





# 2021 Open Enrollment

Step by Step Guide

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# **All Users**

# **Open Enrollment – Benefit Election**

During the open enrollment process employees will be able to enroll or update their benefit elections. If you haven't already provided your dependents information, begin collecting the legal names, dates of birth, and social security numbers for your dependents.

For plan options, please visit: www.taylorcorp.com/enrollment

Use this table to align the number of credits found from your Wellworks For You account to the medical plan option.

					Plan Year 2	021			
Wellness C	Credits Annual a	nd Bi-Weekly			Calculated Bi-	Weekly Medi	cal Rates Include Earned	Wellness Credits	
				PPO Plus			РРО	HSA	
Credits Earned	Annual Discount	Bi-Weekly Credit	Employee	Emp + 1	Family	Employee	Emp + 1 Family	Employee Emp + 1	Family
0	\$-	\$-	\$ 101.25	\$ 230.94	\$ 304.89	\$ 81.59	\$ 184.60 \$ 251.41	\$ 53.90 \$ 134.53	\$ 179.38
1	\$ 120.00	\$ 4.62	\$ 96.63	\$ 226.32	\$ 300.27	\$ 76.97	\$ 179.98 \$ 246.79	\$ 49.28 \$ 129.91	\$ 174.76
2	\$ 240.00	\$ 9.23	\$ 92.02	\$ 221.71	\$ 295.66	\$ 72.36	\$ 175.37 \$ 242.18	\$ 44.67 \$ 125.30	\$ 170.15
3	\$ 360.00	\$ 13.85	\$ 87.40	\$ 217.09	\$ 291.04	\$ 67.74	\$ 170.75 \$ 237.56	\$ 40.05 \$ 120.68	\$ 165.53
4	\$ 480.00	\$ 18.46	\$ 82.79	\$ 212.48	\$ 286.43	\$ 63.13	\$ 166.14 \$ 232.95	\$ 35.44 \$ 116.07	\$ 160.92
5	\$ 600.00	\$ 23.08	\$ 78.17	\$ 207.86	\$ 281.81	\$ 58.51	\$ 161.52 \$ 228.33	\$ 30.82 \$ 111.45	\$ 156.30
6	\$ 720.00	\$ 27.69	\$ 73.56	\$ 203.25	\$ 277.20	\$ 53.90	\$ 156.91 \$ 223.72	\$ 26.21 \$ 106.84	\$ 151.69
7	\$ 840.00	\$ 32.31	\$ 68.94	\$ 198.63	\$ 272.58	\$ 49.28	\$ 152.29 \$ 219.10	\$ 21.59 \$ 102.22	\$ 147.07
8	\$ 960.00	\$ 36.92	\$ 64.33	\$ 194.02	\$ 267.97	\$ 44.67	\$ 147.68 \$ 214.49	\$ 16.98 \$ 97.61	\$ 142.46
9	\$ 1,080.00	\$ 41.54	\$ 59.71	\$ 189.40	\$ 263.35	\$ 40.05	\$ 143.06 \$ 209.87	\$ 12.36 \$ 92.99	\$ 137.84
10	\$ 1,200.00	\$ 46.15	\$ 55.10	\$ 184.79	\$ 258.74	\$ 35.44	\$ 138.45 \$ 205.26	\$ 7.75 \$ 88.38	\$ 133.23
11	\$ 1,320.00	\$ 50.77	n/a	\$ 180.17	\$ 254.12	n/a	\$ 133.83 \$ 200.64	n/a \$ 83.76	\$ 128.61
12	\$ 1,440.00	\$ 55.38	n/a	\$ 175.56	\$ 249.51	n/a	\$ 129.22 \$ 196.03	n/a \$ 79.15	\$ 124.00
13	\$ 1,560.00	\$ 60.00	n/a	\$ 170.94	\$ 244.89	n/a	\$ 124.60 \$ 191.41	n/a \$ 74.53	\$ 119.38
14	\$ 1,680.00	\$ 64.62	n/a	\$ 166.32	\$ 240.27	n/a	\$ 119.98 \$ 186.79	n/a \$ 69.91	\$ 114.76
15	\$ 1,800.00	\$ 69.23	n/a	\$ 161.71	\$ 235.66	n/a	\$ 115.37 \$ 182.18	n/a \$ 65.30	\$ 110.15
16	\$ 1,920.00	\$ 73.85	n/a	\$ 157.09	\$ 231.04	n/a	\$ 110.75 \$ 177.56	n/a \$ 60.68	\$ 105.53
17	\$ 2,040.00	\$ 78.46	n/a	\$ 152.48	\$ 226.43	n/a	\$ 106.14 \$ 172.95	n/a \$ 56.07	\$ 100.92
18	\$ 2,160.00	\$ 83.08	n/a	\$ 147.86	\$ 221.81	n/a	\$ 101.52 \$ 168.33	n/a \$ 51.45	\$ 96.30
19	\$ 2,280.00	\$ 87.69	n/a	\$ 143.25	\$ 217.20	n/a	\$ 96.91 \$ 163.72	n/a \$ 46.84	\$ 91.69
20	\$ 2,400.00	\$ 92.31	n/a	\$ 138.63	\$ 212.58	n/a	\$ 92.29 \$ 159.10	n/a \$ 42.22	\$ 87.07



Note: Open Enrollment Dates: November 2<sup>nd</sup> – November 16<sup>th</sup>, 2020.

#### **Enrolling in Benefits**

When enrolling in benefits, there are <u>multiple</u> sections to complete on your Enrollment Dashboard. It is best practice to navigate into each box of options, prior to clicking 'Review and Sign'.

#### From your Workday Inbox:

- 1. Click the **Open Enrollment** Task.
- 2. Select the Let's Get Started Button.
- 3. Choose Manage or Enroll for each benefit option.
- 4. Scroll through the page to view all available options.



Open Enrollment - Passive		e e
		Projected Total Cost Per Paycheck Projected Total Credits \$254.68 \$0.00
Health Care and Accounts		4
Medical Blue Cross Blue Shield PPO Plus	Dental Denta Dental	OO Vision Wated
Cost per paycheck \$230.77	Cost per paycheck \$18.46	
Coverage Employee + 1	Coverage Employee + 1	Evol
Dependents 1	Dependents 1	
Manage	Marage	
Health Savings Account Waived	Healthcare FSA Walved	Dependent Day Care FSA Waived
Errol	Enrol	Errol
Transit Spending Account Waived	Parking Spending Account Waived	
Review and Sign Save for Later		

# **Healthcare and Accounts**

There are 8 sections under the Healthcare and Accounts Heading in Open Enrollment. *The system will provide an error if you've chosen plans that do not work together.* 

#### Medical

- 1. Select Manage within the Medical Box Section.
- 2. Your current benefit elections will show.
- 3. Choose **Select or Waive** for <u>each</u> of the 3 plans.
- 4. Click **Confirm and Continue** once you have made your selections.

Coverage			Employee + 1
Dependents			1
(sense 🖡 et seur sense statisticae)		_	
	Manage		
Plans Available			
Select a plan or you can waiv	e to opt out of Medical. The displayed cost of waived	plans assumes cove	rage for Employee + 1.
3 items			≡ 🗆
*Selection	Benefit Plan	You Pay (Biweekly)	Company Contribution (Biweekly)
Select	Blue Cross Blue Shield HSA	\$32.31	\$313.13
O Waive			
	Blue Cross Blue Shield PPO	\$184.62	\$376.23
( ) Select			
Select Waive		\$230.77	\$372.63
Select Waive	Blue Cross Blue Shield PPO Plus		
Select Waive Select Waive	Blue Cross Blue Shield PPO Plus		

- 5. A dependents page will pop-up for you to verify or select an additional dependent. You may also add a dependent here.
- 6. Your estimated Costs will update and display on the Benefits Enrollment Dashboard in the upper right-hand corner.



<u>Note:</u> The Plan Selections are defaulted to your current elections, and you may change them.

Medical - Blue Cross Blue Shield PPO
Dependents Add a new dependent or select an existing dependent from the list below.
Coverage * Employee Plan cost per paycheck \$80.77 Add New Dependent
Projected Total Cost Per Paycheck Projected Total Credits \$254.68 \$0.00

# **All Users**

#### Dental

- 1. Select Manage within the Dental Box.
- 2. Your current benefit elections will show.
- 3. Choose Select or Waive for the Dental Plan.
- 4. Click **Confirm and Continue** once you have made your selection.

Manage         RAIRS AVAILADUE         International Statement of Dental.         Select         Value       Delta Dental         Statement of Dental         Value         Value         International Statement of Dental	Coverage Dependents			Employee	+1
Intra AVailable         Intra Available         Intra Intra International States         Intra International States         Select         Waive       Delta Dental         States         Vaive       States         Select         Waive       States			Manage		
lect a plan or you can waive to opt out of Dental. term File Company Contribution (Biweekly) Selection Delta Dental S18.46 S16.23 Selection Delta Dental S18.46 S16.23 Selection Selectio	ians Available				
Selection Benefit Plan You Pay (Biweekly) Company Contribution (Biweekly)           Select         Delta Dental         \$18.45         \$16.23           Waive         Value         ,	lect a plan or you can waive to opt out of D	ental.			
Select         Delta Dental         \$18.46         \$16.23         *           Waive	tem			Ŧ	· 🗆 .''
3	tem Selection	Benefit Plan	You Pay (Biweekly)	Company Contribution (Biweekly)	· 🗆 .'
	select Select Waive	Benefit Plan Delta Dental	You Pay (Biweekly) \$18.46	Company Contribution (Biweekly)	
	Select Waive	Benefit Plan Delta Dental	You Pay (Biweekky) \$18.46	Company Contribution (Birweekly)	

5. Your Estimated Costs will update and display on the Benefits Enrollment Dashboard in the upper right-hand corner.

Projected Total Cost Per Paycheck	Projected Total Credits
\$254.68	\$0.00



Note: The Plan Selections are defaulted to your current elections, and you may change them.

#### Vision

- 1. Select **Enroll** within the Vision Box.
- 2. Your current benefit elections will show.
- 3. Choose Select or Waive for the Vision Plan.
- 4. Click **Confirm and Continue** once you have made your selection.

		Enroll		
ians Availadie				
Ians Available	pt out of Vision. The displayed cost	of waived plans assume	s coverage for Employee.	
Ians Available lect a plan or you can waive to c tem	pt out of Vision. The displayed cost	of waived plans assume	s coverage for Employee.	<u>⇒</u> ⊡ .
Ians Available lect a plan or you can waive to o lem	pt out of Vision. The displayed cost Benefit Plan	of waived plans assume You Pay (Biweekly)	s coverage for Employee. Company Contribution (Biweekly)	⊒ [] L
Ians Available lect a plan or you can walve to o tern Selection Select	pt out of Vision. The displayed cost Benefit Plan VSP Vision	of waived plans assume You Pay (Biweekly) \$4.15	coverage for Employee. Company Contribution (Biweekly) S0.00	₹ 🗆 ۲

5. Your Estimated Costs will update and display on the Benefits Enrollment Dashboard in the upper right-hand corner.

Projected Total Cost Per Paycheck \$254.68	Projected Total Credits \$0.00	



Note: The Plan Selections are defaulted to your current elections, and you may change them.

#### Health Savings Account

If you elected an HSA plan in the Medical Plan section, you are eligible to contribute to the HSA account plan.

- 1. If eligible, select **Enroll** in the Health Savings Account Box.
  - a. If you did not elect an HSA plan in the Medical Plan section, you are not eligible and can select Cancel.

Ø	Health Savings Account Waived
	Enroll

- Select or Waive the available spending account plan. 2.
- 3. Click Confirm and Continue once you have made your selection.

	Benefit Plan	You Contribute (Biweekly)	Company Contribution (Biweekly)	
Select Waive	HSA Bank			

- 4. Add/Update your Contributions.
  - a. You may enter the Per Paycheck amount you want to contribute OR enter the Annual Amount you want to contribute.
- 5. Select Save.
- 6. Your Estimated Costs will update and display on the Benefits Enrollment Dashboard in the upper right-hand corner.
- 7. You will now be directed back to the benefits enrollment page and should see a message confirming you've updated the section, but not submitted your changes.

Health	Savings A	ccount - H	SA Bank	
	_			_
Per Paycheck	50.00	An	nual 1,750.00	
		´		
Total Annual HS	A Contribution \$1,750	3.00		
Maximum Annu	al Amount: \$7,000.00			
Save	Cancel			







Note: To create a Healthcare Flexible Spending Account, please go to the Healthcare FSA section.

# All Users

#### Healthcare FSA

- 1. Select Manage within the Healthcare FSA Box.
- 2. Choose Select or Waive for the Healthcare FSA Plan.
- 3. Click **Confirm and Continue** once you have made your selection.

*Ians Avalla elect a plan or you o	DIE	hcare FSA.			
item *Selection	_	Benefit Plan	You Contribute (Biweekly)	Company Contribution (Biweekly)	
Select		Optum	\$50.00		

- 4. Add/Update your Contributions.
  - a. You may enter **the Per Paycheck** amount you want to contribute OR enter the **Annual Amount** you want to contribute.
- 5. Select Save.

- 6. Your Estimated Costs will update and display on the Benefits Enrollment Dashboard in the upper right-hand corner.
- 7. You will now be directed back to the benefits enrollment page and should see a message confirming you've updated the section, but not submitted your changes.

er Paycheck	50.00		Annual	1,750.00	
otal Annual Con	tribution \$1,750.0	10			
linimum Annual	Amount: \$100.00				
laximum Annua	l Amount: \$2,650.00				







<u>Note:</u> To create a Dependent Day Care Flexible Spending Account, please go to the Dependent Day Care FSA section.

# **All Users**

#### Dependent Day Care FSA

1. Select Enroll within the Dependent Day Care FSA Box.

- 2. Choose **Select** or **Waive** for the Dependent Day Care FSA Plan.
- 3. Click **Confirm and Continue** once you have made your selection.

Plans Available Belect a plan or you can waive t	o opt out of Dependent Day Care F	SA.		
Selection	Benefit Plan	You Contribute (Biweekly)	= Company Contribution (Biweekly)	: Ш
Select Walve	Optum			

Depend	dent Day C	Care FSA	- Opt	um	
Contribut	e				
Per Paycheck	0.00		Annual	0.00	
Total Annual Co	ntribution \$0.00				
Minimum Annua	al Amount: \$1.00				
Maximum Annu	al Amount: \$5,000.00				
Save	Cancel				

- 4. Add/Update your **Contributions**.
  - You may enter the Per Paycheck amount you want to contribute OR enter the Annual Amount you want to contribute.
- 5. Select Save.

- 6. Your Estimated Costs will update and display on the Benefits Enrollment Dashboard in the upper right-hand corner.
- 7. You will now be directed back to the benefits enrollment page, and should see a message confirming you've updated the section, but not submitted your changes.

Projected Total Cost Per Paycheck Projected Total Credits \$254.68 \$0.00

Your Dependent Day Care FSA changes have been updated, but not submitted

**Next steps:** Update another plan, or click Review and Sian once vou're readv to submit vour changes.

Questions: HRConnect at (877) 252-9861 or Rembrandt Employees, please contact your HR Dept. х

#### **Transit Spending Account**

4. Add/Update your Contributions.

- 1. Select Enroll within the Transit Spending Account Box.
- 2. Choose **Select** or **Waive** for the Transit Spending Account.
- 3. Click Confirm and Continue once you have made your selection.



b. You may enter the Per Paycheck amount you want to contribute OR enter the Annual

Amount you want to contribute.

7. You will now be directed back to the benefits enrollment page, and should see a message confirming you've updated the section, but not submitted your changes.



Optum	You Contribute (Biweekiy)	Company Contribution (Biweekiy)	-
Optum			



Projected Total Cost Per Paycheck Projected Total Credits \$254.68 \$0.00

Your Transit Spending Account 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.

5. Select Save.

Questions: HRConnect at (877) 252-9861 or Rembrandt Employees, please contact your HR Dept. Х

#### Parking Spending Account

1. Select **Enroll** within the Parking Spending Account Box.



**All Users** 

- 2. Choose Select or Waive for the Transit Spending Account.
- 3. Click **Confirm and Continue** once you have made your selection.

*Selection	Benefit Plan	You Contribute (Biweekly)	Company Contribution (Biweekly)	
Select Waive	Optum			

- 4. Add/Update your **Contributions**.
  - You may enter the Per Paycheck amount you want to contribute OR enter the Annual Amount you want to contribute.
- 5. Select Save.

- 6. Your Estimated Costs will update and display on the Benefits Enrollment Dashboard in the upper right-hand corner.
- 7. You will now be directed back to the benefits enrollment page, and should see a message confirming you've updated the section, but not submitted your changes.



Projected Total Cost Per Paycheck Projected Total Credits \$254.68 \$0.00

Your Parking Spending Account 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.

#### Insurance

There are 6 sections under the Insurance Heading in Open Enrollment. *Basic Life and AD&D, and Long Term Disability are provided as part of your benefits package.* 

#### Basic Life and AD&D

- 1. Select Manage within the Basic Life and AD&D Box.
- 2. This is provided as part of your benefits and equals 1x your annual salary.

$\bigcirc$	Basic Life and AD&D Voya (Employee)	
Cost per pa	aycheck	Included
Coverage		1 X Salary

3. Click **Confirm and Continue** to go back to the main page.



<u>Note:</u> This is a company provided benefit, and **cannot be changed**. To add Supplemental Life and AD&D, please go to that section.

### Supplemental Employee Life and AD&D

- 1. Select **Enroll** within the Supplemental Life and AD&D Box.
- 2. Your current benefit elections will show.
- 3. Choose Select or Waive.
- 4. Click Confirm and Continue.
- 5. Select Coverage.
- 6. Calculated Coverage and Cost Per Paycheck will appear.
- 7. Click **Save** once you have made your selections.
- 8. Your Estimated Costs will update and display on the Benefits **Enrollment Dashboard** in the upper right-hand corner.
- 9. You will now be directed back to the benefits enrollment page and should see a message confirming you've updated the section, but not submitted your changes.



Coverage *	hearch	:=
Calculated Coverage	\$10,000	
Plan cost per paycheck	\$20,000	
and the second s		

/	Your Supplemental Life and AD&D changes have been updated, but not submitted
	Next steps: Update another plan, or click Review and
	Sign anag you're ready to submit your shanges

# **All Users**

### Supplemental Spouse Life

- 1. Select Enroll within the Supplemental Spouse Life Box.
- 2. Your current benefit elections will show.
- 3. Choose Select or Waive.
- 4. Click **Confirm** and **Continue**.

- 5. Select **Coverage** Amount.
- 6. Click Add New Dependent to choose an existing dependent or Add a New Dependent.
- 7. Click **Save** once you have made your selections.

Supplemental Spouse Life Waived Enrol Plans Available Select a plan or you can waive to opt out of Supplemental Spouse Li ₹ 🖬 🖓 Benefit Plan Company Contribution (Biweekly eklv) Voya (Spouse Coverage = \$5,000 dent from the list b

8. Your Estimated Costs will update and display on the Benefits Enrollment Dashboard in the upper right-hand corner.

Projected Total Cost Per Paycheck	Projected Total Credits
\$254.68	\$0.00

 You will now be directed back to the benefits enrollment page and should see a message confirming you've updated the section, but not submitted your changes.



Sign once you're ready to submit your changes.



Note: You may not add this benefit if you do not have a legal spouse.

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# All Users

#### Supplemental Child Life

- 1. Select Manage within the Supplemental Child Life Box.
- 2. Your current benefit elections will show.
- 3. Choose Select or Waive.
- 4. Click **Confirm** and **Continue**.
- 5. Select Coverage Amount.
- 6. Click Add New Dependent to choose an existing dependent or Add a New Dependent.
- 7. Click **Save** once you have made your selections.

- 8. Your Estimated Costs will update and display on the Benefits Enrollment Dashboard in the upper right-hand corner.
- 9. You will now be directed back to the benefits enrollment page and should see a message confirming you've updated the section, but not submitted your changes.

A STATE OF			\$0.0°
Coverage			\$5.000
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	Manage		
Plans Avasable			
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Continue and Continue	Cancel		
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	-		
x \$5,000			
Plan cost per paycheck \$0.81			
Plan cost per paycheck \$0.81			
parculated Coverage S5,000.00 Plan cost per paycheck \$0.81 Dependents Add a new decendent or select an existion dece	ordent from the list helow.		
Plan cost per paychick \$0.81 Dependents Add a new dependent or select an existing depe	ident from the list below.		
Plan cost per paycheck \$0.81  Dependents  Add a new dependent or select an existing depe  Add New Dependent	ident from the list below.		
Plan cost per paycheck \$0.81 Dependents Add a new dependent or select an existing dependent Add New Dependent	ident from the list below.		= □ .
Plan cost per paycheck \$0.81  Pen cost per paycheck \$0.81  Add a new dependent or select an existing depe Add New Dependent  select Select Dependent	Indent from the list below.	Date of Birth	
Plan cost per paycheck \$0.81  Pen cost per paycheck \$0.81  Add a new dependent or select an existing depe Add New Dependent  Select Dependent  Jenny Doe	ndent from the list below.	Date of Birth 01/23/2018	<b>₹</b> □ 1
Add new dependent or select an existing dependents  Add New Dependent  Select Dependent  Jerny Doe	Indent from the list below.	Date of Birth 01/23/2018	<b>₹</b> ∎,
Add a new dependent or select an existing depe Add a new dependent or select an existing depe Add New Dependent Select Dependent Select Dependent Jerny Doe	Indent from the list below.	Date of Birth 01/23/2018	₹
Plan cost per paycheck \$0.81  Pependents  Add a new dependent or select an existing depe  Add New Dependent  Select Dependent  Jerny Doe	Indent from the list below.	Date of Birth 01/23/2018	
Add a new dependent of select an existing dependents Add New Dependent Select Dependent Select Dependent Select Dependent Select Dependent Select Dependent	Indent from the list below.	Date of Birth 01/23/2018	₹ <b>□</b> 4
Add new dependent of select an existing dependents Add new dependent of select an existing dependent Add New Dependent Select Dependent Jerny Doe Save Cancel	Indent from the list below.	Date of Birth 01/23/2018	₹ <b>□</b> 4

Your Supplemental Child Life 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.



Note: You may not add this benefit if you do not have a legal child.

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Questions: HRConnect at (877) 252-9861 or Rembrandt Employees, please contact your HR Dept. X

#### Long Term Disability

- 1. Select Manage within the Long-Term Disability Box.
- 2. This is provided as part of your benefits and equals 60% of your annual salary.
- 3. Click **Confirm and Continue** to go back to the main page.



**All Users** 



<u>Note:</u> This is a company provided benefit, and **cannot be changed**. To add Long Term Disability Extended, please go to that section.

### Long Term Disability Extended

- 1. Select **Manage** within the Long Term Disability Extended Box.
- 2. Your current benefit elections will show.
- 3. Choose Select or Waive.
- 4. Click **Confirm** and **Continue**.
- 5. Coverage cannot be changed it is 60 % of your annual salary.
- 6. Calculated Coverage and Plan Cost Per Paycheck appear.
- 7. Select Save.
- 8. You will now be directed back to the benefits enrollment page and should see a message confirming you've updated the section, but not submitted your changes.





<u>Note:</u> For employees over age 60, please note the Long-Term Disability Extended plan offers no additional benefit beyond the Core plan.

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# **Additional Benefits**

There are 2 sections under the Additional Benefits Section in Open Enrollment. *Both are provided as part of your benefits package, and you do not need to do anything with them.* 

### Employee Assistance Program Short Term Disability

# **Completing and Submitting Your Benefits Elections**

#### Adding a Beneficiary within Benefit Enrollment

If you do not have any beneficiaries, or beneficiary changes, you will not complete this step. If you have beneficiary additions or changes, please follow these instructions.

- 1. Search for Beneficiary in the Search Box.
- 2. If there are no beneficiaries listed, click Add to create one. You can also create a trust.

Add a new d	lependent or select an existing dependent t	from the list below.		
Coverage	* Employee			
lan cost pe	r paycheck \$23.08			
Add I	New Dependent			
Add I	New Dependent		Ŧ	
Add I Item Select	New Dependent	Relationship		
Add I Item Select	New Dependent	Relationship Spouse - Legal	Date of Birth	

3. Complete all of the required beneficiary information and click Ok.



Save for Later

#### Completing and Submitting your Benefit Elections

- 1. Elect or Waive each of the available benefit options shown on the Benefit Enrollment Dashboard.
  - a. Health Care and Accounts
    - (1) Medical, (2) Dental, (3) Vision, (4) Health Savings Account, (5) Healthcare FSA,
    - (6) Dependent Day Care FSA, (7) Transit Spending Account, (8) Parking Spending Account
  - b. Insurance and Retirement
    - (1) Basic Life and AD&D, (2) Supplemental Employee Life and AD&D, (3) SupplementalSpouse Life, (4) Supplemental Child Life, (5) Long Term Disability, (6) Long Term DisabilityExtended
  - c. Additional Benefits

(1) Employee Assistance Program, (2) Short Term Disability

- 2. Once satisfied with your Benefit Elections, click **Review and Sign**.
- 3. A Summary of your Benefit Elections will open. Be sure to scroll down the page and review all of your selections.

view Summary
Projected Total Cost Per Paycheck Projected Total Credits \$378.64 \$0.00
<ul> <li>Check to confirm you have all the eligible dependents entered into Workday you plan to enroll in a plan</li> <li>Verify you are enrolled in each benefit plan. Only those tiles that say "Manage" have been selected and will be covered.</li> <li>Those tiles that say "Enroll" or "Waived" have been waived and result in no coverage</li> <li>Check to confirm your benefits plans reflect the correct coverage. Employee Only coverage confirms your dependents are not covered for that plan. Employee +1 and Family suggest some or all dependents are covered for that plan.</li> <li>Did you print and/or view your confirmation? Did you scroll down to the end of the confirmation to see all plans?</li> <li>Review the total costs at the top of the screen. This area shows your per pay period cost for all of your benefit elections and is before wellness credits have been applied until the first pay period of the new year. The costs per benefit plan is reflected in the Selected Benefits section below.</li> <li>Once you have confirmed your benefits selection, scroll down and click "I Accept" box AND then click Submit. You will receive a notification in your Workday notification box confirming your open enrollment is complete.</li> </ul>
<ul> <li>Marque para confirmar que tiene todos los dependientes elegibles ingresados en Workday que planea inscribir en un plan</li> <li>Verifique que esté inscrito en cada plan de beneficios. Solo los mosaicos que dicen "Administra" han sido seleccionados y estarán cubiertos.</li> <li>Los mosaicos que dicen "Inscribine" o "Renuncia" han sido eliminados y no tienen cobertura.</li> <li>Verifique para confirmar que sus planes de beneficios. Solo los mosaicos que dicen "Administra" han sido seleccionados y estarán cubiertos.</li> <li>Los mosaicos que dicen "Inscribine" o "Renuncia" han sido eliminados y no tienen cobertura.</li> <li>Verifique para confirmar que sus planes de beneficios reflejan la cobertura correcta. La cobertura solo para empleados confirma que sus dependientes no están cubiertos por ese plan. Empleado +1 y Familia sugieren que al- gunos o todos los dependientes están cubiertos por ese plan.</li> <li>Tenía una cuenta de gastos fiexible este año? La FSA no se transfirer y si desea una FSA para el próximo año, debe volver a inscribirse.</li> <li>Immiring v/ o vios un confirmación", Zir de esplazaziane hasta el final de la confirmación", Zir de esplazaziane hasta el materia de la confirmación para ver todos los planes?</li> <li>Busies los nostes tetales en la parte superior de la confirmación" para ver todos por para todos por para englesados en todos en</li></ul>

- 4. The Summary Page shows:
  - a. (1) Selected Benefits, (2) Waived Benefits, (3) Total Benefit Cost, (4) Attachments, (5) Electronic Signature.
- 5. You may **attach** a supporting document in the Attachments Section.
- 6. Read the Legal Notice in the Electronic Signature Section.
- 7. Click the **I Accept** Box.

Questions: HRConnect at (877) 252-9861 or Rembrandt Employees, please contact your HR Dept.



I Accept

- 8. Select Submit or Save for Later.
  - a. Submission is required by November 16th, for any changes to be effective.
- 9. Once you have Accepted and Submitted your selections, you will receive a Submitted Notice.
- 10. Click the View 2021 Benefit Statement Button.
- 11. Save a copy for your records.

12. If you receive an error - your changes are not lost, you will be taken back to the enrollment page to fix the error.

#### **Printing Your Submission**

- Click the View 2021 Benefit Statement Button. 1.
- 2. Navigate to the **Printer Icon** in the blue banner toward the upper right corner.
- Click the **Printer Icon**.
- Select the **Download Button**. 4
- A PDF titled, Submit Elections Confirmation will pop up.
- Select File, and you may **Print** or **Save** your selections. 6.

Initiated On: 08/22/2019 Submit Elections By: 08/22/2019						Total Employee Cost/Credit \$96.99 Biweekly Cost			
Event Date: 08/26/2019									
		We end	courage you to	o print or save	a copy of this	document for yo	ur records.		
		Le reco	mendamos g	ue imprima o d	uarde una co	pia de este docu	mento para sus registros.		
Elected Coverages									
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Biweekly)	Employer Contribution (Binveekly)	Benefit Cr (Biweek
Medical - Blue Cross Blue Shield HSA	08/26/2019	08/26/2019	Employee				\$23.08	\$126.61	
Dental - Deita Dental	01/01/2018	01/01/2018	Employee +				\$18.46	\$16.23	
Health Savings Account - HSA Bank	08/26/2019	08/26/2019	\$1,750.00 Annual				\$50.00		
Basic Life and AD&D - Voya (Employee)	01/01/2018	01/01/2018	1 X Salary	\$55,000.00				\$2.41	
Supplemental Life and AD&D - Voya (Employee)	01/01/2018	01/01/2018	\$20,000	\$20,000.00			\$0.83		
Supplemental Spouse	01/01/2018	01/01/2018	\$25,000	\$25,000.00			\$3.18		
Long Term Disability - Vova (Employee)	01/01/2018	01/01/2018	60% of Salary	\$2,749.50				\$3.91	
Long Term Disability Extended - Voya (Employee)	01/01/2018	01/01/2018	60% of Salary	\$2,749.50			\$1.44		
Employee Assistance Program - Vova	01/01/2018	01/01/2018							
Short Term Disability - Voya	01/01/2018	01/01/2018							
Maked Centerane							Total: \$96.99	\$149.16	
warveu coverages					Plan Tune				
Maine					. man rype				

ubmit Elections Confirm

Questions: HRConnect at (877) 252-9861 or Rembrandt Employees, please contact your HR Dept.

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Print Document

03:58 PM 03/16/2019



(!)

1 Error



Submitted

Success, You're Enrolled

We encourage you to print or save a copy of this document for your records.

Le recomendamos que imprima o guarde una copia de este documento para sus registros

#### Changing Benefit Elections After Submission During Open Enrollment

To view or change your Benefit Elections after you've submitted, but during Open Enrollment, simply navigate to the Announcement. From the Benefit Application:

- 1. Click **the Open Enrollment Announcement** on your Workday Home Page.
- 2. Select Continue.

3. You may now update your benefits by navigating to any section you wish to change.

# Viewing Benefits Any Time

At any time you can view your benefit elections from the Benefit Application. From the Benefit Application:

1. Click **Benefit Elections** under view. All previously enrolled benefits are displayed.



Open Enrollment - Passive 2020					
Submit Elections By	10/09/2019				
Status	Submitted				
Continue					



# Mobile

Enrolling in benefits on a Mobile Device has the exact same steps and general look as the desktop version. You will receive a task in your Workday Inbox. *If you need help with a specific benefit section enrollment, please go to the Table of Contents and select the subject.* 

### Enrolling in Benefits on Mobile

You may also enroll in benefits using your mobile device. Just like from the desktop app, you will receive a task in your Workday Inbox.

1. Select your Inbox.

- 2. Touch the **Benefit** task. The task name may differ depending on time of benefit enrollment.
- 3. Select the **Continue** button.





# **All Users**

- 4. Select Let's Get Started button.
- 5. Touch the category you want to begin enrolling in.
  - a. Within each category, **select your enrollment choice or select waive** if you do not want coverage.
- 6. Select Edit to modify your coverage, if needed.



Note: If you need help with a specific benefit section enrollment, please go to the Table of Contents and select the subject.



#### Add or Modify Dependents on Mobile

If you elect or modify a benefit plan during open enrollment, you can add dependents or modify your existing dependents.

- 1. Navigate to your Benefits Worklet.
- 2. Touch **Edit** for an existing benefit election.
- 3. Select the **benefit** you want to add or modify a dependent for.

4. After you have selected the benefit you wish to add or modify a dependent for – touch **Edit.** 

5. Select the **Pencil Icon** to modify.



C Supplemental Ch	ild Life				
Supplemental Child Life Inform	mation				
O Voya (Children)					
Cost Per Paycheck	\$0.81				
Coverage Level	\$5,000				
Details					
Edit					



- 6. Touch the + to Add a New Dependent.a. Complete all required information.
- 7. Unclick an Existing Dependent if required.
- 8. Click Save.

#### Add or Modify Beneficiaries on Mobile

From the Insurance & Retirement section, select each category to open your enrollment options.

- 1. Navigate to your **Benefits Worklet**.
- 2. Touch **Edit** for an existing benefit election.
- 3. Select the **benefit** you want to add or modify a beneficiary for.

4. After you have selected the benefit you wish to add or modify a dependent for – touch **View.** 



ស	ගි Benefits						
Inroll	Enrollment Events						
Copen Enrollment - Passive Submitted Enrollment is 9/30/19 - 10/9/19 Edit Edit							
Current Benefits							
۲	Current Election	ons	>				
器	Dependents >						
රීපී	Beneficiaries		>				



Questions: HRConnect at (877) 252-9861 or Rembrandt Employees, please contact your HR Dept.

- 5. Select the **Pencil Icon** to modify.
- 6. Touch the + to Add a New Beneficiary.
  - a. Complete all required information.
- 7. Unclick an **Existing Beneficiary** if required.
- 8. Click Save.

<u>Note:</u> Ensure that you have entered percentages to each of your beneficiaries. These must add up to 100%, or you will receive an error.

#### Complete Your Benefit Enrollment on Mobile

Once all of your elections have been made, and you have reviewed your selections for accuracy, you must submit and complete your enrollment.

- 1. Click View Summary.
- 2. Scroll down to review your benefit elections and upload any required documentation in the Attachments section.





- 3. Select the I Agree checkbox to confirm your electronic signature.
- 4. Click Submit.
  - a. A confirmation page displays.
- 5. Click **Close** to return to your Inbox.



Note: Save, review, and print. This is your proof of your enrollment.



evise sus elecciones antes de enviar. Asegúrese de aber elegido los beneficios en los que desea articipar. Revise a sus dependientes para segurarse de adjuntar a sus dependientes a cada lan en el que desea inscribirlos. Revise la sección Coberturas exentas" de esta página antes de nviarla para asegurarse de que tiene la intención de enunciar a esos planes. Revise sus elecciones eneficiarias. Revise los costos totales en la parte uperior de la pantalla. Esta área muestra el costo or período de pago para todas sus elecciones de eneficios. Los costos por plan de beneficios se eflejan en la sección Coberturas elegidas a ontinuación. Desplácese hasta la parte inferior, aga clic en el cuadro "Acepto" y haga clic en Enviar. i recibe advertencias o errores, use el botón /olver" para moverse al área que requiere odificación.

**All Users** 

EGAL NOTICE: Please Read Your Name and Password are onsidered your 'Electronic Signature' and will serve as your onfirmation of the accuracy of the information being ubmitted.When you check the 'I AGREE' checkbox, you are artifying that: 1. You understand that your benefit elections re legal and binding transactions.2. You understand that if su are married, your dependent Spousal Coverage Isewhere selection is legally binding.3. You understand that II benefits are contingent upon your enrollment and cceptance by your HR representative and by your insurance arriers or benefit providers.

