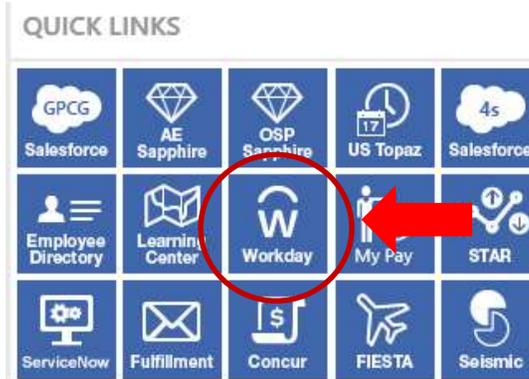


New Hire Enrollment Instructions

From the main homepage of FIIRE, click on the “Workday” icon or open a Firefox window to access the Workday platform to get started.



Good Morning, On Behalf of:

Awaiting Your Action



Benefit Change - New Hire Enrollment :

My Tasks 20 second(s) ago

From the main page in Workday, click on the “Inbox” icon. There are two options:

- The envelope in the top right corner
- The inbox icon under Announcements

Your New Hire Enrollment event will be waiting for you in the inbox.

Please Note: You can save the enrollment form at any point and complete it at a later time. To pick up where you left off, just go into your Inbox.

Health Care and Accounts

Medical
Waived

[Enroll](#)

Dental
Waived

[Enroll](#)

Vision
Waived

[Enroll](#)

HSA
Waived

[Enroll](#)

HSA - Kaiser
Waived

[Enroll](#)

Dependent Care
Waived

[Enroll](#)

Wellness
Ginger Emotional Support

Coverage Single

[Manage](#)

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Single. Workday displays the cost for a waived plan only if it offers Single coverage.

3 items

*Selection	Benefit Plan	Company Contribution (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	United Healthcare EPO Healthcare Choice (EPO)	\$608.64
<input type="radio"/> Select <input checked="" type="radio"/> Waive	United Healthcare PPO Healthcare Choice Plus (PPO 2250)	\$498.92
<input type="radio"/> Select <input checked="" type="radio"/> Waive	United Healthcare PPO Healthcare Choice Plus (PPO 500)	\$589.04

1. Click "Enroll" under **Medical** coverage.
2. Click "Select" button next to the plan you wish to enroll in.

Projected Total Cost (Monthly)
\$0.00

Dependents

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

Coverage * Single

Add New Dependent

3. If adding a dependent, click “Add New Dependent”.
4. Click “OK”.

Add Dependent

Relationship *

Use as Dependent

Use as Beneficiary

Inactive Date (empty)

Date of Birth *

Age (empty)

Gender *

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

Legal Name **Contact Information** National IDs Additional Government IDs Other IDs

Country *

Prefix

First Name *

Save

Cancel

5. Complete all identification fields with a red *asterisk.
6. Click “Contact Information” tab then click “Add” under the address section.
7. Link your address to your dependent’s profile by clicking on  next to “Use Existing Address”. Then click “By Contact” and select your name.

Please note: only manually type in the address if it is different from yours or any other dependent enrolled in your benefits.

8. Under usage type, click “Home”.
9. Click “Save”.

Projected Total Cost (Monthly)
\$0.00

Dependents

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

Coverage * Emp + Spouse

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	John Doe	Spouse	01/01/1980

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 1 item

Dependent	*Social Security Number
John Doe	<p><input type="radio"/> Social Security Number (SSN) <input type="text"/></p> <p><input type="radio"/> Reason SSN is Not Available <input type="text"/></p>

Save

Cancel

10. SSN is not required for newborn children, but should be entered for all other dependents.

11. Click "Save"

- 12. Repeat directions with Dental and Vision coverage, as applicable.
- 11. Select the dependent(s) you'd like to enroll and click "Save".
- 13. Click on Manage under Wellness then click "Confirm" and "Continue".
- 14. Select the dependent(s) you'd like to enroll and click "Save".

SKIP THE BELOW STEPS IF YOU ARE NOT ENROLLING IN AN HSA or DEPENDENT CARE FSA

Health Care and Accounts

 Medical United Healthcare PPO Healthcare Choice Plus (PPO 2250) Coverage: Emp + Spouse Dependents: 1 Manage	 Dental Guardian Dental Coverage: Emp + Spouse Dependents: 1 Manage	 Vision VSP Vision Employee Plan Coverage: Emp + Spouse Dependents: 1 Manage
 HSA Waived Enroll	 HSA - Kaiser Waived Enroll	 Dependent Care Waived Enroll
 Wellness Ginger Emotional Support Coverage: Emp + Spouse Dependents: 1 Manage		

1. Click "Enroll" under the HSA plan that corresponds to your medical plan.
 - a. UHC PPO 2250 > HSA
 - b. Kaiser HSA > HSA - Kaiser
2. Click "Select" on the next page, then click "Confirm" and "Continue".

Projected Total Cost (Monthly)
\$100.00

Contribute

Your estimated contributions made this year

Per Paycheck Annual Remaining Paychecks 4

Use Paycheck Override

Number of Paychecks

Maximum Annual Amount: \$7,200.00

Summary

Contribution (Monthly)	\$100.00
Annual Company Contribution	\$375.00
Total Annual HSA Contribution	\$775.00

Save

Cancel

3. Enter the monthly amount you would like to contribute in the per paycheck box. Payroll will only collect on the 15th of the month paycheck.
4. Check the "Use Paycheck Override" box.
5. Enter the number of months remaining to contribute in the plan year in the "Number of Paychecks" box. **Please note:** HSA contributions begin first of the month following 30 days of employment.

SKIP THE BELOW STEPS IF YOU ARE NOT ENROLLING IN THE DEPENDENT CARE FSA

Health Care and Accounts

 Medical United Healthcare PPO Healthcare Choice Plus (PPO 2250) Coverage Emp + Spouse Dependents 1 Manage	 Dental Guardian Dental Coverage Emp + Spouse Dependents 1 Manage	 Vision VSP Vision Employee Plan Coverage Emp + Spouse Dependents 1 Manage
 HSA HSA Administrators United Healthcare HSA Contribution (Monthly) \$100.00 Manage	 HSA - Kaiser Waived Enroll	 Dependent Care Waived Enroll
 Wellness Ginger Emotional Support Coverage Emp + Spouse Dependents 1 Manage		

1. Click “Enroll” under **Dependent Care** coverage.
2. Click “Select” on the next page, then click “Confirm” and “Continue”.

Projected Total Cost (Monthly)
\$200.00

Contribute

Your estimated contributions made this year

Per Paycheck

Annual

Remaining Paychecks **4**

Use Paycheck Override

Number of Paychecks

Maximum Annual Amount: \$10,500.00

Summary

Contribution (Monthly) \$100.00

Total Annual Contribution \$400.00

Save

Cancel

3. Enter the monthly amount you would like to contribute in the per paycheck box. Payroll will only collect on the 15th of the month paycheck.
4. Check the "Use Paycheck Override" box.
5. Enter the number of months remaining to contribute in the plan year in the "Number of Paychecks" box. **Please note:** DCFSA contributions begin first of the month following 30 days of employment.

SKIP THE BELOW STEPS IF YOU DO NOT WANT TO ENROLL IN VOLUNTARY BENEFITS

Insurance

 Voluntary Life - Employee Waived	 Voluntary Life - Spouse Waived	 Short Term Disability Waived
Enroll	Enroll	Enroll
 Long Term Disability Waived	 AD&D - Employee Waived	 AD&D - Spouse Waived
Enroll	Enroll	Enroll

1. Click “Enroll” under the corresponding plan you wish to enroll in.

Please Note: Payroll will only collect on the 15th of the month paycheck.

Projected Total Cost (Monthly)
\$106.75

Coverage

Calculated Coverage \$250,000.00

Coverage *

Plan cost (Monthly) \$6.75

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 0 items



+	Beneficiary	Percentage
No Data		

Secondary Beneficiaries 0 items



+	Beneficiary	Percentage
No Data		

2. Enter the amount of requested coverage.
3. Enter at least one beneficiary for voluntary life and/or AD&D insurance. The percentage must total 100% between the primary and contingent beneficiary(ies), as applicable. A spouse's beneficiary will be the employee.
4. Complete all identification fields with a red *asterisk.
5. For Short-term /or Long-term disability coverage, you will click "Select" to enroll. No beneficiary will be required.

Once you are done with the enrollment, click "Review and Sign".

On the next page, scroll down the Electronic Signature page and click "I Accept" and click "Submit".

The screenshot displays an insurance enrollment dashboard with the following sections:

- Medical:** United Healthcare PPO Healthcare Choice Plus (PPO 2250). Coverage: Emp + Spouse. Dependents: 1. [Manage](#)
- Dental:** Guardian Dental. Coverage: Emp + Spouse. Dependents: 1. [Manage](#)
- Vision:** VSP Vision Employee Plan. Coverage: Emp + Spouse. Dependents: 1. [Manage](#)
- HSA:** HSA Administrators United Healthcare HSA. Contribution (Monthly): \$100.00. [Manage](#)
- HSA - Kaiser:** Waived. [Enroll](#)
- Dependent Care:** Waived. [Enroll](#)
- Wellness:** Ginger Emotional Support. Coverage: Emp + Spouse. Dependents: 1. [Manage](#)
- Insurance:**
 - Voluntary Life - Employee:** The Hartford Employee (Employee). Cost (Monthly): \$6.75. Coverage: \$250,000. [Manage](#)
 - Voluntary Life - Spouse:** Waived. [Enroll](#)
 - Short Term Disability:** The Hartford Non-CA Non-WA Employee (Employee). Cost (Monthly): \$15.98. Coverage: 60% of Salary. [Manage](#)
 - Long Term Disability:** (Partially visible)
 - AD&D - Employee:** (Partially visible)
 - AD&D - Spouse:** (Partially visible)

At the bottom of the dashboard, there are two buttons: **Review and Sign** (circled in red) and **Save for Later**.