

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 when needing to remove a dependent. 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.

1. Click the **Benefits Tile**

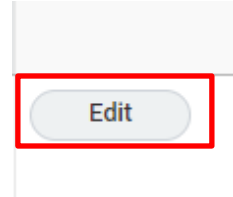


Benefits

2. Click on **Change: Dependents**



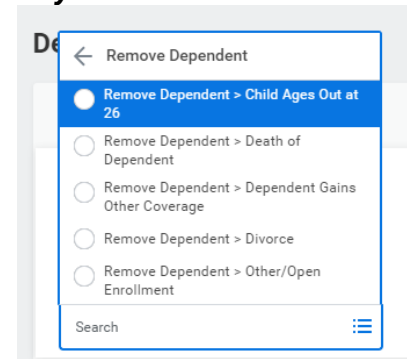
3. Click the **EDIT** button next to the individual you wish to remove



4. Make sure to add the following information  
**Effective Date:** *This is the date of the event*



**Reason: Remove Dependent** > *Chose the reason that applies to your case*



Note: If the removal reason is divorce/dissolution of partnership make sure to change **Relationship Status** to **Ex-Spouse** or **Ex-Domestic Partner**. Whichever applies

5. Scroll to the bottom and upload the document finalizing the marriage and select Category: benefits.

**Attachments**

Fillable Affidavits.docx  
✓ Successfully Uploaded!

Description

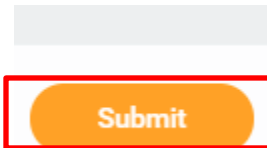
Category \*  ⋮

× Benefits

[Upload](#)

Submit
Save for Later
Cancel

6. Submit



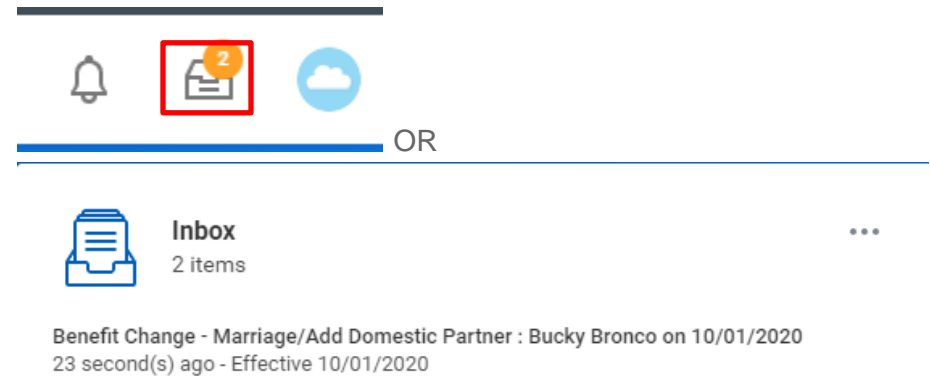
Once the Benefit Event is approved by the Benefit Partner you will receive a task in your inbox to continue to the next steps.

## 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

*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.

1. Fill in the **Per Paycheck** Amount or **Annual** Amount. Be mindful of the minimum and maximum annual amounts.
2. 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**.

**3 Coverage**

Coverage:

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.

**4 Primary Beneficiaries** 1 item

Beneficiary	Percentage
Becky Bronco	100

**Secondary Beneficiaries** 0 items

Save Cancel No Data

## 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.

1. Review all elections made by skimming the Benefit Event Page

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: \$545.75 | Projected Total Credits: \$0.00

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	10/01/2020	10/01/2020	Family	Becky Bronco		\$243.25
Kaiser HMO				Bucky Bronco Jr.		
Dental	03/01/2020	03/01/2020	Employee Only			Included
Delta Dental DPPPO for Union						
Healthcare FSA	10/01/2020	10/01/2020	\$300.00 Annual			\$60.00
CB2						
Basic Life and AD&D	03/01/2020	03/01/2020	\$70,000			Included
Anthem Blue Cross Employee (Employee)						
Voluntary Life Employee	10/01/2020	10/01/2020	\$100,000		Becky Bronco	\$7.50
Anthem Blue Cross 20K to 500K (Employee)						
Long Term Disability Coverage (LTD)	03/01/2020	03/01/2020	66.67% of Salary			Included
Reliance Standard (Employee)						
401(k)	03/01/2020	03/01/2020				Included
SCU Retirement Defined Contribution Retirement Plan						

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
\$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.

## Submitted

Success, You're Enrolled

View 2020 Benefits Statement

1. Click **View 2021 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.