses for those individuals.
- If you would like your new dependent to be a beneficiary, select the radio button.
 - Click **OK** to proceed to the next step.
 - To add your dependent(s), complete all required fields designated by the asterisk* on the **Add My Dependent from Enrollment** screen.
 - Click **OK** once all required fields are completed.
 - Review coverage.
 - Click **Continue** when ready.

NOTE: If you add dependents, you must enter their Social Security number (SSN) or choose “Not Available” if you do not have access to their SSN at the time. You must follow up with the Benefits office to update the missing information.



1. Inbox icon

2. Benefit Change - Open Enrollment: Jane Smith on 07/01/2019

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - HMSA PPO (Office)	<input checked="" type="radio"/> Elect 3 <input type="radio"/> Waive	 4	Employee Only
Medical - Kaiser Permanente HMO (Office)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Vision - EyeMed VIS BHHC	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Existing Dependents >

5 Add My Dependent From Enrollment

6 Use your new dependent as a beneficiary?
☒ Yes
☐ No

7 OK

8 Add My Dependent From Enrollment

9 OK

Benefit Plan	Coverage Begin Date	Deduction Begin Date
Medical - HMSA PPO (Field)	03/01/2018	03/01/2018

10

11 Continue

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12. To enroll in a spending account, select the radio button next to the **Spending Account Elections** in which you would like to enroll.



NOTE: Flexible spending accounts are available to full-time employees only.

13. If you elect to enroll, enter how much you want to contribute for the total year – the field below auto-populates identifying how much will be deducted each paycheck automatically.
14. Click **Continue** when complete.
15. Elect to waive or participate in **Voluntary Life Insurance** under **Insurance Elections** by clicking on the radio button.
16. Use the **dropdown** to select your coverage level.



NOTE: Voluntary life insurance plans are available to full-time employees only.

17. Click **Continue**.



NOTE: Basic Life and Basic AD&D auto-populate for those that meet the requirement .

18. Click the **Add** icon to add **Beneficiary Designations** to your Insurance Benefit Plans.
19. Click the **prompt** icon to add an existing beneficiary or to create a new one.
20. Select **Primary** or **Contingent** along with the percentage distribution. The total needs to equal 100 percent.
21. Click **Continue**.
22. Review summary of your benefit elections.

Spending Account Elections			
Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Healthcare FSA - ConnectYourCare	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 0 How much do you want to contribute for the total year? \$0.00 How much do you want to contribute per paycheck (Weekly)? \$0.00	Minimum Contribution (Annual): \$100.00 Maximum Contribution (Annual): \$2,600.00
Dependent Care FSA - ConnectYourCare	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 0 How much do you want to contribute for the total year? \$0.00 How much do you want to contribute per paycheck (Weekly)? \$0.00	Minimum Contribution (Annual): \$100.00 Maximum Contribution (Annual): \$2,600.00

14

Continue

Insurance Elections - 4 items			
Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents
Voluntary Life - MetLife Office Plan (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	X \$300,000	

17

Continue

Beneficiary Designations			
Benefit Plan	Assign Beneficiary	*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life - MetLife Office Plan (Employee)	+	19	Primary Percentage: 0 Contingent Percentage: 0
Basic AD&D - MetLife Office Plan (Employee)	+		Primary Percentage: 0 Contingent Percentage: 0
Voluntary Life - MetLife Office Plan (Employee)	+		Primary Percentage: 0 Contingent Percentage: 0

21

Continue

22

Elected Coverages 7 items

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NOTE: To make changes to your benefit elections, click **Go Back**. The **Waived Coverage** section is collapsed. Click the **Pull Down** icon to see what you are waiving.

23. Read **Legal Notice**. If your benefit elections are correct, check the **I Agree** checkbox to provide an electronic signature confirming your selections.
24. Click **Submit**.
25. You may **Print** a copy for your records. Once completed, click **Done**.

☐ Waived Coverages

☐ Beneficiary Designations

23

Electronic Signature

Legal Notice: Please Read

I Agree

☐

24

Submit

25

Print

Done

END. This process is complete. Your enrollments will be effective July 1.

