

Change Benefits – Qualifying Event/Change in Family Status

Overview

This provides information on how to change your benefits based on a qualifying life event.

Who Does This: Employee

Things to Know:

- You may make a change to your benefits if you have a qualifying life event as outlined in your benefits guide.
- Changes must be requested within 30 days of the qualifying life event.
- Most changes require supporting documentation.



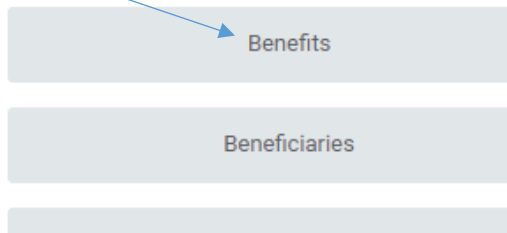
Benefits

Step 1

Access Workday online or via your mobile device.

Click on the **Benefits** worklet.

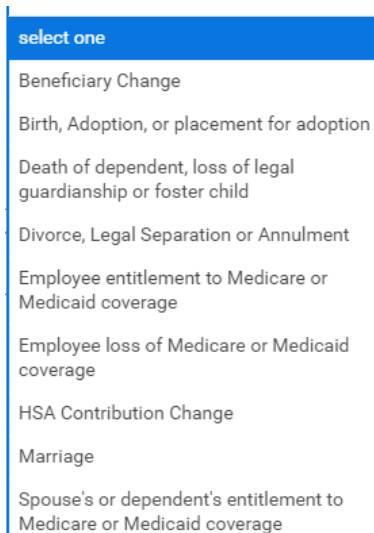
Change



Step 2

Click Change, **Benefits**.

Change Reason * select one






Step 3

Click the down arrow to access the Change Reason menu.

Click to select the **Change Reason** by choosing the reason from the drop-down menu.


All changes except those noted with * require you to attach supporting documentation at the time of your submittal.

<p>Change Reason * Marriage ▼</p> <p>Benefit Event Date * 06/28/2021 </p>	<p>Step 4</p> <p>Use the calendar icon  to select the <u>actual date</u> of the event.</p> <p>For example, enter the actual date of your marriage, etc. Workday will calculate the change to your benefits effective the first of the next month. (Except in the case of a birth or adoption.)</p>
<p>Change Reason * Marriage ▼</p> <p>Benefit Event Date * 06/28/2021 </p> <p>Submit Elections By 07/27/2021</p> <p>Benefits Offered</p> <ul style="list-style-type: none"> USA - Accident Insurance USA - Child Critical Illness USA - Child Supplemental AD&D USA - Child Supplemental Life USA - Dental USA - Dependent Care FSA USA - Employee Critical Illness USA - Health Savings Account USA - Legal Insurance USA - Medical USA - Spouse Critical Illness 	<p>Step 5</p> <p>The benefits you are eligible to change depend on the Change Reason or type of event. (No changes to benefits are made on this screen.)</p>
<p>Attachments</p> <div style="border: 1px dashed gray; padding: 10px; text-align: center;"> <p>Drop files here</p> <p>or</p> <p>Select files</p> </div> <p>Submit</p>	<p>Step 6</p> <p>To add an attachment, drag and drop your file or click Select files to browse and attach a file.</p> <p>Documentation (attachment) is not required for</p> <ul style="list-style-type: none"> • Beneficiary Change • Birth • HSA Contribution Change <p>(Please provide a birth certificate upon receipt.)</p> <p>Click Submit.</p>

You have submitted

Up Next: John Doe, Change Benefit Elections
[View Details](#)

Open

 **Inbox**
1 item

Benefit Change - Marriage : John Doe on 06/28/2021
 1 minute(s) ago - Effective 06/28/2021

Step 7
 Up Next, click **Open** to start the actual **Change Benefit Elections** step.

The **Benefit Change** task will also be in your Workday Inbox.

You can access it either way.

Change Benefit Elections

Initiated On 07/06/2021
 Submit Elections By 07/27/2021

Let's Get Started

Health Information

Tobacco Use

Question Have you used tobacco in an

Answer * Yes
 No

Continue

Step 8
 Click **Let's Get Started** to start the Change Benefit Elections task.

Confirm the **Tobacco Use** question.

Click **Continue**.

Continue

Step 9
 Click **Continue** again on the next screen.

USA - Medical
Aetna CDHP

Cost (Semimonthly) \$103.00

Coverage Employee + Child(ren)

Dependents 1

[Manage](#)

Step 10

On the next screen, move through each coverage tile to make changes to any desired coverage.

Click **Manage** or **Enroll** on each tile to make changes to coverage or enroll in coverage or waive coverage, as desired.

For example, to make changes to your Medical insurance, click **Manage** on that tile.

3 items

*Selection	Benefit Plan	You Pay (Semimonthly)	Company Co
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna CDHP	\$103.00	\$458.97
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna CDHP Bronze Plan	\$47.50	\$448.68
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser CDHP CA	\$79.50	\$328.46

[Confirm and Continue](#)

Step 11

To keep the same plan, click **Confirm and Continue**.

To waive that coverage, click the **Waive** box, then **Confirm and Continue**.

To change plans, click **Select** next to the desired plan, then click **Confirm and Continue**.

Only the available plans in your area will appear.

Click **Confirm and Continue**.

1 item

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

Coverage * Employee + Child(ren)

Plan cost (Semimonthly) \$103.00

[Add New Dependent](#)

Step 12

On the next screen you can choose who is enrolled.

Unclick the box next to the existing dependent to remove them from the coverage.

Or click **Add New Dependent** to add a new dependent to the plan.

Click **OK**.

Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age 40 years, 1 months, 23 days

Gender *

Country of Birth

City of Birth

Tobacco Use

* Yes
 No

National IDs

Click the Add button to enter one or more

Country *

National ID Type *

Current ID (empty)

Add/Edit ID *

Step 13

Enter your dependent's info:
First and Last Name

Add their Personal Information:
Relationship
Date of Birth
Gender
Tobacco Use

Scroll Down to **National IDs**.

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

Click **Save**.

Dependents

Add a new dependent or select an existing deper

Coverage ★ Family

Plan cost (Semimonthly) \$163.50

Add New Dependent

2 items

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

Save

Step 14

Confirm that your Medical coverage now shows your desired dependents and new (Family) coverage level and plan cost.

Click **Save**.

Move to the next desired coverage tile(s) to make changes to any and all coverages, as desired.



USA - Health Savings Account
Discovery Benefits

Contribution (Semimonthly)

\$25.00

[Manage](#)

Step 15

You may want to review your annual HSA contribution if you have had a life event or changed Medical coverage levels.

Remember, if you enrolled in one of the CDHP Medical plans, you **MUST** be enrolled in the HSA to receive the CoorsTek contribution. You may elect to contribute \$0, if desired.

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

Review and Sign

Step 16

Please make a final review of all benefit offerings. Click on each desired benefit tile to enroll or waive desired coverages or make changes to covered dependents.

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

Plan	Coverage Begin Date	Deduction Begin Date	Coverage
USA - Medical	07/01/2021	06/21/2021	Family
Aetna CDHP			
USA - Dental	07/01/2021	06/21/2021	Family
Delta Basic			
USA - Vision	07/01/2021	06/21/2021	Family
VSP			

Step 17
 Carefully review your **Selected Benefits** and **costs** and your **Waived Benefits**.
 You may go back to make changes or corrections prior to submission.

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
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

When you check the "I Accept" checkbox, you are affirmatively consenting

All disclosures and plan documents, including SPDs, SBCs, Annual Disclosure

You may request and obtain a paper copy of any electronically furnished documents by calling 1-800-271-7000.

[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 or the other hand, for alleged violation of any duty arising out of

I Accept

Submit

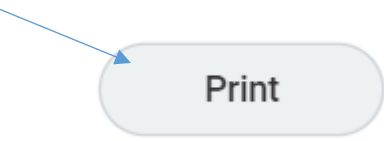
Step 18
 If your selected benefits are correct, carefully read the **Electronic Signature and Legal Notices**.
 Once you understand and agree, click the **I Accept** box.
 Click to **Submit**.

Submitted Marriage for John Doe

Success, You're Enrolled

[View 2021 Benefits Statement](#)

Step 19
 You are now enrolled!
 You may click to **View** your (new) **2021 Benefits Statement**.

	<p>Step 20 On the next screen you may again review your benefit elections. Scroll to the bottom and click to Print your elections.</p> <p>We highly recommend that you keep a copy of your Elections Confirmation.</p>
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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 entered on the prior page? You can use the **Go Back** button.

Why is an select/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.

What types of changes can I make to my benefits? You can make changes to benefits based on a qualifying life event as outlined in your benefits guide.

How long do I have to request benefit changes? For qualifying life events, you must submit your changes within 30 days of the event.