OPEN ENROLLMENT STEPS

Once a year, open enrollment allows you to update your benefit elections. During this period, you will receive a task in your Inbox. Based on your organization’s configuration, approvals may be necessary to complete this task. Review this job aid for steps on completing your open enrollment.

SELECT YOUR BENEFITS

From your Home page:

1. Click the **Inbox 📫** icon.
2. Click the **Open Enrollment Change** task.
3. Click **Let’s Get Started**.
4. Click **Manage** to update your medical elections. Click **Enroll** if you are not currently enrolled in a plan.

5. Choose **Select** or **Waive** for each Medical election. Your current elections default.
6. Modify your coverage, if needed.
7. Click **Confirm and Continue**.

ADD DEPENDENTS

If you select or modify a benefit plan during open enrollment, you can also add dependents.
Benefits: Navigate Open Enrollment for Desktop

Employee

After clicking **Confirm and Continue** in the previous step:

1. If a dependent already exists, they are selected automatically.

## Dependents

Add a new dependent or select an existing dependent from the list below.

- **Coverage**: EE + 1 Dependent
- **Plan cost (Monthly)**: $186.00

![Add New Dependent button]

<table>
<thead>
<tr>
<th>Select</th>
<th>Dependent</th>
<th>Relationship</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jianyu Liu</td>
<td>Spouse</td>
<td>02/18/1959</td>
</tr>
</tbody>
</table>

2. Click the **Add New Dependent** button to add a new dependent. Complete all required information.

### MODIFY DEPENDENTS

From the Dependents section for medical elections:

1. Select the **checkbox** next to the name of your dependents.
2. Click **Save**.
Medical - Blue Cross Blue Shield HMO

<table>
<thead>
<tr>
<th>Projected Total Cost (Monthly) $194.19</th>
</tr>
</thead>
</table>

### Dependents

Designate the Provider ID (Primary Care Physician) for any covered dependents based on your health care elections. Select the Provider website link to find the doctor's Provider ID.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan cost (Monthly)</td>
<td>$194.19</td>
</tr>
</tbody>
</table>

### Health Care Instructions

**Provider Website**  Blue Cross Blue Shield of MA

#### General Instructions

- Please make your benefit selections.
- If you do not make a change to this benefit election, your current election will carry over through the next plan year.
- Once you have made all of your elections please ensure to click "Review and Sign" on the Open Enrollment home screen to finalize all of your elections.

**Please note:**

- All open enrollment elections will be effective July 1, 2021.
- You will be asked to supply a Social Security Number for all of your dependents, please have that information available.

### Your Provider ID

Designate the Provider ID (Primary Care Physician) for yourself based on your health care elections. Select the Provider website link to find your doctor's Provider ID.
ENSURE TO DESIGNATE LIFE INSURANCE BENEFICIARIES

If your life insurance plan requires beneficiaries, the option to add primary and secondary beneficiaries will appear. This means that you must designate one or more beneficiaries for each plan.

From the Beneficiaries section:

1. Click **Manage** in the Group Term Life box
2. Click Confirm and Continue and review your beneficiaries on the next screen. If you need to add/change a beneficiary please see below instructions.
3. Click the **Add Row** icon to add a beneficiary.
4. Click the **prompt** icon in the Beneficiary field to select from a list of existing beneficiaries. Or, select **Add New Beneficiary or Trust** to add a new beneficiary. To remove a beneficiary, click the **Remove Row** icon next to that beneficiary.
Benefits:  
Navigate Open Enrollment for Desktop

5. Enter the percentage of benefits for each beneficiary in the Percentage column.
6. Click Save.

ADD ADDITIONAL BENEFITS IN THE VOLUNTARY LIFE AND ADD SECTION, SPOUSE LIFE AND/OR CHILD LIFE

The these sections are where you can elect optional life coverage at an additional cost.

From the Additional Benefits section:

1. Click Manage or Enroll for each additional benefit you would like to enroll in.
2. Click Select or Waive and then Confirm and Continue at bottom of page
3. If new electing coverage or increasing/decreasing coverage, ensure to enter a Coverage Amount at the top of the page
4. Review your elections for accuracy and update any Beneficiaries as needed
Drop files here

Select files

Electronic Signature

- I hereby apply for myself and any dependents listed on this Election Form for the coverage indicated. I understand that submission of additional documentation is required before processing applications for coverage indicated above (if any). I also understand I may get follow-up Workday items for further documentation that may be required.
- I understand that coverage is subject to the exclusions and all other provisions contained in the benefit plan.
- I agree to pay the current and future premiums for the benefits I have elected to participate in, as long as I remain in a benefits-eligible position and authorize deductions (as applicable) from my pay. If I choose to participate in the Health Care or Dependent Care Flexible Spending Accounts, I understand that any money left in my account(s) at the end of the plan year will be forfeited into the Plan(s).
- I have read this Election Form, Summary of Benefits provided to me and made available on the Benefits & Payroll intranet, and coverage-related information for the benefits I am electing.
- I understand that these elections cannot be changed until the next open enrollment period unless I experience a qualifying life event, as defined by the IRS and allowed under the plan.
- Information provided on this form will be shared with the respective benefit provider including my address, phone number and e-mail contact information, which may be used for outreach by the vendor.

1. Click the Review and Sign button once completed.

COMPLETE YOUR ENROLLMENT

1. Select the I Accept checkbox to confirm your electronic signature, if required.

2. Click Submit. A confirmation page displays.

3. Click Done to complete the task. Optionally, click the View 2021 Benefits Statement button to view the benefits statement.

4. Click Print to generate a PDF version for your records.