# **Benefits Change in Workday - Qualifying Life Event**

#### **Reason for change:**

- Birth/Adoption
- Marriage
- Loss of other coverage
- Gain eligibility to other coverage
- Foreign National Dependent's entry into the USA
- Foreign National Dependent's leaves USA
- Death of Spouse or Dependent
- Divorce/Legal Separation

Must submit Qualifying Life Event within 30 days of the event. Require attaching document supporting the change to complete change

#### Below are qualifying life events:

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption.
- Marriage, divorce or legal separation.
- Dependent child reaches age 26.
- Spouse or dependent loses or gains coverage elsewhere.
- > Death of your spouse or dependent child.
- Spouse or dependent becomes eligible or ineligible.
- > Medicare/Medicaid or the state children's health insurance program.
- > Change in residence that changes coverage eligibility.
- Court-ordered change.
- Spouse's open enrollment that occurs at a different time than yours.

# Log in My Cyient page <u>https://my.cyient.com/Pages/default.aspx</u> Select HR tab.



#### Select Workday



## On Workday click on the top left corner on the Menu. Select Benefits.



#### On Change section, select Benefits

Change	View
Benefits	Benefit Elections
Beneficiaries	Benefit Elections as of Date
Dependents	
Medicare Information	



### On the Change Benefits select the event type applicable to you

#### Attach documentation.

#### Attachments

Drop files here	
or	
Select files	





#### Below is the screen after you select Open .

Change Bene	efit Elections	
Initiated On	02/09/2024	-
Submit Elections By	03/26/2024	

#### Under Health Care and Accounts update benefits .

Health Care and Accounts		
Wedical-US United Healthcare HDHP Accent Plans - 100/80	Medical Tobacco Surcharge-US Cylent	Dental-US Waived
Cost per paycheck \$94.57	Cost per paycheck Included	
Coverage Family	Coverage Yes - I have been tobacco free for 60 days	Enroll
Dependents 2	Manage	
Manage		
Vision-US Waived	Voluntary Accident-US Waived	Voluntary Critical Illness-US Valued
Enroll	Enroll	Enroll
HSA-US Fidelity Contribution per	FSA Healthcare-US Waived	FSA Dependent Care-US Waived
payunetx	Enroll	Enroll
Manage		

You have the option to select Manage or Enroll. Use Manage for any updates in benefits and use Enroll to enroll 1<sup>st</sup> time in benefits.

Select Manage under Medical- Us or any other benefits and make the change . The below screen will show.

#### Medical-US

Projected Total Cost Per Paycheck \$244.57

#### Plans Available

2.24

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

5 items			
Benefit Plan	*Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
United Healthcare HDHP Accent Plans - 100/80	Select Waive	\$94.57	\$624.04
United Healthcare HDHP Encore Plans - 80/60	<ul><li>Select</li><li>Waive</li></ul>	\$179.77	\$615.03
United Healthcare POS UHC Horizon PPO Plan	<ul><li>Select</li><li>Waive</li></ul>	\$310.12	\$617.64
4			

Select confirm and continue to make the change.



If changing the coverage to Employee & Children, Employee & Spouse, or Family, you will need to <u>add any new</u> <u>dependents that are not currently listed</u>.

#### Select on Add New Dependent.

Medical-US -	Uı	nited Healthcare HDHF	P Ac	cent Plans - 100	)/80	
Projected Total Cost Pe \$244.57	er Pa	ycheck				
Dependents						
Add a new dependent of	or se	elect an existing dependent from the lis	st belo	W.		
Coverage	*	× Family …	:=			
		Search				
Plan cost per paycheck	C.	C Employee				
2 items		C Employee + Spouse				
Select	Dej	• Family	•••		Relationship	Date of Birth

### Select add Dependent from enrollment.



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

		Personal Information	
Country * Vnited States of Ame	The Country MUST be selected as United States of America	Relationship *	:=
refix *	Add the appropriate Prefix for	Date of Birth * MM/DD/YYYY	<b></b>
	Dependent - examples are Mrs for	Age (empty)	
irst Name *	Mr for son or husband	Gender *	:=
liddle Name			
ast Name *	Make sure to add a First and	Citizenship Status	:=
	Last Name	Full-time Student	
uffix		Student Status Start Date	
		Student Status End Date	
		Disabled	
Ilow Duplicate Name			
heck this box only when there is more than	I one dependent with the same name.		
lational IDs			
	ational Identifiers for this dependent.		
lick the Add button to enter one or more N			
lick the Add button to enter one or more Ni			

# If you enroll in medical <u>coverage, you must select</u> Manage on Medical Tabacco Surcharge-US

$\heartsuit$	Cyient	
Cost per p	aycheck	Included
Coverage		Yes - I have been tobacco free for 60 days

#### Choose Select

Medical Tobacco Surcharge-US	3		
Projected Total Cost Per Paycheck \$244.57			
Plans Available	Survivana I R		
Select a plan or waive to opt out or Medical Tobacco :	suicharge-us.		
1 item			
Benefit Plan	"Selection	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
Cyient	Select	Included	\$0.00
	O Waive		
4			



Once finished updating your change , click at the bottom to Review and Sign.



Verify if you submitted your change. Go to Workday click on the top left corner on the Menu. Select Benefits. On View section, select Benefit Election

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Menu Apps Shortcuts	×		-	
Your Saved Order	(†4			
Directory		Change	View	
Personal Info	mation	Benefits	Benefit Elections	
Benefits		Beneficiaries	Benefit Elections as of Date	
Requests		Dependents		
<b>Bashboards</b>				
Drive		Medicare Information		
Quick Links				