

Benefit Enrollment: New Hire

Overview

This provides information on how to enroll in benefits as a new employee enrolling for the first time.

Who Does This: Employee

Things to Know:

- If you are a new employee:
 - You have 14 calendar days from your date of hire to enroll in your benefits.
 - Your benefits are effective the first of the month following your date of hire.
- Once you elect your benefits, you can only make a change if you have a qualifying life event as outlined in your benefits guide. (Changes may also be made during annual open enrollment.)



Inbox
1 item

Benefit Change - Hire : John Doe on 06/07/2021
23 hour(s) ago - Effective 06/07/2021

Step 1

Access Workday online or via your mobile device.

Click on the **Benefit Change – Hire** task in your Inbox.

Change Benefit Elections

7 minute(s) ago - Effective 05/25/2021

Initiated On 06/15/2021

Submit Elections By 06/28/2021

[Let's Get Started](#)

Step 2

Click on **Let's Get Started**.

Health Information

Tobacco Use

Question Have you used tobacco in any form in the past 12 months?

Answer * Yes
 No

Continue

Step 3

Answer the Tobacco Use question.

Click **Continue**.

Information Updated

Thanks for updating your information.

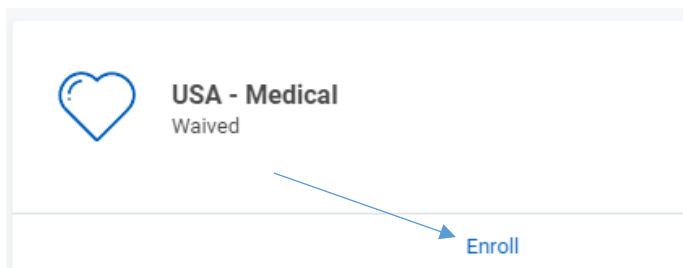
Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make.

Continue

Step 4

Proceed by clicking **Continue** again.

Health Care and Accounts



Step 5

Under Health Care and Accounts and each section, proceed through each coverage "tile" to enroll in each desired coverage type to include medical, dental, vision, accident and savings plans.

Workday will not prompt you to choose a tile, so be sure to not miss a desired coverage type.

Click **Enroll** to enroll in that coverage.

*Selection	Benefit Plan
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna CDHP
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna CDHP Bronze Plan
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser CDHP CA

Confirm and Continue

Step 6

Click to **select** the desired plan.

Only the available plans in your area will be shown.

(Rates shown are for Employee Only coverage.)

Click **Confirm and Continue**.

Dependents

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

Coverage * Employee Only

Plan cost (Semimonthly) \$35.50

Add New Dependent

Step 7

On the next screen, indicate who you want to cover.

If you are only covering yourself, click **Save**.

If you want to add a dependent, click **Add New Dependent**.

On the next screen, click **OK**.

Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Step 8

Enter your dependent's info:
First and Last Name

Personal Information

Relationship * ⋮

Date of Birth * 📅

Age 13 years, 8 months, 14 days

Gender * ▼

Country of Birth ⋮

City of Birth

Tobacco Use Uses Tobacco

* Yes
 No

National IDs

Click the Add button to enter one or more National IDs.

Add

Country * ⋮

National ID Type * ⋮

Current ID (empty)

Add/Edit ID *

Save

Enter your dependent's Personal Information:
Relationship
Date of Birth
Gender
Tobacco Use

Scroll Down to **National IDs**.

Click **Add** to enter your dependent's SSN.

Click **Save**.

USA - Medical - Aetna CDHP

Projected Total Cost (Semimonthly)
\$103.00

Dependents

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

Coverage * Employee + Child(ren)

Plan cost (Semimonthly) \$103.00

Add New Dependent

1 item

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Child

Save

Step 9

If you want to add another dependent, click **Add New Dependent** and repeat the above steps.

Otherwise, confirm that the **Select** box is checked and the dependent is added to the plan.

Click **Save**.



USA - Vision
Waived

Enroll

Step 10

Move to the next desired coverage tile.

Click **Enroll**.

Plans Available

Select a plan or Waive to opt out of USA - Vision. The displayed cost of waived plans assumes coverage for

1 item

*Selection	Benefit Plan	You Pay (Semimonthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	VSP	\$3.73

Confirm and Continue

Step 11

Click to **select** the desired plan.

Click **Confirm and Continue**.

Dependents

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

Coverage * Employee + Child(ren)

Plan cost (Semimonthly) \$7.22

Add New Dependent

1 item

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Child

Save

Step 12

Click Save to cover only yourself.

Or click **Add New Dependent** to add another dependent.

Or click the **Select** box to add coverage for a previously entered dependent.

Click **Save**.

Keep moving to each desired coverage tile.



USA - Health Savings Account

Waived

Enroll

Step 13

Please review your **Health Savings Account** enrollment.

If you enrolled in one of the CDHP Medical plans, you **MUST Enroll** in the HSA to receive the CoorsTek contribution.

Please do not Waive your HSA or you will not receive the CoorsTek contribution.

Click **Enroll**.

*Selection	Benefit Plan	You C
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Discovery Benefits	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Discovery Benefits Bronze	

Confirm and Continue

Step 14

Only the plan you're eligible for (based on your medical plan election and age) will be available for selection.

Click **Select**.

Click **Confirm and Continue**.

Contribute

Per Paycheck

Annual Rem

Maximum Annual Amount: \$7,200.00

Summary

Contribution (Semimonthly) \$25.00
Total Annual HSA Contribution \$800.04

Save

Step 15

On the next screen, enter your desired **Per Paycheck** HSA contribution or desired **Annual contribution**.

You may elect to contribute \$0 of your own funds, if desired.

Note, the CoorsTek company contribution is added to your Total Annual HSA Contribution. (The total cannot exceed the annual IRS maximum allowed contribution.)

Click **Save**.



USA - Dependent Care FSA
Waived

Enroll

Select a plan or Waive to opt out of USA - Dependent Care FSA.

1 Item

*Selection	Benefit Plan
<input checked="" type="radio"/> Select	Discovery Benefits
<input type="radio"/> Waive	

Confirm and Continue

Step 16

If you wish to contribute to a **Dependent Care Flexible Spending Account** for childcare (daycare) expenses, move to that tile and click to **Enroll**.

Click to **Select** the plan.

Click **Confirm and Continue**.

Contribute

Per Paycheck

Annual

Maximum Annual Amount: \$5,000.00

Summary

Contribution (Semimonthly) \$250.00
Total Annual Contribution \$3,000.00

Save

Step 17

Enter your desired **Per Paycheck** contribution or **Annual contribution** for the Dependent Care FSA.

Click to **Save**.

Insurance and Retirement

Step 18

Scroll down, moving to **Insurance and Retirement**, and click on desired tiles to elect supplemental life insurance, AD&D coverage and critical illness coverage for you and your dependents as desired.

Step 19

To enroll in **Supplemental Life** insurance, click **Enroll** on that tile.

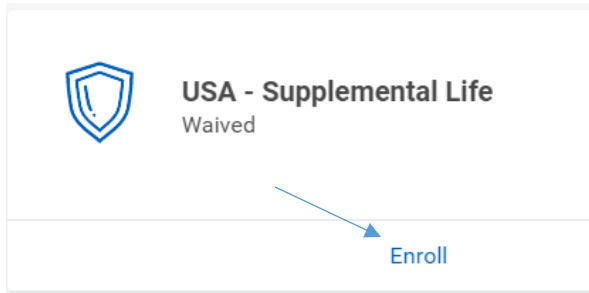
On the next screen, click to **Select** the plan.

Click **Confirm and Continue**.

Step 20

On the next screen in the **Coverage** box, click on the list icon for a dropdown menu of available coverage levels.

Click to select the desired life insurance coverage amount. The Plan cost (Semimonthly) will appear.



*Selection	Benefit Plan
<input checked="" type="radio"/> Select	Hartford (Employee)
<input type="radio"/> Waive	

Confirm and Continue

Coverage

Calculated Coverage

Coverage *

Plan cost (Semimonthly)

Beneficiaries

Select an existing or add a new beneficiary.

Primary Beneficiaries 0 items

+ Beneficiary

Search

- \$140,000
- \$150,000
- \$160,000
- \$170,000
- \$180,000
- \$190,000
- \$200,000
- \$210,000
- \$220,000

dju


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	


Primary Beneficiaries 1 item


Beneficiary	Percentage
<input type="text" value="Search"/> 	
Existing Beneficiary Persons >	
Existing Trusts >	
Add New Beneficiary or Trust	

Secondary B

Beneficiary	Percentage
-------------	------------

Add New Beneficiary or Trust

John Doe 

Relationship * 

Use as Beneficiary


Date of Birth 

Age 71 years, 5 months, 5 days

Gender 


Allow Duplicate Name

Legal Name Contact Information National IDs Additional Government IDs

Country * 

Prefix 

Primary Beneficiaries 1 item

Beneficiary	Percentage
<input type="text" value="Charles Doe"/> 	<input type="text" value="100"/>

Save

On the same screen, please add a beneficiary.

Click the “+” sign to add a Beneficiary line.

Click the list icon for a dropdown menu and choose to add a new beneficiary or choose an existing beneficiary.

Enter all the beneficiary’s information.

Assign a **Percentage** to each beneficiary.

Click to **Save**.



USA - 401(k)
Fidelity

Contribution

0%

[View](#)

Step 21

This tile is for reference only. You will be auto-enrolled in the CoorsTek 401(k) plan at a 3% contribution.

401k enrollment is effective the first of the month following 30 days of employment.

To make changes to your 401(k) contribution please visit the Fidelity site at www.401k.com.

Review and Sign

Step 22

Please make a final review of all benefit offerings.

Be sure that you clicked on each desired benefit tile to enroll in or waive desired coverages.

When finished, click **Review and Sign**.

Projected Total Cost (Semimonthly)
\$391.22

Please review your elections carefully. If you have questions regarding your elections please contact benefits@coorstek.com. Please check the "I Agree" box at the bottom of the page once you have reviewed and confirmed elections. You will have an option to print or email these elections once you submit your elections.

Turn on the new tables v

Selected Benefits 10 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
USA - Medical	07/01/2021	06/21/2021	Employee + Child(ren)	Jane Doe		\$103.00
Aetna CDHP						
USA - Vision	07/01/2021	06/21/2021	Employee + Child(ren)	Jane Doe		\$7.22
YSP						
USA - Health Savings Account	07/01/2021	06/21/2021	\$300.00 Annual			\$25.00
Discovery Benefits						
USA - Dependent Care FSA	07/01/2021	06/21/2021	\$3,000.00 Annual			\$250.00

Step 23

Carefully review your **Selected Benefits** and **costs** and your **Waived Benefits**.

You may **Save for Later** and access this Benefit task at any time within the first 14 days following your date of hire.

Electronic Signature

LEGAL NOTICES: Please Read

All employees:

Your Name and Password are considered your "Electronic Signature" and When you check the "I Accept" checkbox, you are certifying that:

1. You understand that your benefit elections are legal and binding to you.
2. You understand that all benefits are contingent upon your enrollment.
3. You authorize CoorsTek to establish the benefits you select and to do not work enough hours to cover your premium payments each payroll, coverage may be terminated for late payment.

All employees:

As a plan participant, you are entitled to a comprehensive description of health care coverage, your plan makes available a Summary of Benefits and Coverage (SBC).

When you check the "I Accept" checkbox, you are affirmatively consenting to receive all disclosures and plan documents, including SPDs, SBCs, Annual Disclosure Statement, and Summary of Benefits and Coverage (SBC).

All disclosures and plan documents, including SPDs, SBCs, Annual Disclosure Statement, and Summary of Benefits and Coverage (SBC).

You may request and obtain a paper copy of any electronically furnished documents by calling 1-800-771-7000.

[Kaiser Arbitration Agreement for Kaiser CA enrollments only: Kaiser Foundation Health Plan Arbitration Agreement*](#)

I understand that (except for Small Claims Court cases, claims subject to arbitration law) any dispute between myself, my heirs, relatives, or other associates on the one hand, and CoorsTek on the other hand, for alleged violation of any duty arising out of or in connection with my employment by CoorsTek, shall be resolved by arbitration.

I Accept



Submit

Step 24

Carefully read the **Electronic Signature and Legal Notices**.

Once you understand and agree, click the **I Accept** box.

Click to **Submit**.

Submitted

Success, You're Enrolled

[View 2021 Benefits Statement](#)

Step 25

You are now enrolled!

You may click to **View your 2021 Benefits Statement**.

Print

Step 26

On the next screen you may again review your benefit elections. Scroll to the bottom and click to **Print** your elections.

We highly recommend that you keep a copy of your Elections Confirmation.



Submit Elections Confirmation

02:27 PM
06/25/2021
Page 1 of 3

Hire for John Doe
Initiated On: 06/24/2021
Submit Elections By: 07/07/2021
Event Date: 06/07/2021

Total Employee Cost/Credit
\$391.22 Semimonthly Cost

Elected Coverages

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semimonthly)	Employer Contribution (Semimonthly)
USA - Medical - Aetna CDHP	07/01/2021	06/21/2021	Employee + Child(ren)		Jane Doe		\$103.00	\$458.97
USA - Vision - VSP	07/01/2021	06/21/2021	Employee + Child(ren)		Jane Doe		\$7.22	
USA - Health Savings Account - Discovery Benefits	07/01/2021	06/21/2021	\$300.00 Annual				\$25.00	
USA - Dependent Care FSA - Discovery Benefits	07/01/2021	06/21/2021	\$3,000.00 Annual				\$250.00	
USA - Basic Life - Hartford (Employee)	07/01/2021	06/21/2021	1 X Salary	\$52,000.00				\$3.90
USA - Basic AD&D - Hartford (Employee)	07/01/2021	06/21/2021	1 X Salary	\$52,000.00				\$0.52
USA - Supplemental Life - Hartford (Employee)	07/01/2021	06/21/2021	\$150,000	\$150,000.00		Charles Doe	\$6.00	
USA - Long Term Disability - Hartford (Employee)	07/01/2021	06/21/2021	50% of Salary	\$2,166.67				\$5.33
USA - 401(k) - Fidelity	08/01/2021	07/19/2021						
USA - Short Term Disability - Hartford	07/01/2021	06/21/2021	100% of salary for 10 days subject to waiting period / 60% of salary from day 11 through 180					\$1.14
Total:							\$391.22	\$469.86

FAQ's

What if I started and can't complete all my elections? At any point, you can select **Save for Later**.

I accidentally exited workday – do I have re-enter all my information? Your information is saved as you enter it.

What if I want to change something I input on the prior page? You can click the **Go Back** button.

Why is an elect/waive option grayed out? If the plan is selected but is grayed out, it is an automatic benefit provided to you by the company. If the plan is grayed out, you are not eligible to enroll in that plan.

When are my benefits effective? Your benefits are effective the first of the month following your date of hire.

When is Open Enrollment? Open enrollment is in the fall. (Look for informational posters and meetings at your facility). Benefits elected during open enrollment are effective the first day of the following calendar year.

Where can I find information regarding the benefit plans? Please review the benefit guide you were provided during onboarding or visit www.coorstek.com/benefits.

What is Evidence of Insurability, or EOI? EOI is a form required by our life insurance carrier to approve coverage above the guaranteed issue amount. If your election requires Evidence of Insurability, you will receive notification from the life insurance company.