

Welcome to Workday Self Service. Within Workday, you can manage your benefits by reporting qualified life event changes viewing and editing your benefit elections. This guide covers general information on how to make a qualified life event change. If you have any questions please contact your Benefits Team.

MAKE A LIFE EVENT CHANGE

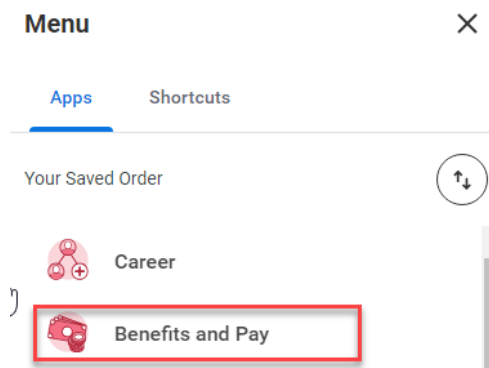
A qualified life event is a birth, death, marriage, divorce, or similar change. If you have a qualified life event, you are eligible to make changes to your benefits within 30 days of the event.

If your event requires to add or remove a dependent continue on to the next step. If you are not making any changes to your dependent's coverage please skip to Request a Benefit Event.

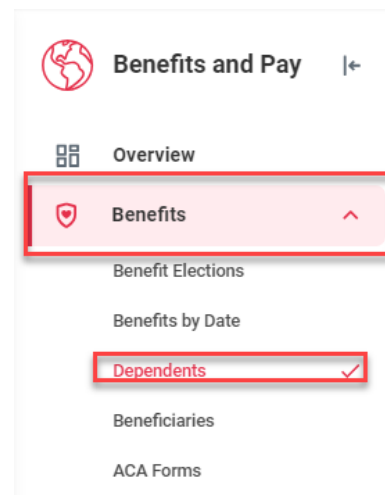
ADD DEPENDENTS

A dependent is someone, like a child or a spouse, who receives benefits under your plan.

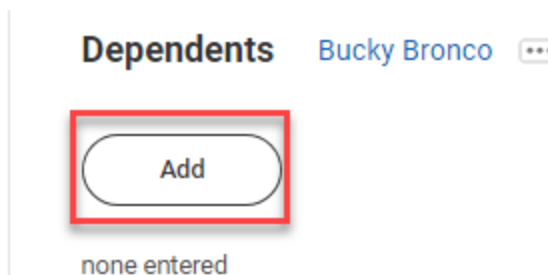
1. Click on the **Benefits and Pay App**



2. From the Navigator Pane expand **Benefits** and select **Benefit Elections**



3. Click **Add**



4. Click the **Edit** Icon or click in the field to modify. Asterisks denote required fields



Note: Make sure to select the reason as to why you are having a Qualifying Life Event.

Dependent Options

Is your new dependent already a beneficiary or emergency contact?

If yes, which one?

Effective Date & Reason

Effective Date *
08/19/2019

Reason

Use your new dependent as a beneficiary?

Use as Beneficiary
No

Dependent Personal Information

Legal Name

Legal Name *

5. Click the **Add** button to add new information.
6. **Drop** or **Select Files** to upload required document.
7. Select a **Category: Benefits**
8. Click **Submit**.

National IDs

Government IDs

enter your comment

Attachments

Fillable Affidavit of Marriage.docx
✓ Successfully Uploaded!

Description

Category * X Benefits

Submit



Note: Please be sure to add social security number and contact information for your dependents and beneficiaries.

Once the Benefit Event is approved by the Benefit Partner you will receive a task in your inbox to continue to the next steps.

REQUEST A BENEFIT EVENT

THIS SECTION IS ONLY FOR THOSE WHO DO NOT NEED TO ADD DEPENDENTS. If you already added your dependents, please go to the View and Edit Benefit Election once your request has been approved.

9. Click on the **Benefits and Pay App**

Menu

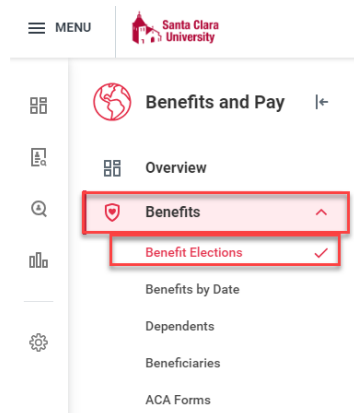
Apps **Shortcuts**

Your Saved Order

Career

Benefits and Pay

10. From the Navigator Pane expand **Benefits** and select **Benefit Elections**



11. Select **Change Reason** and select one that fits your qualifying life event and add the effective date.
12. Make sure to upload document explaining or proving that the change is due to change in the need or cost of care.
13. Click **Submit**

Change Benefits Bucky Bronco ...

Change Reason * Employee or Dependent Gains/Loses... ▼

Benefit Event Date * 02/29/2024

Submit Elections By 03/29/2024

Benefits Offered

- 401(k)
- 403(b)
- 403(b) ROTH
- Basic Life and AD&D
- Consulting Services Benefit Wellness (CSBW)
- More (13)

Attachments

LossOfCoverage2024.pdf
✓ Successfully Uploaded!

Comment

Upload

enter your comment

Submit Save for Later Cancel

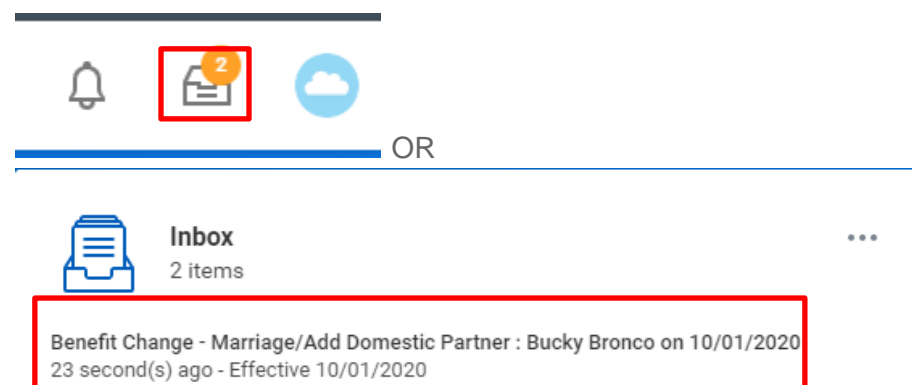
Once the Benefit Event is approved by the Benefit Partner you will receive a task in your inbox to continue to the next steps.

VIEW AND EDIT BENEFIT ELECTIONS

Enrolling or modifying Medical, Dental, and Vision Benefits.

From the Inbox:

1. Click the **Benefit Change** task.



2. Click **Let's Get Started**
3. Click **Manage** to update your medical elections. Click **Enroll** to enroll in a new benefit plan.

Health Care and Accounts

**Medical**
Kaiser HMO

Cost per paycheck \$28.93

Coverage Employee Only

[Manage](#)

4. **Select** or **Waive** on each Medical election. Your current elections are set as default.

Plans Available

You must select a plan. The displayed cost of waived plans assumes coverage for Employee Only.

5 items

Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	Credits (Semi-monthly)
Aetna AWH HMO Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$8.50	\$439.52	
Aetna HMO Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$57.54	\$619.51	
Aetna OAMC PPO High Deductible (HD)	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$86.82	\$759.65	
Kaiser HMO	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$36.84	\$490.42	
Santa Clara University Medical Waiver Plan	<input type="radio"/> Select <input checked="" type="radio"/> Waive	Included	\$0.00	\$75.00

[Confirm and Continue](#)[Cancel](#)

5. Click **Confirm and Continue**.
6. If a dependent already exists, Workday selects them automatically.
7. Click **Save**
8. If you wish to modify or enroll in Dental and Vision Coverage, please repeat steps 3-7.

Dependents

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

Coverage ★ Family

Plan cost per paycheck \$243.25

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Becky Bronco	Spouse	01/01/1950
<input checked="" type="checkbox"/>	Bucky Bronco	Child/Legal Dependent	01/01/2000

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Dependent Social Security Numbers 2 items

Dependent	*Social Security Number
Becky Bronco	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>
Bucky Bronco	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>

Save

Cancel



Note: If there is no Social Security Information in Workday, please add so then.

Enrolling or modifying Flexible Spending Accounts or Health Savings Accounts

Health Savings Account
Waived

Enroll

Healthcare FSA
Waived

Enroll

Dependent Care FSA
Waived

Enroll

Limited Purpose FSA
Waived

Enroll

1. Click **Manage** to update your medical elections. Click **Enroll** to enroll in a new benefit plan.

Healthcare FSA
Waived

Enroll

2. **Select** or **Waive** on each Medical election. Your current elections are set as default. Click **Confirm and Continue**.

Plans Available

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

1 item

Benefit Plan	*Selection
WEX Health Inc.	<input type="radio"/> Select <input checked="" type="radio"/> Waive

Confirm and Continue

Cancel

- Fill in the **Per Paycheck** Amount or **Annual** Amount. Be mindful of the minimum and maximum annual amounts.

Healthcare FSA - WEX Health Inc.

New Hire for [REDACTED] an

Projected Total Cost Per Paycheck
\$54.15

Projected Total Credits
\$0.00

Contribute

Your estimated contributions made this year

0.00

Actual contributions from payroll

\$0.00

Per Paycheck

15.00

Annual

300.00

Remaining Paychecks 20

Use Paycheck Override ☐

Minimum Annual Amount: \$300.00

Maximum Annual Amount: \$3,200.00

Summary

Total Annual Contribution \$300.00


Save

Cancel

- Click **Save**
- If you wish to modify or enroll any other Flexible Spending or Health Savings Account, repeat steps 1-4 in this section.

Enrolling or modifying Life Insurance


Insurance and Retirement



Basic Life and AD&D
Anthem Blue Cross Employee (Employee)


Coverage \$70,000

[View](#)




Voluntary Life Employee
Waived

[Enroll](#)



Voluntary Life Spouse
Waived


[Enroll](#)



Voluntary Life Child
Waived

[Enroll](#)

1. Click **Manage** to update your spending accounts elections. Click **Enroll** to enroll in a new benefit plan.



Voluntary Life Employee
Waived

[Enroll](#)

2. **Select** or **Waive** Life Insurance Plans. Your current elections are set as default. Click **Confirm and Continue**.
3. Select **Coverage** from the drop down menu.
4. At this point you can also add beneficiaries. Click the **Add Icon**
5. Click the **Prompt Icon** and select **Beneficiary Person(s)** or **Trust** to see the list of Beneficiaries available.
6. Click the Name of the person you want to assign
7. Enter the percentage amount.
8. To add more than one repeat steps 4-6.
9. When done, click **Submit**.

Coverage

Coverage * x \$100,000

3

Your guaranteed coverage amount for Voluntary Life Employee - Anthem Blue Cross 20K to 500K (Employee) is \$0. Submit your Evidence of Insurability to Anthem Blue Cross to be considered for the coverage amount of \$100,000. Your election will be waived if you are denied coverage.

Calculated Coverage \$100,000.00

Plan cost per paycheck \$7.50

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

4

+	Beneficiary	Percentage
-	x Becky Bronco ...	100

5/6

7

Secondary Beneficiaries 0 items

+	Beneficiary	Percentage
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Save

Cancel

No Data

Enrolling or modifying Mass Transit FSA

1. Click **Manage** to update your Mass Transit elections. Click **Enroll** to enroll in a new benefit plan.



Mass Transit FSA
Waived

[Enroll](#)

2. **Select** or **Waive** Life Insurance Plans. Your current elections are

set as default. Click **Confirm and Continue**.

- Fill in the **Per Paycheck** Amount. \$135 per paycheck maximum.

Mass Transit FSA - WEX Health Inc.

New Hire

Projected Total Cost Per Paycheck

\$196.65

Projected Total Credits

\$0.00

Contribute

Enter an amount that you will contribute to this plan.

Per Paycheck Contribution (\$)

157.50

Maximum Amount: \$157.50

- Click **Save**.

Finalize and Submit Benefit Enrollment

Once you have made all your benefit elections, please make sure to take the following step to finalize the benefit event.

- Review all elections made by skimming the Benefit Event Page

New Hire

Projected Total Cost Per Paycheck \$165.07
Projected Total Credits \$0.00

Health Care and Accounts



Medical
Kaiser HMO

Cost per paycheck \$30.07
Coverage Employee Only

Manage



Dental
Delta Dental DPPO

Cost per paycheck Included
Coverage Employee Only

Manage



Health Savings Account
Waived

Enroll



Healthcare FSA
Waived

Enroll

- Click **Review and Sign**



Note: Any benefit that you can view, but cannot edit is because you do not meet the eligibility or they are employer paid benefits. Retirement elections are not made via Workday.

- Review the Summary Page to ensure all your desired elections were made.

View Summary

Projected Total Cost Per Paycheck
\$165.07

Projected Total Credits
\$0.00

Selected Benefits 9 items

Turn on the new tables view

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	08/01/2021	08/01/2021	Employee Only	Bucky Bronco Jr.		\$30.07
Kaiser HMO						
Dental	08/01/2021	08/01/2021	Employee Only			Included
Delta Dental PPO						
Basic Life and AD&D	08/01/2021	08/01/2021	\$70,000			Included
Sun Life Financial (Employee)						
Long Term Disability Coverage (LTD)	08/01/2021	08/01/2021	66.67% of Salary			Included
Reliance Standard (Employee)						
401(k)	08/01/2021	08/01/2021				Included
SCU Retirement Defined Contribution Retirement Plan						
403(b)	08/01/2021	08/01/2021				Included
SCU Retirement Pre-tax						

4. Scroll down to review any **Messages** and **Total Benefits Cost**

Messages

1 item

Plan	Information
Voluntary Life Employee - Anthem Blue Cross 250K to 500K (Employee)	You must submit evidence of insurability for the \$100,000 election. Your election will be reduced to \$0 until evidence of insurability is received and approved. Your election will be waived if you are denied coverage.

Total Benefits Cost 1 item

Company Contribution	Employee Cost	Credits	Net Cost
\$988.21	\$545.75	\$0.00	\$545.75

5. Check off the **I Agree** box to provide an electronic signature confirming your changes and click **Submit**.

Electronic Signature

LEGAL NOTICE: Please Read

Your Name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I AGREE" checkbox, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers.

Kaiser Enrolled Employees

If you enrolled into SCU's Kaiser plan, this electronic signature acknowledges that you accept the rules and regulations of Kaiser California.

I Agree ☒

Submit Save for Later Go Back Cancel

PRINT BENEFITS STATEMENT

Upon submitting the event you will receive the following confirmation page.

1. Click **View 2024 Benefits Statement** to view new elections.

Submitted

You've submitted your elections.

View 2024 Benefits Statement

2. Workday will direct you to page similar to the Summary Page.

3. Click **Print** at the bottom of the page

401(k) - SCU Retirement Defined Contribution Retirement Plan	03/01/2020	03
403(b) - SCU Retirement Pre-tax	03/01/2020	01

Print

4. Click the **Download** button on the pop up to download the document.

5. Once done, click the WD Cloud to go to the homepage or logout.