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# 2024 NEW HIRE BENEFITS ENROLLMENT INSTRUCTIONS



For Internal Circulation Only

2/14/2024

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# Inbox Message in Workday

Click on icon



# Retrieve Message in Inbox; click on "Let's Get Started"

**CYIENT** Search

## Inbox

Actions Archive

Viewing: Favorites Sort By: Newest

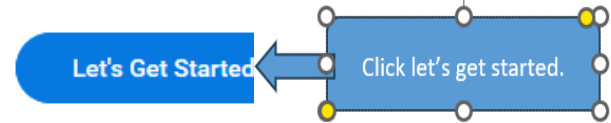
**New Hire** Change: [redacted] on 01/01/2021  
8 hour(s) ago - Due 01/03/2021; Effective 01/01/2021

## Change Benefits for **New Hire**

8 hour(s) ago - Due 01/03/2021; Effective 01/01/2021

**New Hire**  
Open Enrollment - US 10/23/2020-10/28/2020










Choose new plans or re-enroll in the plans you currently have.



# Enroll or Waive health care & HSA and FSA

## Under Health Care and Accounts update benefits .

Health Care and Accounts

 <b>Medical-US</b> United Healthcare HDHP Accent Plans - 100/80 Cost per paycheck \$94.57 Coverage Family Dependents 2 <a href="#">Manage</a>	 <b>Medical Tobacco Surcharge-US</b> Cylent Cost per paycheck Included Coverage Yes - I have been tobacco free for 60 days <a href="#">Manage</a>	 <b>Dental-US</b> Waived <a href="#">Enroll</a>
 <b>Vision-US</b> Waived <a href="#">Enroll</a>	 <b>Voluntary Accident-US</b> Waived <a href="#">Enroll</a>	 <b>Voluntary Critical Illness-US</b> Waived <a href="#">Enroll</a>
 <b>HSA-US</b> Fidelity Contribution per paycheck \$150.00 <a href="#">Manage</a>	 <b>FSA Healthcare-US</b> Waived <a href="#">Enroll</a>	 <b>FSA Dependent Care-US</b> Waived <a href="#">Enroll</a>

# Enroll or Waive Medical Insurance

## Medical-US

Projected Total Cost Per Paycheck  
\$244.57

### Plans Available

Select a plan or Waive to opt out of Medical-US. The displayed cost of waived plans assumes coverage for Family.

3 items

Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
United Healthcare HDHP Accent Plans - 100/80	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$94.57	\$624.04
United Healthcare HDHP Encore Plans - 80/60	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$179.77	\$615.03
United Healthcare POS UHC Horizon PPO Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$310.12	\$617.64

Select confirm and continue to make the change.

## On the Coverage select : Employee , Employee & Children, Employee & Spouse, or Family

### Medical-US - United Healthcare HDHP Accent Plans - 100/80

Projected Total Cost Per Paycheck  
\$244.57

#### Dependents

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

Coverage \*  Family ...

Plan cost per paycheck  Employee  
 Employee + Children  
 Employee + Spouse

2 items

Select	De	Relationship	Date of Birth
<input checked="" type="radio"/>	Family	...	

**If electing coverage as Employee & Children, Employee & Spouse, or Family, select add my dependent from enrollment.**

#### Add My Dependent From Enrollment

Instructional Text  
Click OK to add dependents.

OK

Cancel

# Add a Dependent

Enter personal details of the dependent.  
The Country must be listed as the United States of America.

## Add My Dependent From Enrollment

### Name

Country \*

Prefix \*

First Name \*

Middle Name

Last Name \*

Suffix


**The Country MUST be selected as United States of America**

**Add the appropriate Prefix for Dependent - examples are Mrs for married female, Miss for female daughter, Mr for son or husband**

**Make sure to add a First and Last Name**

### Personal Information

Relationship \*

Date of Birth \*  

Age (empty)

Gender \*

Citizenship Status

Full-time Student

Student Status Start Date

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.

# Tobacco Surcharge: Must click on Select if enrolling in a medical plan

Medical Tobacco Surcharge-US  
Cylent

Cost per paycheck Included

Coverage Yes - I have been tobacco free for 60 days

Manage

Click Select

Medical Tobacco Surcharge-US

Projected Total Cost Per Paycheck  
\$244.57

Plans Available

Select a plan or 'None' to opt out of Medical Tobacco Surcharge/US.

Plan	Selection	You Pay (\$/week)	Company Contribution (\$/week)
Cylent	<input checked="" type="radio"/> Select <input type="radio"/> None	Included	\$0.00

## Medical Tobacco Surcharge-US - Cylent

Projected Total Cost Per Paycheck  
\$244.57

Coverage  Yes - I have been tobacco free for 60 days

Plan cost per paycheck  Yes - I have been tobacco free for 60 days

No - I have not been tobacco free for 60 days

Choose YES if you don't use tobacco/or did not use in the past 60 days.  
Choose No if you use tobacco.

Click Save



# Health Savings Account: Fidelity works with Accent & Encore plans

## HSA-US

### Plans Available

Select a plan or Waive to opt out of HSA-US.

2 items

*Selection	Benefit Plan	You Contribute (BI-weekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Fidelity	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Fidelity Catch Up	

Confirm and Continue

Cancel

## HSA-US - Fidelity

Projected Total Cost Per Paycheck  
\$212.14

### Contribute

Per Paycheck

50.00

Annual

1,300.00

Total Paychecks 26

Maximum Annual Amount: \$8,299.00

### Summary

Annual Company Contribution \$775.00

Total Annual HSA Contribution \$2,075.00

# Flexible spending account- Works with Horizon plan

## FSA Healthcare-US

Projected Total Cost Per Paycheck  
\$131.55

### Plans Available

Select a plan or Waive to opt out of FSA Healthcare-US.

1 item

Benefit Plan	*Selection	You Contribute (Bi-weekly)	Company Contribution (Bi-weekly)
Flores	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

### Spending Account Instructions

#### Important Information

You can select either of the following plans, but not both: HSA-US - Fidelity or FSA Healthcare-US - Flores. When you select one of the plans, Workday automatically waives any other plans.

## FSA Healthcare-US - Flores

Projected Total Cost Per Paycheck  
\$131.55

### Contribute

Per Paycheck  Annual  Total Paychecks 26

Maximum Annual Amount: \$3,199.00

### Summary

Total Annual Contribution \$0.00

If electing Voluntary Life insurance as a New Hire, Evidence of Insurability (EOI) will be required if you elect an amount over \$150,000 for yourself or 25,000 for your spouse. EOI is not required for child life coverage.

### > Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 10 Items



Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Bi-weekly)	Employer Contribution (Bi-weekly)
Basic Life-US - Cigna (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$50,000		\$50,000.00		\$2.31
Basic AD&D-US - Cigna (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$50,000		\$50,000.00		\$0.46
Short Term Disability-US - Cigna (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	60% of Salary				\$0.92
Long Term Disability-US - Cigna (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	50% of Salary				

# Basic Life Insurance & Basic AD&D

Basic Life-US		Basic AD&D-US	
New York Life Group Benefits (Employee)		New York Life Group Benefits (Employee)	
Cost per paycheck	Included	Cost per paycheck	Included
Coverage	\$50,000	Coverage	\$50,000
<a href="#">Manage</a>		<a href="#">Manage</a>	

# Add beneficiary for Basic life and Basic AD&D

## Basic Life-US - New York Life Group Benefits (Employee)

Projected Total Cost Per Paycheck  
\$146.21

### Coverage

Calculated Coverage \$50,000.00

Coverage \$50,000

Plan cost per paycheck Included

### 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 Beneficiaries 0 items

+	Beneficiary	Percentage	
No Data			

Secondary Beneficiaries 0 items

+	Beneficiary	Percentage	
No Data			

# Add /Assign your beneficiary in this section

## Coverage

Calculated Coverage \$50,000.00

Coverage \$50,000

Plan cost per paycheck Included

## 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 Beneficiaries 1 item

+	Beneficiary	Percentage
-	<input type="text"/>	<input type="text" value="0"/>

Click on the + to add your beneficiary.

Add percentage.

Secondary Beneficiaries 1 item

+	Beneficiary	Percentage
-	<input type="text"/>	<input type="text" value="0"/>

# Short Term & Long-Term Disability –No changes necessary

The screenshot displays two benefit cards. The top card is for 'Short Term Disability-US' under 'New York Life Group Benefits (Employee)'. It lists 'Cost per paycheck' as 'Included' and 'Coverage' as '50% of Salary'. A 'Manage' link is at the bottom. The bottom card is for 'Long Term Disability-US' under the same group. It lists 'Cost per paycheck' as 'Included' and 'Coverage' as '50% of Salary'. A 'Manage' link is also at the bottom.

Benefit Name	Cost per paycheck	Coverage
Short Term Disability-US New York Life Group Benefits (Employee)	Included	50% of Salary
Long Term Disability-US New York Life Group Benefits (Employee)	Included	50% of Salary

## To complete enrollment: click “I Accept” and submit button

### Electronic Signature

By selecting “I Agree” below, you agree to the following:

-I am eligible to open a health savings account. I am a U.S. citizen or tax resident with a valid U.S. street address, and I am of legal age to enter into an agreement in my state of residence. I request to open a new Fidelity HSA® with Fidelity Brokerage Services LLC (“Fidelity”) for which Fidelity Personal Trust Company, FSB will serve as custodian. I understand that this request will be processed as soon as administratively feasible upon Fidelity’s receipt of required information. A Fidelity HSA opened through this Simple HSA Service will accept contributions and allow me to request distributions, but will otherwise be restricted, including the ability to place trades, designate beneficiaries, and indicate my communication preferences, until I go to Fidelity’s website and provide additional information that is accepted by Fidelity. I agree to promptly go to Fidelity’s NetBenefits website to provide additional information and activate other account features upon receiving Fidelity’s confirmation that my account was established. If I already have a Fidelity HSA or open a full service Fidelity HSA right away, notwithstanding my election below, my request to open a Fidelity HSA through this Simple HSA Service shall be disregarded. I authorize my employer to disclose information about me to Fidelity as needed to open my account. I have provided my employer with current and accurate information about me and agree to promptly update Fidelity with changes thereto. Fidelity may communicate with me based on this information, including electronically such as to my employer email address.

-I can access, retain, have read, understand and agree to be bound by these terms and the Fidelity HSA Documents, the Electronic Delivery Agreement and the Terms and Conditions. I have internet access and a web-browser that is Java-script enabled. I can access documents provided in HyperText Markup Language (HTML), Portable Document Format (PDF) or other compatible formats. If I do not have the ability to access or retain these documents, or do not consent to receive them electronically, I will contact Fidelity at 800-544-3716 for a free paper copy. By proceeding I confirm my device is equipped to access these documents.

-My name, legal address, date of birth, and government issued identification number are required by federal law to verify my identity. Fidelity may not open, or may restrict and/or close my Fidelity HSA if it cannot obtain and verify information to confirm my identity. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if my account is restricted or closed.

-I agree to notify Fidelity if I am employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA) or a municipal securities dealer. Absent such notice from me, I represent and warrant to Fidelity that this does not apply. If I am so affiliated, I understand that Fidelity must obtain consent and report my trading activity and other account data to my employer or other affiliated company. I understand that my account will continue to be restricted until such consent is received by Fidelity.

-I agree to notify Fidelity if I am, or an immediate family/household member is, a director, corporate officer, or 10% shareholder of a publicly held company or a control person of a public traded company under SEC Rule 144. Absent such notice from me, I represent and warrant to Fidelity that this does not apply.

-Contributions to my Fidelity HSA will be deposited into the FDIC-insured Deposit Sweep position at one or more Program Banks assigned to this account from the HSA Program Bank List provided in the Fidelity HSA Documents above, and such Program Banks may change between the time I request this account and the HSA is actually opened.

-I acknowledge that the Fidelity HSA is governed by a pre-dispute arbitration clause, which appears on the last page of the HSA Brokerage Customer Agreement in the Fidelity HSA Documents accessible above, and which I represent having read and agreed to.

I Accept

Submit

Save for Later

Cancel

**If you decide you don’t want your H.S.A with Fidelity, you will have to click on Cancel and go back to “manage” H.S.A and click on Waive in order to submit your benefit enrollments.**

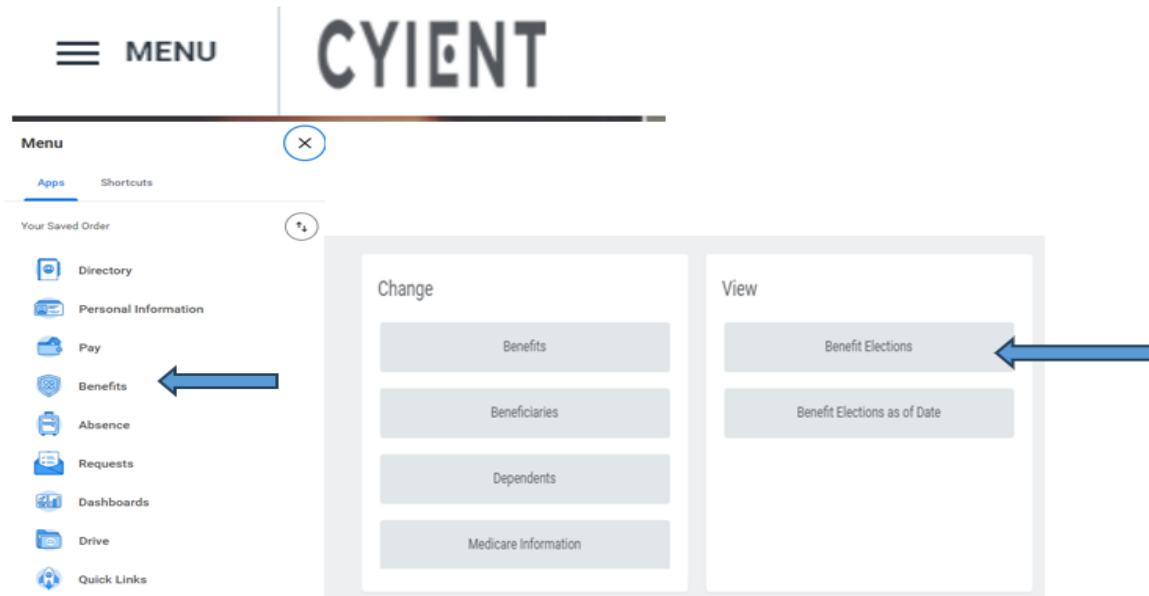


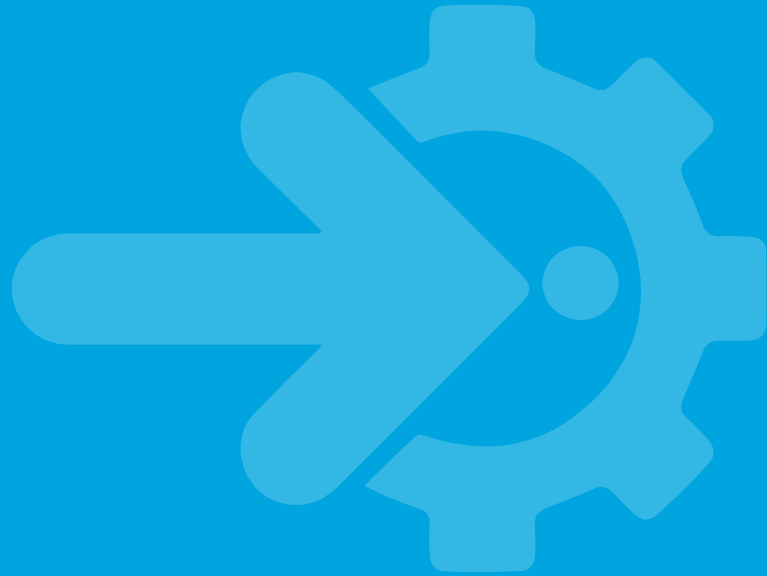


# Workday benefits enrollment verification

Verify if you submitted your enrollment. Go to Workday. Click on the top left corner on the Menu. Select Benefits.

On View section, select Benefit Election





## QUESTIONS?

PLEASE CONTACT BENEFITS  
DEPARTMENT AT  
[NAMBENEFITS@CYIENT.COM](mailto:NAMBENEFITS@CYIENT.COM)

THANK YOU!