

## Benefits – Adding or removing a Dependent

### Overview

This process is for Employee who have an IRS qualified life event. Changes to benefits must be made within 30 days of the life event.

Before starting this process in Workday be sure to have any required documents as they will be required as uploads during this process.

### Required Document\* Examples -

Marriage Certificate, Divorce Decree, Insurance Coverage Effective Letter, Birth Certificate, or Insurance Coverage Effective Letter

### Life event change reason details\* -

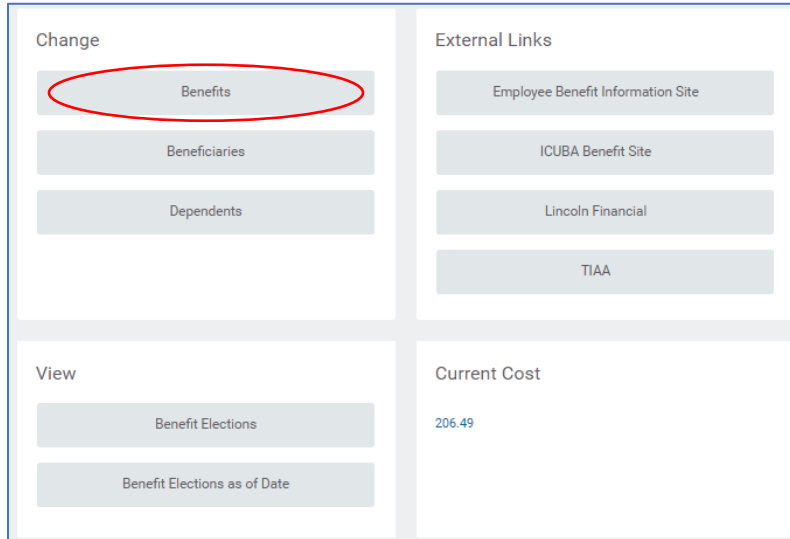
- a. **Beneficiary Change** – Select this to add a new person as a beneficiary
- b. **Birth/Adoption/Legal Child Custody** –
  - i. Select this to add a child to current benefits
  - ii. Must use the date of birth or adoption
  - iii. **Required** - Birth certificate, hospital release document, or adoption agreement must be uploaded during this step
  - iv. This type of Life Event must be completed within 30 days of the event
- c. **Divorce** –
  - i. Select this to remove a spouse from current benefits
  - ii. Divorce must be finalized by the court system, use the date of divorce
  - iii. **Required** - Divorce Decree must be uploaded during this step
  - iv. This type of Life Event must be completed within 30 days of the event
- d. **Eligible Dependent Gains or Loses Coverage** –
  - i. Select this to add or remove a dependent due to the dependent gaining or losing coverage elsewhere
  - ii. Must use the date the coverage began or ended
  - iii. **Required** – Letter from insurance company with effective dates must be uploaded during this step
  - iv. This type of Life Event must be completed within 30 days of the event
- e. **Employee Gains or Loses Coverage from Elsewhere** –
  - i. Select this to add or remove yourself from benefits due to you (employee) gaining or losing coverage elsewhere
  - ii. Must use the date the coverage began or ended
  - iii. **Required** – Letter from insurance company with effective dates must be uploaded during this step
  - iv. This type of Life Event must be completed within 30 days of the event
- f. **Gym Membership** – Select this to add, drop or change a gym membership
  - i. This can be done at any time of year
  - ii. Use today's date or a future date you cannot back date this change
- g. **Marriage** – Select this to add or drop benefits or dependents due to a recent marriage
  - i. Must use the date of the marriage

### Florida Tech Workday Job Aid

- ii. **Required** – Marriage Certificate must be uploaded during this step
- iii. This type of Life Event must be completed within 30 days of the event

#### From Workday main screen


- 2. Select the **Benefits** Application, it looks like a shield.
- 3. Select the **Benefits** link in the Change box



- 4. Select a Change Reason - **\*must upload document to prove life event, see list above**

Change Reason \*

- Beneficiary Change
- Birth/Adoption/Legal Child Custody
- Divorce
- Eligible Dependent Gains or Loses Coverage
- Employee Gains or Loses Coverage from Elsewhere
- Gym Membership
- Marriage

 enter your comment

**Attachments**

Drop files here

or

Select files

enter your comment

5. Upload attachments if your Change Reason requires documentation. Comments can be made if needed.
6. Go to your Workday Inbox
7. You'll find the Change Benefit Action item, click on **Let's Get Started**

**Change Benefit Elections**

Initiated On 01/06/2021

Submit Elections By 02/04/2021

**Let's Get Started**

8. To add your new dependent, you'll click on **Manage** in the benefit you are adding them. The coverage you currently have will show up. Click **Confirm and Continue**.

**Medical**

**Plans Available**

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

3 items

*Selection	Benefit Plan	You Pay (Biweekly)	Company Contribution (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	BlueCross BlueShield PPO \$4K/\$8K DEDUCTIBLE	\$48.24	\$260.52
<input checked="" type="radio"/> Select <input type="radio"/> Waive	BlueCross BlueShield PPO PREFERRED	\$48.24	\$262.83
<input type="radio"/> Select <input checked="" type="radio"/> Waive	BlueCross BlueShield PPO PREMIER COPAY	\$104.94	\$256.91

**Confirm and Continue** Cancel

- The Dependents screen will show up next. This is where you can add/remove a dependent to that plan. If you already have dependents in Workday you can check the box next to their name. If you need to add a new dependent, you'll click **Add New Dependent**.

**Medical - BlueCross BlueShield PPO PREFERRED**

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

Coverage \* Employee Only

Plan cost per paycheck \$48.24

**Add New Dependent**

1 item

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Spouse Panther	Spouse	01/01/1984

**Save** **Cancel**

- If you are adding a new dependent that is not already in Workday you must provide documentation proving dependency. The message below will show up and you'll need to provide one of the example documents. This can be uploaded during the final review and approval step.

**FLORIDA TECH** Search

**Add My Dependent From Enrollment**  
Pete Panther

Use as Beneficiary

Check the box above to also add this person as an option under Beneficiaries.

**Dependent Information Notice**  
We have restrictions for qualified dependent coverage under our benefit plans. Enrolling someone who is not qualified as a dependent is considered insurance fraud, and will result in the immediate deletion of the ineligible person from coverage. The Plan may also collect from You any claim dollars paid retroactively for the ineligible person enrolled by You.

To be eligible for Medical, Dental, or Vision coverage (as applicable), your dependent must be:

- Your legally recognized spouse
- Your natural child
- Your legally adopted child
- Your stepchild
- A child required to be covered pursuant to a Qualified Medical Child Support Order
- A child with proof of legal guardianship who resides with you
- A foster child

\*dependent children may remain on the plan until the end of the calendar year in which age 26 is attained.

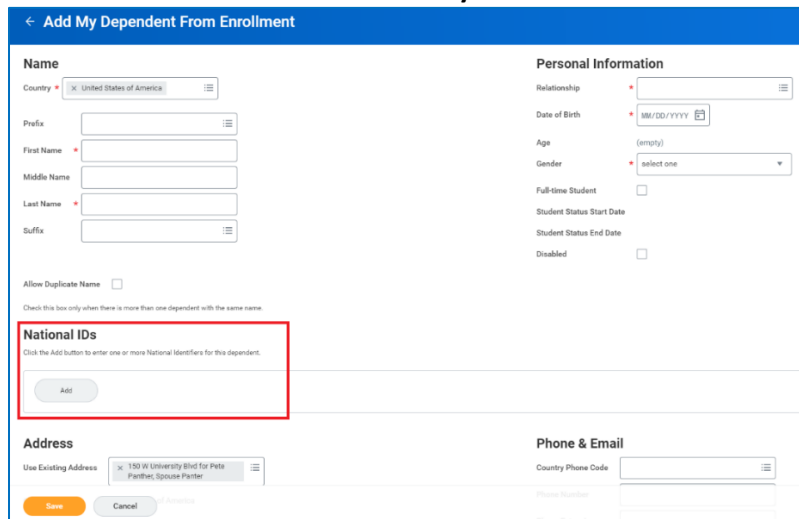
Employees must provide proof of the family members on your plan are your legal dependents. You must upload your documents here in order to add them to your benefits. Acceptable supporting documents include:

- Last year's Tax Return that has all your dependents listed - Only the front page is needed. Please block out all income information.
- Marriage Certificate for a spouse
- Birth Certificates for children

I certify all dependents for which I elected coverage are eligible for coverage. I understand that if there is any misrepresentation in the information I have provided, the CUBA Plan may end my ineligible dependent's coverage and may seek any other legal remedies available. I also understand that if any of my enrolled dependents obtain a health care benefit of which we are not entitled to receive, knowingly or unknowingly, I can be liable for the full amount of the health care benefit or payment made and for reasonable attorney's fees and costs, including the cost of the investigation. I further agree to notify the CUBA Health Plan within 30 days of any changes in dependent status and make appropriate updates to my coverages as applicable.

**OK** **Cancel**

- The required information is marked with a red star; however, Social Security Numbers are required if you are adding them to Medical, Dental, or Vision.



← Add My Dependent From Enrollment

**Name**

Country: United States of America

Prefix: [ ]

First Name: [ ]

Middle Name: [ ]

Last Name: [ ]

Suffix: [ ]

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.

Add

**Personal Information**

Relationship: [ ]

Date of Birth: MM/DD/YYYY [ ]

Age: (empty)

Gender: select one

Full-time Student:

Student Status Start Date: [ ]

Student Status End Date: [ ]

Disabled:

**Address**

Use Existing Address: 150 W University Blvd for Peter Partner, Spouse Partner

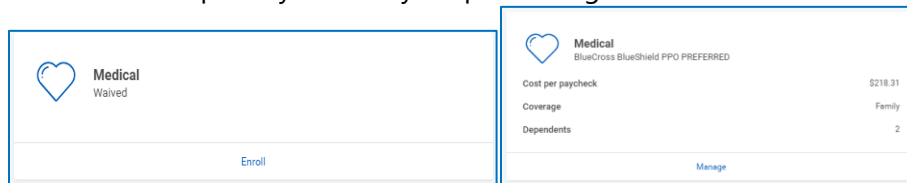
**Phone & Email**

Country Phone Code: [ ]

Phone Number: [ ]

Save Cancel

- Once you have added the new dependent you will see their name show up in the dependent area, check the box next to their name and save that coverage election.
- The main screen will then show up and you'll see your plan changes in the benefit box.



**Medical Waived**

Enroll

**Medical BlueCross BlueShield PPO PREFERRED**

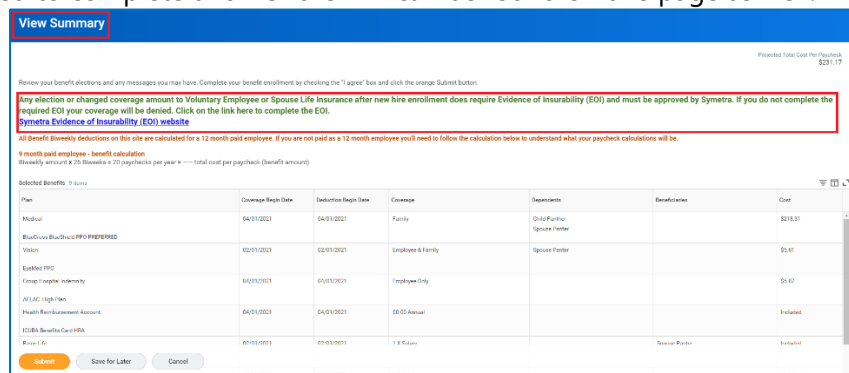
Cost per paycheck: \$218.31

Coverage: Family

Dependents: 2

Manage

- If you are adding or removing this dependent to multiple benefits, you'll need to click into each benefit to check or uncheck the box next to their name. You will not need to add their information each time as they will show up as dependent with a check box next to their name.
- Once you have made all your benefit changes click the **Review and Sign** at the bottom of the screen. The View Summary page will show up and you'll want to read each part of this to make sure everything is as you expect. If you need to complete and EOI the link can be found on this page as well.



**View Summary**

Projected Total Cost Per Paycheck: \$231.17

Review your benefit elections and any messages you may have. Complete your benefit enrollment by checking the "I agree" box and click the orange Submit button.

**Any election or changed coverage amount to Voluntary Employee or Spouse Life Insurance after new hire enrollment does require Evidence of Insurability (EOI) and must be approved by Symetra. If you do not complete the required EOI your coverage will be denied. Click on the link here to complete the EOI.**

[Symetra Evidence of Insurability \(EOI\) website](#)

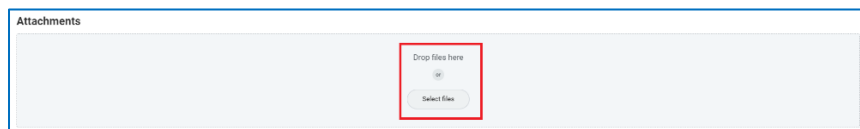
All Benefit Evidently Deductions on this site are calculated for a 12 month paid employee. If you are not paid as a 12 month employee you'll need to follow the calculation below to understand what your paycheck calculations will be.

9 month paid employee - benefit calculation  
Monthly amount = 20 benefits \* 20 paychecks per year = total cost per paycheck (benefit amount)

Plan	Coverage Begin Date	Effective Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	04/01/2021	04/01/2021	Family	Child/Partner/Spouse Partner		\$218.31
BlueCross BlueShield PPO PREFERRED	02/01/2021	02/01/2021	Employee & Family	Spouse Partner		\$1.81
Sparklife PPO	01/01/2021	01/01/2021	Employee Only			\$5.07
AT&T High Plan	04/01/2021	04/01/2021	\$0.02 Annual			Included
Health Reimbursement Account	01/01/2021	01/01/2021				Included
ICBBA Benefits Cost HRA	01/01/2021	01/01/2021	1 X \$4.00			Included

Submit Save for Later Cancel

- Before submitting your elections, if you are adding a new dependent to your benefits you must upload the **required documents\***.



**Attachments**

Drop files here

Select Files

17. After reviewing your elections, scroll down and provide your electronic signature by checking **I Accept**.
18. Once the Submitted screen comes up you can select **View Benefit Statement** and from there you can save or print a copy for your records. Then select **Done** and congratulations you are finished!

