

Welcome to Santa Clara University! During this enrollment period, you will receive a task in your Inbox. Review this job aid for steps on completing your Benefits Enrollment. To avoid defaulting, please make sure to complete your enrollment within 30 days of your date of hire. (The default benefits will be Blue Shield Trio Employee Only and Fidelity 401a)



Note: Please have social security number and contact information available for your dependents and beneficiaries readily available as it will be needed to begin the enrollment.

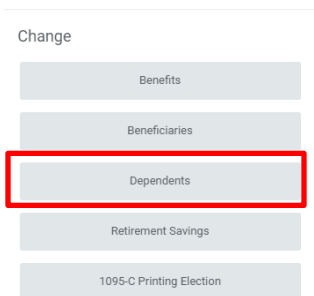
ADD DEPENDENTS

Note: Please have social security number and contact information available for your dependents and beneficiaries readily available as it will be needed to begin the enrollment.

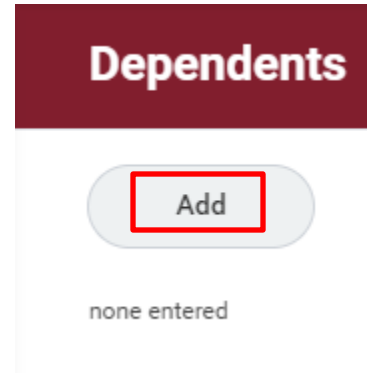
A dependent is someone, like a child or a spouse, who receives benefits under your plan.


From the Benefits application:

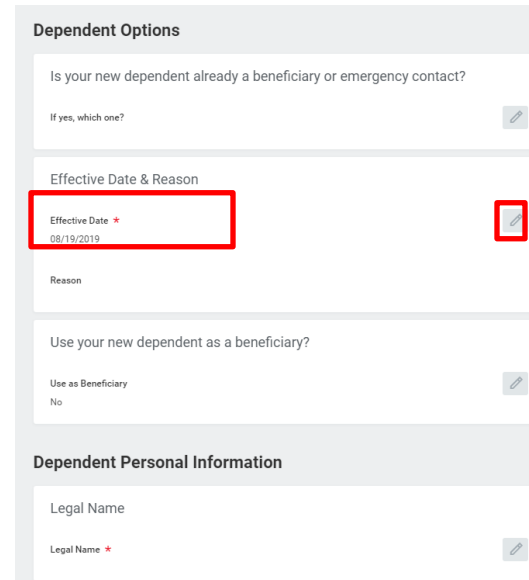
1. Click the **Dependents** button under Change.



2. Click **Add**.



3. Click the **Edit**  icon or click in the field to modify. Asterisks denote required fields. The Benefit Reason will be **Add Dependent > New Hire**



4. Click the **Add** button to add new information.
5. **Drop or Select Files** to upload required document.

- 6. Select a **Category**
- 7. Click **Submit**.

National IDs
Add

Government IDs
Add

enter your comment


Attachments

Fillable Affidavit of Marriage.docx
Successfully Uploaded!

Description

Category * X Benefits

Submit Save for Later Cancel

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

VIEW AND EDIT BENEFIT ELECTIONS

Enrolling or modifying Medical, Dental, and Vision Benefits.

From the Inbox:

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

OR

Inbox
1 item

Change Benefits for Life Event
24 day(s) ago - Effective 08/02/2021

Go to Inbox

- 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

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Shield HMO Access+ Plan	\$48.68	\$504.84
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Blue Shield HMO Trio Plan	\$8.05	\$384.91
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Shield PPO High Deductible (HD)	\$79.22	\$666.41
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser HMO	\$28.93	\$381.17
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Santa Clara University Medical Waiver Plan	Included	\$0.00

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

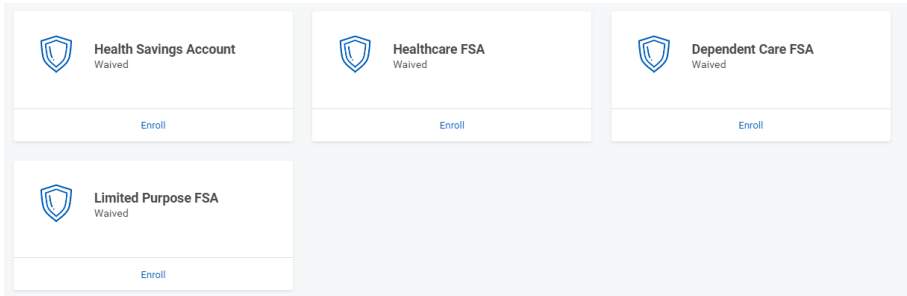
Dependent	*Social Security Number
Becky Bronco	<input type="radio"/> Social Security Number (SSN) <input type="text" value=".."/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>
Bucky Bronco	<input type="radio"/> Social Security Number (SSN) <input type="text" value="---"/> <input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

Save Cancel

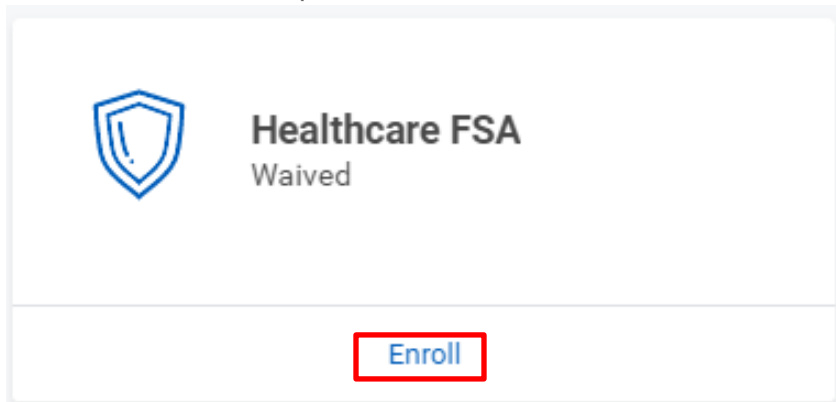


Note: If there is no Social Security Information in Workday, please add so then.

Enrolling or modifying Flexible Spending Accounts or Health Savings Accounts



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



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

*Selection	Benefit Plan	You Contribute (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	CBIZ	



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

Healthcare FSA - Discovery Benefits New Hire for I

Projected Total Cost Per Paycheck
\$67.57

Projected Total Credits
\$0.00

Contribute

Your estimated contributions made this year

Actual contributions from payroll \$0.00

Per Paycheck

Annual Remaining Paychecks

Use Paycheck Override

Save
Cancel

4. Click **Save**
5. 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 * 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

Beneficiary	Percentage
Becky Bronco	100

Secondary Beneficiaries 0 items

Save Cancel No Data

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

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

Mass Transit FSA - Discovery Benefits

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

Contribute

Enter an amount that you will contribute to this plan.

Per Paycheck Contribution (\$)

Maximum Amount: \$135.00

- Click **Save**.

Enrolling or modifying Mass Transit FSA

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

Mass Transit FSA
Waived

- Select or Waive Life Insurance Plans. Your current elections are

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](#)

2. 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.

3. 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

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 DPPO						
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(a)	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 20K 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
2988.21	\$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:

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

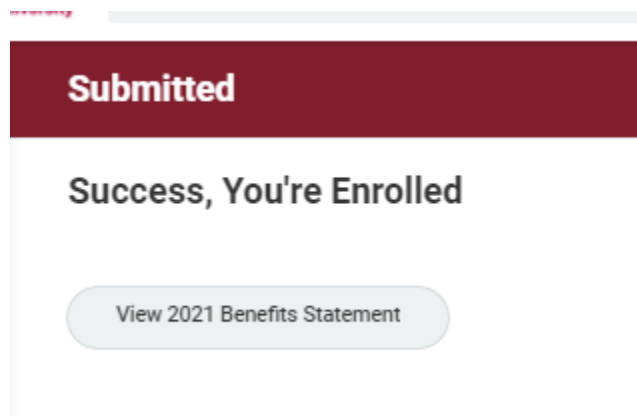
Kaiser Enrolled Employees
If you enrolled into SCU's Kaiser plan, this electronic signature acknowledges that you accept the rules and regulations of Kaiser California.

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 2020 Benefits Statement** to view new elections.
2. Workday will direct you to page similar to the Summary Page.
3. Click **Print** at the bottom of the page



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.