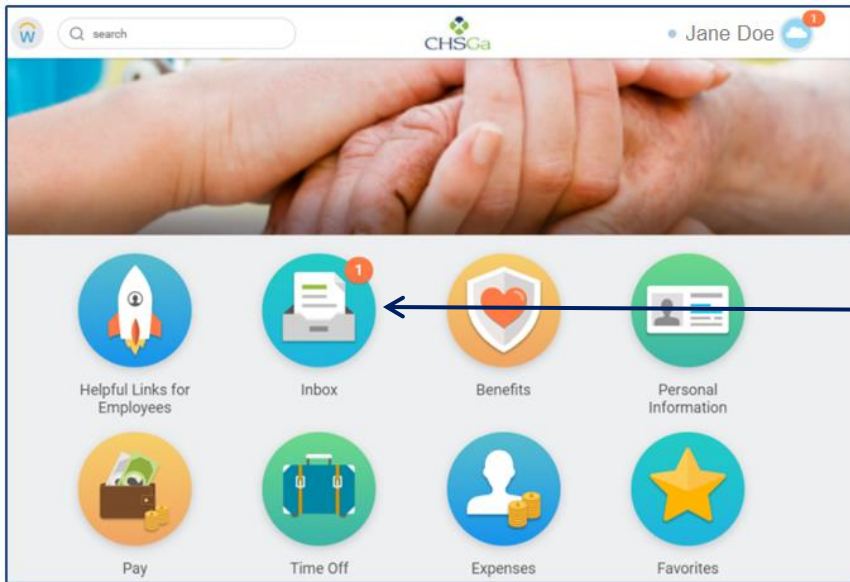
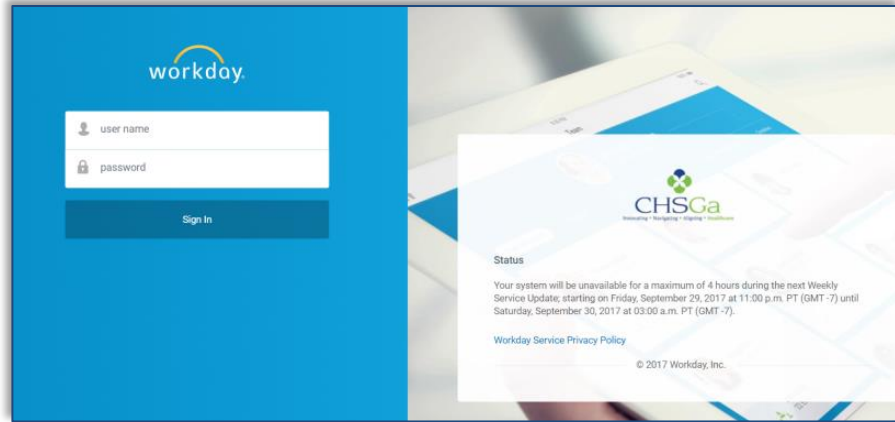


Navigating Open Enrollment Workday

Welcome to Workday Self-Service Benefit Enrollment! Workday is a web-based self-service application that offers a wide array of features which allow you to view and edit your personal information. To access Workday, go to: www.myworkday.com/sasllc/login.

Upon logging into Workday and landing on the Workday Home page, various icons will be available based on your role within the organization.



Workday **Enrollment** will be open from **October 28th** through **November 22nd**.

Please have your ELECTIONS ready BEFORE initiating the Enrollment Process. To begin, click on the **INBOX** icon.

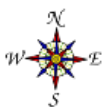
**ENROLLMENT THROUGH
WORKDAY IS REQUIRED**

If you need help with your Workday **account**, contact the **SAS Help Desk** at 888-741-5074 ext 500. They are available Monday thru Friday 8AM to 5PM; 5PM to 9PM; voicemail messages will be returned. For assistance **navigating** Workday, contact your local **HR/Benefits** department.




Innovating • Navigating • Aligning • Healthcare

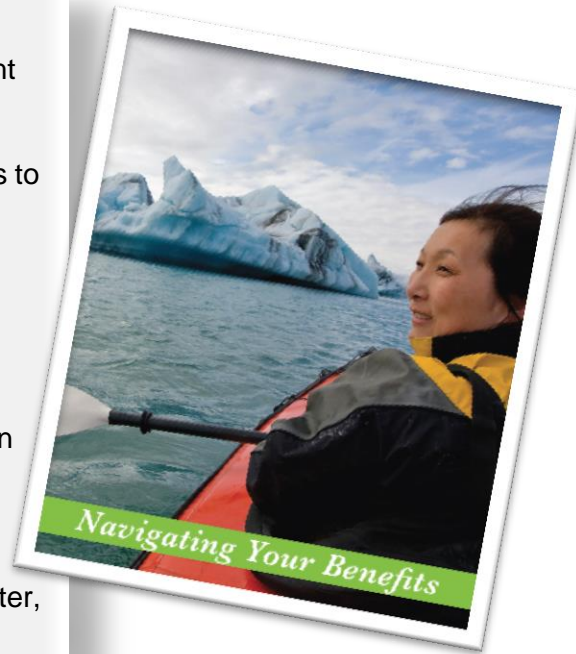
The information provided in this manual is for instructional purposes only.



Navigating Open Enrollment Workday

Helpful Hints:

- ❑ To see the full screen, click on the arrows  in the top right hand corners. Click again to minimize.
- ❑ It's important to read each step carefully and follow requests to review a link or print forms.
- ❑ Each benefit heading will display the number of items to be reviewed in that specific step.
- ❑ Must select **Waive** or **Elect** for each item.
- ❑ The **Total Cost** at the top of each screen will update after an Election. This is the amount that will be deducted from your pay check each pay cycle. **WATCH CLOSELY!**
- ❑ If you have questions or need to walk away from the computer, click **Save for Later** to save previous selections.



Once inside your Workday Inbox, remember the top of each screen will have important messages and/or links relating to that specific benefit step. Some steps will require you to print a necessary form. Please refer to the [Benefit Presentation](#) and the [Benefit Guide](#) links for detailed information about the plans and options available.

Inbox

Actions 1 Archive

Viewing: All Sort By: Newest

Open Enrollment Change: on 01/01/2018
16 hour(s) ago - Due 09/29/2017; Effective 01/01/2018

Change Benefits for Open Enrollment

Open Enrollment - Step 1 of 8 (Actions)

Total Cost	Total Credits	Total Employee Net Cost/Credit
\$0.00 Semi-monthly Cost	\$0.00 Semi-monthly Credit	\$0.00 Semi-monthly Cost

Event Date 01/01/2018
Initiated On 09/27/2017
Submit Elections By 09/30/2017
16 hour(s) ago - Due 09/29/2017; Effective 01/01/2018

Please refer to the [Benefit Presentation](#) and the [Benefits Guide](#) as you make benefit elections.

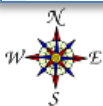
The medical premiums below do not include the wellness credit. Once we receive participation reports a wellness indicator will be added to the Workday system to lower the medical premium.

An employed spouse with access to benefits from his/her employer is not eligible for coverage on the CHSGa medical plan.

A tobacco user is defined as any individual who is currently using tobacco productions. "Tobacco products" include but are not limited to cigarettes, electronic cigarettes, cigars, cigarillos, pipes, chewing tobacco, snuff, dip and loose tobacco smoked via pipe, hookah or hand rolled cigarettes.

Continue Save for Later Cancel

click inside to scroll down page



Navigating Open Enrollment Workday

The first item is to answer the tobacco use question for you and/or your spouse

Health Information

Tobacco Use

Please answer this question for you as the associate.

Question Do you currently use any form of tobacco products? This includes cigarettes, smokeless tobacco or vaping products.

Answer Yes No

Spouse/Domestic Partner Health Information

Tobacco Use

Please answer this question for your spouse.

Question Do you currently use any form of tobacco products? This includes cigarettes, smokeless tobacco or vaping products.

Answer Yes No

Step 1 of 8 Health Care Elections are first. The **Medical, Dental** and **Vision** plans will be listed. **Elect** or **Waive** desired coverage and select or add a dependent. Click on the **Enroll Dependents** to choose the type of Coverage; then Enroll Dependents as needed. There are seven (7) items to review, read carefully.

Health Care Elections
7 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)
Medical - BAS 1 - Traditional Copay	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value=""/>	<input type="text" value="search"/>		
Medical - BAS 2 - Qualified HDHP					
Medical - BAS 3 - Basic Medical \$625					
Tobacco - BAS Status	<input checked="" type="radio"/> Elect <input type="radio"/> Waive				
Dental - Delta Dental 1 - Low Plan	<input type="radio"/> Elect				

Existing Dependents >

Add My Dependent From Enrollment

search

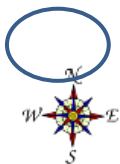
Employee + Family

search

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family

The Workday **instructions** to **add dependent(s)** are shown on the following page.

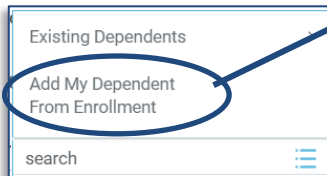
Continue to proceed to the next step



Navigating Open Enrollment Workday



To add to your list of dependents click **Add My Dependent from Enrollment**



MUST HAVE:

1. Full Name as shown on SS Card
2. Social Security Number
3. Current Address

Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Primary Nationality

Citizenship Status

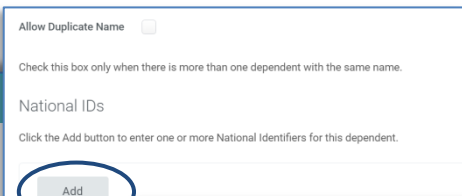
Do you currently use any form of tobacco products?

Full-time Student

Student Status Start Date

Student Status End Date

Disabled



National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country *

National ID Type *

Identification #

Issued Date

Expiration Date

REQUIRED FIELD!
Check the box if the dependent uses any form of tobacco products

To included additional ID's click Add

Workday will default to **your home address**. If the dependent has a different address, click on the **X** to **remove** the populated information and begin the new entry.

Address

Use Existing Address

Country *

Address Line 1

Address Line 2

City

State

Postal Code

Phone & Email

Use Existing Phone

Country Phone Code

Area Code

Phone Number

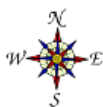
Phone Extension

Email Address

BEFORE clicking OK, scroll up the page and double check everything is **CORRECT!**

The new dependent will now appear in **Existing Dependents**.

To add more dependents, please follow the same process.



Navigating Open Enrollment Workday

Step 2 of 8 Health Savings Account is part of the High Deductible Health Plan; not to be confused with Flexible Spending Account. If you are not eligible, it will not allow you to make a selection. **Continue** to next step.

Open Enrollment - Step 2 of 8 (Actions)

Total Cost	Total Credits	Total Employee Cost/Credit
\$486.48 Semi-monthly Cost	\$0.00 Semi-monthly Credit	\$486.48 Semi-monthly Cost

Event Date: 01/01/2018
 Initiated On: 09/27/2017
 Submit Elections By: 09/30/2017
 23 hour(s) ago - Due 09/29/2017; Effective 01/01/2018

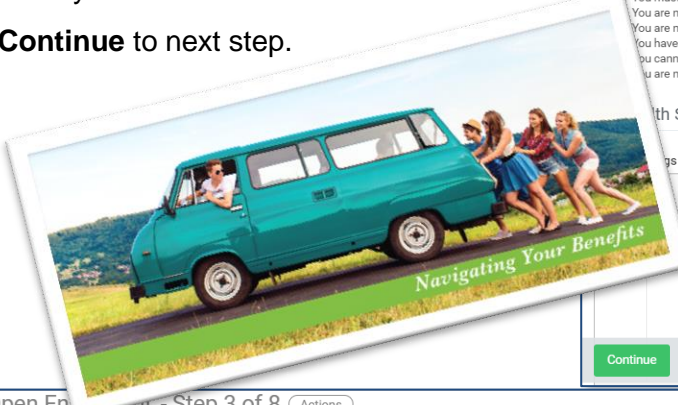
Eligibility for an HSA:
 You must be covered on a Qualified High Deductible Health Plan (HDHP)
 You are not covered under another non-HDHP medical plan (such as a spouse's medical plan)
 You are not enrolled in Medicare or TRICARE
 You have not received Veterans Administration benefits within the last three months
 You cannot be claimed as a dependent on another person's tax return
 You are not covered by a Health Care Flexible Spending Account (Dependent Care Spending Account is OK)

Health Savings Account Plan Dependencies

Spending Election 1 Item

Benefit Plan	*Elect / Waive	Contribution Range (Annual)
Plan - Optum Bank	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Semi-monthly)? 0.00

Continue Save for Later Go Back Cancel



Open Enrollment - Step 3 of 8 (Actions)

Total Cost	Total Credits	Total Employee Net Cost/Credit
\$453.15 Semi-monthly Cost	\$0.00 Semi-monthly Credit	\$453.15 Semi-monthly Cost

Event Date: 01/01/2018
 Initiated On: 09/27/2017
 Submit Elections By: 09/30/2017
 15 hour(s) ago - Due 09/29/2017; Effective 01/01/2018

FOR ORTHODONTIC SERVICES
 By enrolling and submitting elections, I acknowledge that I understand the Health Care Flexible Spending Account (FSA) will only reimburse orthodontic services based on when actual services are received, not when payment is made.

While your orthodontist may offer a discount for prepaying the full amount due, the FSA will not reimburse the full amount to you upfront. A down payment can be reimbursed in the plan year in which the braces are applied to the teeth. After the down payment reimbursement, additional reimbursements are based on when actual services are received, usually monthly.

USE IT OR LOSE IT!
 You will be able to use any remaining balance in your Health Care FSA at the end of 2018 to pay for expenses incurred through February 14, 2019. Any 2018 Health Care FSA funds not used by February 14, 2019 will be forfeited. If you have a Dependent Day Care FSA, you do NOT have a grace period in which to use remaining previous year balances. All expenses must occur before December 31, 2018 and claims for 2018 Dependent Day Care FSA must be filed no later than February 14, 2019, to receive reimbursement.

TERMINATION OF EMPLOYMENT
 If you terminate in the middle of the year, your Health Care FSA termination are not eligible for reimbursement. You must file a claim to your termination date.

Step 3 of 8 Spending Account Plan is the **Flexible Spending Account**. These funds can be used for co-pays, prescriptions, etc. This is a Pre-tax deduction.

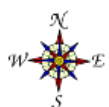
Spending Account Plan Dependencies

Spending Account Elections 2 Items

Benefit Plan	*Elect / Waive	Contributions	Supporting Inform
Healthcare FSA - Medcom	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 24 How much do you want to contribute for the total year? <input type="text" value="500.00"/> How much do you want to contribute per paycheck (Semi-monthly)? <input type="text" value="20.83"/>	Maximum Contribution (Annual) \$2,600.00 Provider Website Medcom
Dependent Care FSA - Medcom	<input type="radio"/> Elect	Your number of remaining payroll deductions for the year	Maximum Contribution (Annual) \$5,000.00

Continue Save for Later Go Back Cancel

Don't forget about the important messages on each screen!



Navigating Open Enrollment Workday

Step 4 of 8 Health Information, Insurance Plan Dependencies and Coverage Limitations.

There are 14 items to review in this step. These include **Short-term and Long-term Disability Plans**.

Are you keeping track of the **Total Cost**?



Open Enrollment - Step 4 of 8 (Actions)

Total Cost \$486.48 Semi-monthly Cost
 Total Credits \$0.00 Semi-monthly Credit
 Total Employee Net Cost/Credit \$486.48 Semi-monthly Cost

Event Date 01/01/2018

Initiated On 09/27/2017
 Submit Elections By 09/30/2017
 1 day(s) ago - Due 09/29/2017; Effective 01/01/2018

If you want to enroll or make changes to your Boston Mutual Whole Life Policy, you will need to call the Boston Mutual Call Center at 877.241.2846.

If you are enrolling in the Reliance Standard Life and ADD or Critical Illness Insurance, be sure to answer the tobacco question on this page. See instructions if electing coverage for your spouse/dependents to answer the tobacco question for your spouse/dependents.

Health Information

1 item

Do you currently use any form of tobacco products?

Yes
 No

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 14 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculate Coverage	Employee Cost (Semi-monthly)
Voluntary Term Life - Reliance Standard (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Voluntary Term Life - Reliance Standard (Spouse)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$100,000	John Doe	\$100,000.00	\$9.10
Voluntary AD&D - Reliance Standard (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				

Employee Cost per pay period will vary according to the amount of coverage chosen.

Step 5 of 8 Retirement Savings Elections. After one year of service the organization will match dollar for dollar up to 4% of your deferral. Open enrollment for 401(k) is offered twice a year; now and again in June. If you would like to enroll in 401(k), complete the [enrollment form](#) and [beneficiary form](#).

Open Enrollment - Step 5 of 8 (Actions)

Total Cost \$473.98 Semi-monthly Cost
 Total Credits \$0.00 Semi-monthly Credit
 Total Employee Net Cost/Credit \$473.98 Semi-monthly Cost

Event Date 01/01/2018
 Initiated On 09/27/2017
 Submit Elections By 09/30/2017
 15 hour(s) ago - Due 09/29/2017; Effective 01/01/2018

Complete this [enrollment form](#) and return to Human Resources, if you would like to enroll in the 401(k).
 Complete this [beneficiary form](#) if you elected to enroll in the 401K plan.
 To learn more about the 401(k), please refer to the [Benefit Presentation](#) and the [Benefits Guide](#).

Retirement Savings Elections 1 item

Benefit Plan	*Elect / Waive	Employee Contribution	Allowed Employee
401k - Principal Financial Group	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Percent 13 Amount (Semi-monthly) 0.00	Percentage Maximum 50 Amount Maximum (monthly) \$12,500.00

Continue Save for Later Go Back Cancel



Navigating Open Enrollment Workday

Step 6 of 8 Beneficiary Designations. In the event of your death the monies in the account will be paid to your beneficiary(ies). Select a Primary and a Contingent beneficiary.

Please keep your beneficiaries up to date.

Beneficiary Designations 3 items

Plan Name	Beneficiary Name	Primary Percentage	Contingent Percentage
Employer Paid AD&D - Reliance Standard (Employee)	John Wesley Doe	0	100
	John Doe	100	0

401k - Principal Financial Group Principal

Beneficiary Persons

- Truats
- Create
- search

Add Beneficiary Using Existing Contact

Related to Worker Lucy

Existing Contact * John Wesley Doe

← Create

- Add Beneficiary
- Add Beneficiary Using Existing Contact
- Add Trust
- search

Step 7 of 8 Employee Assistance Program is a FREE service for all associates.

Their services range from family counseling to financial guidance. See the Benefit Guide for full listing.

Open Enrollment - Step 7 of 8 (Actions)

Total Cost	Total Credits	Total Employee Net Cost/Credit
\$473.98 Semi-monthly Cost	\$0.00 Semi-monthly Credit	\$473.98 Semi-monthly Cost

Event Date 01/01/2018

Initiated On 09/27/2017

Submit Elections By 09/30/2017

15 hour(s) ago - Due 09/29/2017; Effective 01/01/2018

You can contribute to Community Health Foundation. [Click here](#) to learn more about the Foundation.

All associates are eligible for the Employee Assistance Program. 888-881-5462

www.supportlinc.com

Username: chs

Password: linc123

Community Health Foundation is funded through voluntary, tax-deductible Employee Donations. 100% of gifts given will go directly to help people in need. To learn more about the **Foundation** click on the link provided.

Additional Benefits Elections 3 items

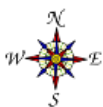
Benefit Plan	*Elect / Waive	Amount (Semi-monthly)	Percent	Employee Cost (Semi-monthly)
Employee Assistance Program - CuraLinc	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	0.00	0	
Employee Donations - Community Health Foundation Annual Fund	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	5.00	0	\$5.00
Employee Donations - Community Health Foundation Hearts to Hands	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	5.00	0	\$5.00

10.00

Continue Save for Later Go Back Cancel

♥ **Annual Fund** helps people outside of our organization.

♥ **Hearts to Hands Funds** are for associate needs while going through life crises.



ONE MORE STEP TO GO!

Navigating Open Enrollment Workday

Step 8 of 8 Benefit Elections Review Last time to review your elections, waivers and beneficiaries. At this point, it's best to **Save for Later** to review one more time before the submission **deadline of NOVEMBER 16th**. Once submitted any changes will go through the Corporate approval process.

Change Benefits for Open Enrollment Benefit Elections Review for Open Enrollment - Step 8 of 8 Actions

Total Cost \$479.98 Semi-monthly Cost Total Credits \$0.00 Semi-monthly Credit Total Employee Net Cost/Credit \$479.98 Semi-monthly Cost

Details

Please verify that the enrollments and deduction amounts listed accurately reflect your election choices before submitting.

Elected Coverages 11 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semi-monthly)	Employer Contribution (\$ monthly)	
Medical - BAS 1 - Traditional Copay	01/01/2018	01/01/2018	Employee + Family		John Doe John Wesley Doe		\$442.50	\$0.00	
Tobacco - BAS Status	01/01/2018	01/01/2018	No Tobacco Users Covered						
Dental - Delta Dental 1 - Low Plan	01/01/2018	01/01/2018	Employee + Child(ren)						
Employee Assistance Program - CuraLinc	07/01/2017	07/01/2017						\$0.00	
Employee Donations - Community Health Foundation Annual Fund	01/01/2018	01/01/2018					\$5.00		
Employee Donations - Community Health Foundation Hearts to Hands	01/01/2018	01/01/2018					\$5.00		
							Total:	\$479.98	\$246.00

Submit Go Back Cancel

Click > to see a listing of the **Waived Coverages and Beneficiary Designations**

Submit when ready.

Waived Coverages

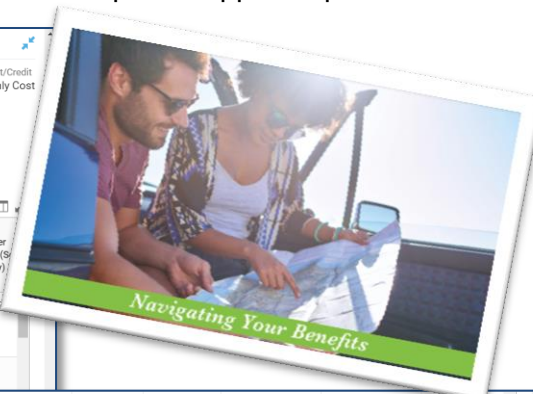
Beneficiary Designations

Attachments 0 Items

Attachment	Comment	File
No Data		

enter your comment

Submit Go Back Cancel



Submit Elections Confirmation Open Enrollment for Lucy Actions

Total Employee Cost/Credit \$479.48 Semi-monthly Cost

Initiated On 09/27/2017

Submit Elections By 09/30/2017

Event Date 01/01/2018

3 hour(s) ago - Due 09/29/2017; Effective 01/01/2018

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

By signing below, I request the below selected coverage and the corresponding payroll deductions. I understand that:

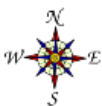
A) My portion of the cost for medical and dental insurance elected for myself and/or dependents is automatically paid through payroll withholding with pre-tax dollars unless I choose to pay on an after tax basis.

B) I cannot drop this coverage or add or drop dependents anytime during the plan year unless I have a change in status. Examples: Marriage or divorce, birth or adoption of a child, loss of group coverage through my spouse's employment. I also understand that a change in my election must be necessitated by and consistent with the change in status.

C) I did not elect to participate in the Medical and/or Dental Insurance.

Print Done

Once submitted, an **Elections Confirmation** will appear. Print a copy for your records. Click **Done**.



Navigating Open Enrollment Workday

Workday will take you back to the Home Page. To protect your personal information; be sure to **Sign Out** of your Workday account. Go to your name at the top right hand side of the screen (beside the little cloud). Click directly on your name then scroll down to **Sign Out**. You have now officially completed the Self-Service Benefits Enrollment! *Congratulations!!*

