

Introduction

With the exception of your voluntary retirement plan contributions, your benefit elections must remain unchanged until Open Enrollment, which occurs in February and is effective on April 1 of each year.

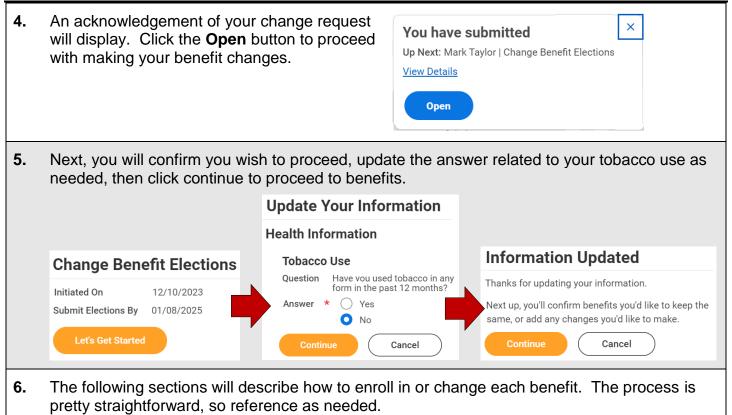
However, there are life events known as qualifying events, that are an exception to this rule and allow changes to be made to your benefits outside of Open Enrollment. These qualifying events are related to big changes in your life, such as the birth of a child, marriage, divorce, and a family member who becomes no longer eligible to participate in their own health insurance.

Follow these steps to make a change for a qualifying event. If you are unsure if what has occurred would be defined as a qualifying event or not, please contact Human Resources at <u>hr@willamette.edu</u>.

Getting Started

Menu home	ogging into Workday, click in the upper left corner of the page. From the resulting select Benefits .	Menu Apps Shortcuts Benefits and Pay
2. In the	Change section, click the Benefits	button.
	and Reports ment Elections Change Benefits	Change Retirement Savings My Tax Documents
3. Select	the reason for your change.	Change Benefits Mark Taylor •••
comm retirem occur	The beneficiary change, the uter contribution change, and the nent contribution change can at any time and are not dependent ualifying event occurring.	Change Reason * Beneficiary Change Birth / Adoption of Child Commuter Contribution Change
Enter	he date of the qualifying event.	
Click S	Submit.	Submit Save for Later Cancel







Make Changes to Health Care Elections

Medical and Dental Elections

The same method is used to enroll in or make changes to medical and dental plans.

1.	Click Manage or Enroll at the bottom of the Medical tile.	Medical Kaiser HMO Cost per paycheck \$32.53 Coverage Employee Only Manage
2.	Click the Select radio button next to the plan you wish to enroll in. In this example, the Kaiser HMO button is selected. Click Confirm and Continue .	Medical Projected Total Cost Per Paycheck Projected Total Credits \$0.00 \$0.00 Dans Available Select a plan or Walve to opt out of Medical. The displayed cost of walved plans assumes coverage for Employee Only. 2 items The first interval of the interva
3.	Your cost per paycheck for enrolling in the plan will display. If you wish to add dependents to the plan, click Add New Dependents and follow the instructions later in this guide. When you are done, click Save .	Medical - Kaiser HMO Projected Total Cost Per Paycheck Projected Total Credits \$0.00 \$0.00 Dependents \$ Add a new dependent or select an existing dependent from the list below. Coverage * Employee Only Plan cost per paycheck \$ Add New Dependent \$ Save Cancel
4.	You will receive a confirmation that your changes have been updated.	Your Medical changes have been updated, but not submitted Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.



Flexible Spending Account Elections

These instructions demonstrate enrollment in the Healthcare Flexible Spending account, but the same process is used for Dependent Care enrollment. The Mass Transit Flex can be joined at any time during the year and is therefore not included here.

1.	Locate the Healthcare FSA tile and click Enroll .	Heal Waive	_				
			Enroll				
2.	On the following screen, click the Select and then the	the Select and then the					
	Confirm and Continue button.	\$	St Fel Faycheck	\$0.00	ed Total Credits		
		Plans Availab					
		Select a plan or Waive 1 item	to opt out of Healthc	are FSA.		≣⊡ ⊾'	
		*Selection E	Benefit Plan	You Contribute (Monthly)	Company Contribution (Monthly)	Plan Details	
		Select 🕖 Waive	TASC 2022 OE (NS)			Flexible Spending A	
		Confirm and	Continue	Cance	1		
3.	You may enter either a per payche Entering either input area will pop example, \$1,000 was entered as t	ulate the otl	her and pr		5		
	Healthcare FSA - TASC 2022 OE (NS)	Healtho	are FS	A - TASC 2022 OE	E (NS)	
	Projected Total Cost Per Paycheck Projected Total Cr \$ \$0.00	edits	Projected Tot \$	al Cost Per	Paycheck Projected Total \$0.00	Credits	
	Contribute		Contribut	e			
	Per Paycheck 83.33 Annual 1,000	0.00	Per Paycheck	0.00	Annual	0.00	
	Total Paychecks 12		Total Payched	cks 12			
	Minimum Annual Amount: \$49.92 Maximum Annual Amount: \$ 2,850.00		Minimum Annu Maximum Annu				
	Summary		Summary		2,000100		
	Total Annual Contribution \$1,000.00		Total Annual	·	n \$0.00		
4.	Click Save at the bottom of the sc	reen after y	our select	tion is	made. Save		
5.	When finished you will receive a confirmation of your choice.		updated, b	out not sub odate another p	olan, or click Review and Sign once		



Change Insurance and Retirement Elections

Willamette Sponsored Benefits

Basic Life, Accidental Death & Dismemberment (AD&D) Insurance, and Long-Term Disability benefits are provided by Willamette to employees working 75% of a full-time schedule (30 hours a week). You may view, but not make changes to these plans.

Basic Life Guardian (Employee)	\bigcirc	Basic Accidental Death and Dismo Guardian (Employee)	emberment (AD&D)	\bigcirc	Long Term Disability (LTD) Guardian (Employee)		
Cost per paycheck Included	Cost per	paycheck	Included	Cost per p	aycheck	Included	
Coverage 2 X Salary	Coverage	2	2 X Salary	Coverage		60% of Salary	
Manage		Manage			Manage		

Voluntary Supplemental Life and AD&D Insurance

The directions below show how to add Supplemental Life and AD&D Insurance for yourself, but the same directions apply to adding these benefits for your spouse and children.

1.	Click Manage or Enroll or Supplementary Life tile.	n the	Wai	pplemental Life ved Enroll				
2.	Click the Select button an Confirm and Continue .	d then	S Plans Avail Select a plan or Wa I item *Selection Select Waive 4	Cost Per Paycheck Pro \$0.1 able ive to opt out of Supplemental L Benefit Plan Guardian (Employee)	Company Contribution (M	lonthly)	문 대 L ¹ Plan Details Life & Disability	
3.	Click the list icon on the right-hand side of the Coverage box. A list of coverage amounts will appear. Select the amount of coverage you wish to have. In this example, \$100,00 is chosen.	Supplementa Projected Total Cost F \$ Coverage Calculated Coverage Coverage Plan cost per payche	Per Paycheck Proj \$0.0	dian (Employee) ected Total Credits 00	Coverage *	\$4 \$5 \$6 \$7 \$8 \$8 \$9 \$1	10,000 20,000 30,000 40,000 50,000 50,000 70,000	



Change Benefit Elections

4.	If you have not entered beneficies for this benefit, do so in the following section. When done,		ciaries isting or add a new beneficiary person or trust to this plan. You can also adjust neficiaries 0 items	the percentage allocation for each beneficiary. =				
	click Save and you will receive a	+	Beneficiary	Percentage				
	confirmation message that your	No Data						
	changes were successful.	Secondary	Beneficiaries 0 items					
	<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	(+)	Beneficiary	Percentage				
		Save Cancel						

- 5. The Supplemental Life and AD&D Insurance are bundled, so it will also be necessary to add Supplemental AD&D. The process is the same as adding Supplemental Life.
 - Click Manage or Enroll on the Supplemental Life tile.
 - Select the coverage amount desired from the drop down list.
 - Add beneficiaries as needed.
 - Click Save.

Critical Illness

Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. To find more information about this benefit, click <u>here</u>, and scroll down to Guardian Accident and Critical Illness section. The process for signing up for Critical Illness is similar to Supplemental Life Insurance.

1.	Click Enroll to join the benefit or Manage to make changes.	Critic Waived	al Illness i Enroll			
2.	Click Select for each level of benefit you wish to elect. In this example, both employee and spouse are selected. Click Save and Continue when done.	Critical Illness Projected Total Cost Pers Plans Available Select a plan or Waive to op 2 items *Selection Select Waive Select Waive	rr Paycheck Projecte \$0.00 tot out of Critical Illness. Benefit Plan Guardian (Employee) Guardian (Spouse)	d Total Credits You Pay (Monthly)	Company Contribution (Monthly)	

workday.

Change Benefit Elections

3. On the following screen, select the amount of coverage for yourself by clicking the menu icon in the Coverage field, selecting the amount, and then clicking **Save**. Repeat selecting a coverage amount for your spouse, clicking the **Add New Dependent** button to add your spouse, and then clicking **Save**.

\$0.00	\$ \$0.00
Coverage	Coverage
alculated Coverage	Coverage * Search
toverage * Search	\$2,500
lan cost per paycheck	Depende s5,000
\$10,000	Add a new dep \$7,500 elow.
Insurance Inst\$15,000	\$10,000
Provider Website Life & Disability	Add New Dependent
Save Cancel	Save Cancel

Additional Benefits

Willamette Sponsored Benefits

Additiona	l Benefits			
\bigcirc	Employee Assistance Program Canopy		Travel Accident ACE	
Cost per pa	aycheck	Included	Cost per paycheck	Included
	Manage		Manage	

Willamette provides an Employee Assistance Program (EAP) and Travel Accident Insurance to employees at no cost. These plans are automatically populated with your plan information. You may view, but not make changes to these plans.

Legal Shield/ID Shield

Legal Shield and ID Shield provide additional personal protection with legal and financial concerns as well as identity theft protection. You can opt to join one or the other or choose to have them bundled together. These instructions show you how to join the bundled program.

 Click Enroll in the Legal/IDShield Bundle tile. 	Legal/IDShield Bundle Waived
	Enroll



Change Benefit Elections

2. Click **Select** and then **Confirm and Continue**. On the following screen, select whether you are covering yourself only or if you wish to cover yourself and your family.

•	Shield Bu				Legal/IDShield Bundle - Legal Shield					
Projected Total \$	Cost Per Paych	eck Projected \$0.00	Total Credits		Pre	ojected Total Cost F	Per Pay	check	Projected Tota	Credit:
Plans Avail	able				\$				\$0.00	
Select a plan or Wa 1 item	iive to opt out of L	.egal/IDShield Bundle		≣ 🗆 L1	С	overage				
*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)	Plan Details	Se	elect the coverage that y	you wou	ld like for t	his plan.	
Select	Legal Shield			Prepaid Legal	c	overage	*	Search		:3
4		_		•				C Emp	loyee Only	
Confirm a	nd Continue	Cancel			Р	lan cost per payche	CK	🔵 Fam	ily	

Accident Insurance

Accident Insurance can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments, and childcare, which can begin to pile up if you have to take some time off from work due to an accident. For more information about this benefit, click <u>here</u>.

1.	Click Enroll in the Accident tile.	Accident Waived						
2.	Click Select , then click Confirm and Continue button in the coverage field and select the leve Save .	el of coverage from the drop-down menu. Click						
		Accident - Guardian						
		Projected Total Cost Per PaycheckProjected Total Credits\$\$0.00						
	Accident	Coverage						
	Projected Total Cost Per Paycheck Projected Total Credits \$0.00	Select the coverage that you would like for this plan.						
	Plans Available Select a plan or Waive to opt out of Accident.	Coverage * Search :						
	*Selection Benefit Plan You Pay (Monthly) Company Contribution (Monthly) Select Guardian Guardian Waive Guardian Confirm and Continue Cancel	Plan cost per paycheck Employee + Spouse Employee + Child Family						
3.	You will receive a confirmation message indica	ating you are done.						



Finalize Benefit Selections

- 1. Once you made your benefit selections, go to the bottom of the screen that displays the benefit tiles. If you are ready to finalize your selections, click **Review** and Sign. If you wish to stop and come back later to complete your benefit elections, click **Save for Later**. This will create a reminder task in your Workday inbox to complete the process.
- After clicking **Review and Sign**, you will be presented with the total cost of your benefits, the plans you have selected, and coverage details associated with each plan.

Projected Total Co		ojected Total Credits .00				
Indicate your agr Selected Benefits		ons via the electronic sig	nature check box at the	e very bottom of	the page!	≣⊡.
Plan	Coverage Begin I	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Kaiser HMO	02/01/2022	02/01/2022	Employee Only			\$ 34.16
Dental Kaiser DHMO	04/01/2022	04/01/2022	Employee Only			\$6.37
Healthcare FSA TASC 2022 OE (NS	04/01/2022	04/01/2022	\$1,000.00 Annual			\$83.33
have waived share.	, messages reg	urrent elections, arding any furth ur elections and	er action need	led, and a	summary of y	
have waived share. If you are sa your Open I select the	, messages reg atisfied with yo Enrollment, scro	arding any furth ur elections and oll down to the l ing through th	er action need are ready to Accept chec	ded, and a complete ckbox and	•	
have waived share. If you are sa your Open I select the message. C	, messages reg atisfied with yo Enrollment, scro box after reac ick the Submit	arding any furth ur elections and oll down to the l ing through th button.	er action need are ready to Accept chect e Electronic	ded, and a complete ckbox and	Summary of y	/our total cos
have waived share. If you are sa your Open I select the message. C You will rece submission	, messages reg atisfied with yo Enrollment, scro box after read	arding any furth ur elections and oll down to the l ing through the button. ion of Done to	er action need are ready to Accept chect e Electronic	ded, and a complete ckbox and Signature your elections.	Summary of y	/our total co
have waived share. If you are sa your Open I select the message. C You will rece submission	, messages reg atisfied with yo Enrollment, scro box after read ick the Submit vive a confirmat message. Click	arding any furth ur elections and oll down to the l ing through the button. ion of Done to	er action need are ready to Accept check e Electronic	ded, and a complete ckbox and Signature your elections. effect through the end ife event and choose to 04/01/2022	Summary of y	/our total co