



Benefits in Workday

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Enrolling in benefits in Workday

Overview

This section provides instructions on how to enroll in benefits as a new hire or newly eligible employee and add a dependent or beneficiary in Workday. This only applies to employees located in the U.S. as international employees will continue to use a third party for benefits enrollment.

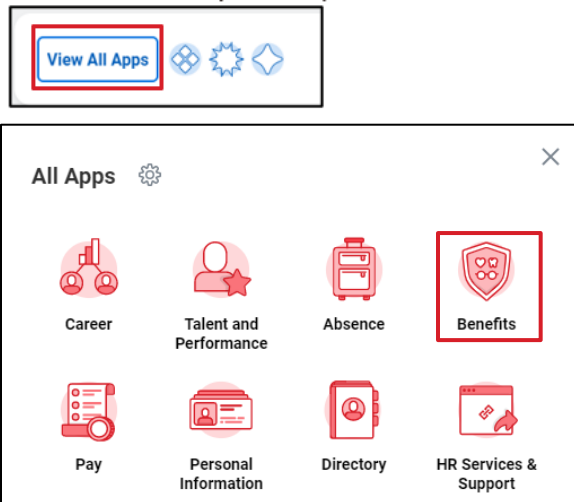
Note: Employees need to add their dependents and beneficiaries before they begin the benefits enrollment process in Workday. If you do not have a dependent or beneficiary to add, skip to section **B** of this user guide for instructions on how to enroll in benefits.

Step-by-step guidance

WalkMe is available for additional guidance as you complete the benefits enrollment process.

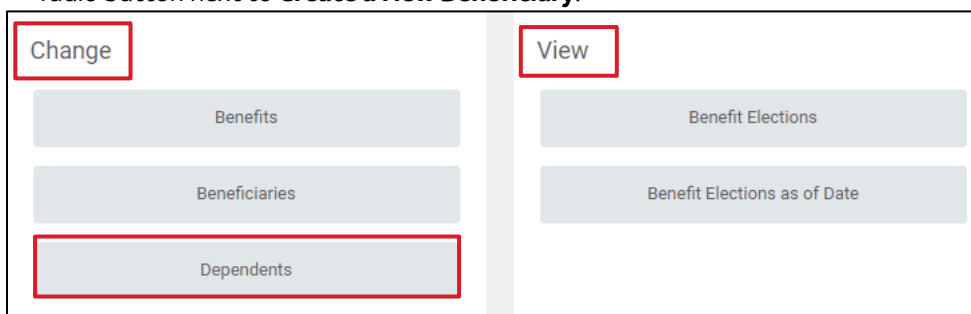
A. Add a dependent and designate that dependent as a beneficiary (if applicable)

1. Select **View all Apps** on the Workday homepage, and then select the **Benefits** app.



2. On the **Benefits** page, view the related tasks under the **Change** and **View** sections. Select **Dependents** under the **Change** section.

Note: To add a beneficiary who is not a dependent, select **Beneficiaries** under the **Change** section and select the radio button next to **Create a New Beneficiary**.



- On the **Dependents** page, select **Add** to add a new dependent.

Dependents 3 items

Dependent	Relationship	Age	Benefit Elections	
	Child	21 years, 4 months, 15 days	(Delta Dental (DPPO Enhanced) (Elect)) Benefit Elections Active on 01/01/2021 (Delta - Delta Dental (DPPO Enhanced) (Elect)) Benefit Elections Active on 01/01/2021 (Vision - Vision Service Provider (VSP) VSP) (Elect) Benefit Elections Active on 01/01/2021	Edit
	Child	13 years, 2 months, 12 days	(Delta Dental (DPPO Enhanced) (Elect)) Benefit Elections Active on 01/01/2021 (Delta - Delta Dental (DPPO Enhanced) (Elect)) Benefit Elections Active on 01/01/2021 (Vision - Vision Service Provider (VSP) VSP) (Elect) Benefit Elections Active on 01/01/2021	Edit
	Spouse	37 years, 8 months, 23 days	(Delta Dental (DPPO Enhanced) (Elect)) Benefit Elections Active on 01/01/2021 (Delta - Delta Dental (DPPO Enhanced) (Elect)) Benefit Elections Active on 01/01/2021 (Spouse/Partner Optional Term Life - MetLife (Spouse or Domestic Partner)) (Elect) Benefit Elections Active on 01/01/2021 (Vision - Vision Service Provider (VSP) VSP) (Elect) Benefit Elections Active on 01/01/2021	Edit

- On the **Add My Dependent** page, in the **Dependent Options** section, select the **pencil** icon on the specific field to make edits. Enter the **Effective Date**, select the reason as **Add Dependent**, and confirm if the new dependent should be listed as a beneficiary.

Add My Dependent Susan Worker (00002004112)

SAMPLE TEXT:
Please ensure you have appropriate documentation incapacitated dependents

Dependent Options

Is your new dependent already a beneficiary or emergency contact?

If yes, which one?

Effective Date & Reason

Effective Date *

10/25/2021

Reason

Use your new dependent as a beneficiary?

Use as Beneficiary

No

Note: This step does not automatically enroll dependents or beneficiaries in any benefits plans. Employees have to add beneficiaries and dependents when enrolling in benefits.

- In the **Dependent Personal Information** section, enter the dependent's **Legal Name**, **Sex**, **Date of Birth**, and **Relationship** to you.

Dependent Personal Information

Legal Name

Legal Name *

Sex

Sex *

Date of Birth

Date of Birth *

Relationship

Relationship *

Spouse

6. In the **Contact Information** section, enter the primary address of the dependent if it is different from your own.

Contact Information

Primary Address

Use Existing Address

Address

(empty)

Country *

United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

7. In the **Identifier Information** section, enter the **Country**, **National ID Type**, and the identifier information in the **Add/Edit ID** section. U.S. employees will add the social security number (SSN) or individual taxpayer identification number (TIN) for their dependent.

National IDs

Country *

United States of America

National ID Type *

Social Security Number (SSN)

Add/Edit ID

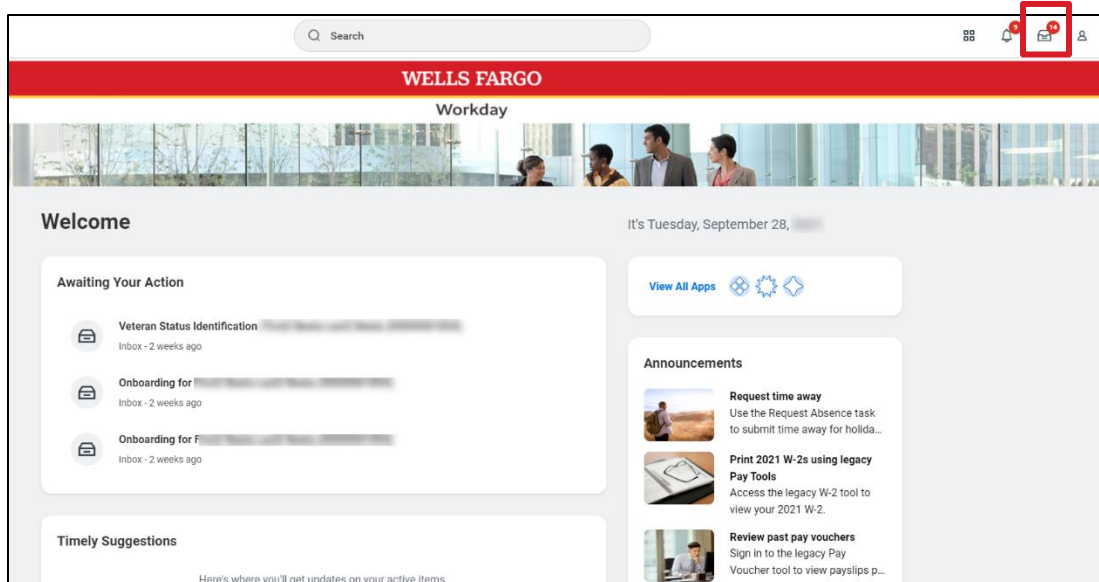
Note: A spouse or domestic partner is the only dependent type that requires the National ID information for benefit enrollment. If the dependent is a child, the National ID information is not required.

8. Select **Submit**.

Note: You must add a dependent before you can make any benefits elections on their behalf.

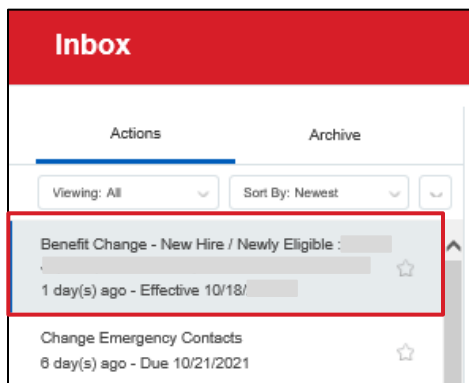
B. Enroll in benefits as a new hire or newly eligible employee

1. Go to your Workday **Inbox**, in the upper right corner on the Workday homepage, to view your assigned onboarding tasks.

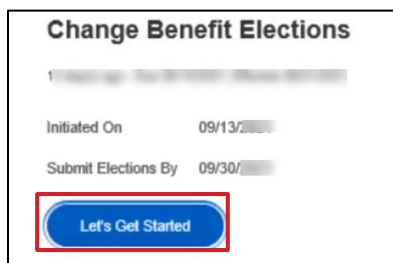


2. From the Workday **Inbox** tasks, found under the **Actions** tab, select the task named **Benefit Change – New Hire / Newly Eligible**.

Note: Employees must add their dependents and beneficiaries before they complete the **Benefit Change – New Hire / Newly Eligible** task. Further instructions are found in section **A** of this user guide.



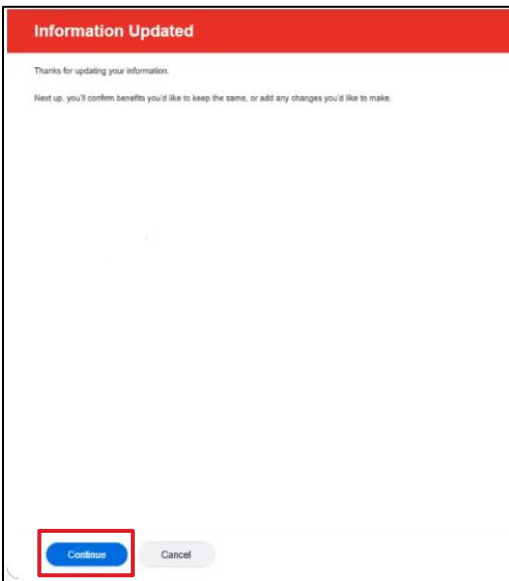
3. Select the **Let's Get Started** button.



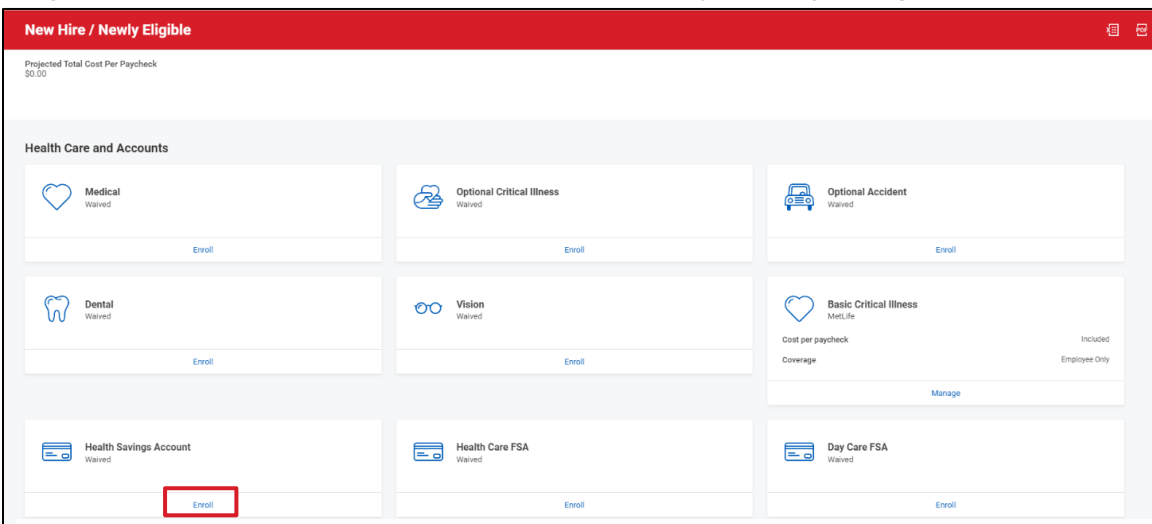
4. On the **Health Information** page, answer the Nicotine Use question and select **Continue**.

The screenshot shows the 'Update Your Information' page. The 'Health Information' section is active. The 'Nicotine Use' section is highlighted with a red box. It contains a question: 'Have you used any tobacco and/or nicotine products (including cigarettes, cigars, pipes, chewing tobacco, electronic cigarettes, and nicotine patches) during the last 12 months.' The answer options are 'Yes' (radio button) and 'No' (radio button, selected).

5. On the **Information Updated** page, select **Continue** to proceed.



6. Enroll in the benefits of your choice by selecting **Enroll** under each benefit. You have the choice to view any company designated benefits and add dependents for those benefits by selecting **Manage** under the election type.



7. After selecting **Enroll** under a benefits category, you can view the **Plans Available** and select the plan in which you want to enroll. Select **Confirm and Continue**.

Medical

Projected Total Cost Per Paycheck: \$0.00

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

5 Items

*Selection	Benefit Plan	You Pay (Biweekly)	Company Contribution (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HDHP Higher Use w/ HSA 2	\$66.46	\$216.96
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna HDHP Lower Use w/ HSA 2	\$36.42	\$212.77
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO Copay w/ HRA 2	\$69.12	\$227.93
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser HDHP Georgia	\$36.42	\$157.27
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser HMO Georgia	\$40.74	\$196.25

Confirm and Continue Cancel

Health Care Instructions

General Instructions

Choose a plan or the "Waive Coverage" option.
Click "Continue" to enroll your dependents to coverage.

If you have **NOT** already added your dependents to the system, please select "Cancel", "Save for Later" and go back to add your dependents to the Dependent screen.

Important! You must actively enroll each year if you wish to contribute payroll deductions to any of the accounts below.

Previous enrollment does not carry over to new coverage for these accounts:

- Health Savings Account
- Full-Purpose Health Care Flexible Spending Account
- Limited Dental/Vision Flexible Spending Account
- Day Care Flexible Spending Account

If you select to enroll in a HDHP plan you **MUST** enroll in a Health Savings Account. You can set your annual contribution to \$0 if you don't want to contribute to a Health Savings Account via payroll deduction.

Optional Critical Illness Insurance and Optional Accident Insurance:
Employees living in MN, ND, TX and MT, can enroll eligible grandchildren in Optional Critical Illness and Optional Accident Insurance coverage.

Premiums: The premium for 2021 coverage for Optional Critical Illness insurance is based on your age on December 31, 2020, and your current tobacco/nicotine status. If you update your tobacco/nicotine usage after coverage begins, your premium will change on the first of the following month.

Beneficiaries: Both Optional Critical Illness Insurance and Optional Accident Insurance plans have a death benefit. If you enroll, you can designate or update beneficiaries on the MetLife website after your benefits effective date.

Effective date: Election will take effect on 01/01/2021, and the first deduction will be taken from your 01/08/2021 pay with the following exception:

Exception: If you are on a leave of absence on 01/01/2021, your coverage takes effect when you return from leave, and the first deduction will

8. Add **Dependents** to Health Care Plans, select your contribution amount for Health Saving and Flexible Saving Account plans, or select your coverage level for Insurance and Additional Benefit plans.

Note: If you are enrolling in a high deductible medical plan, you must enroll in a Health Savings Account (HSA). If you do not enroll in an HSA, you will receive an error when you attempt to submit your enrollment.

Medical - Aetna HDHP Lower Use w/ HSA 3

Projected Total Cost Per Paycheck: \$124.32

Dependents

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

Coverage: ☒ Employee + Child(ren)

Plan cost per paycheck: \$71.52

3 Items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	[Redacted]	Child	05/22/2000
<input type="checkbox"/>	[Redacted]	Child	07/25/2008
<input type="checkbox"/>	[Redacted]	Spouse	01/14/1984

Save Cancel

Health Care Instructions

General Instructions

Choose a plan or the "Waive Coverage" option.
Click "Continue" to enroll your dependents to coverage.

If you have **NOT** already added your dependents to the system, please select "Cancel", "Save for Later" and go back to add your dependents to the Dependent screen.

Important! You must actively enroll each year if you wish to contribute payroll deductions to any of the accounts below.

Previous enrollment does not carry over to new coverage for these accounts:

- Health Savings Account
- Full-Purpose Health Care Flexible Spending Account
- Limited Dental/Vision Flexible Spending Account
- Day Care Flexible Spending Account

If you select to enroll in a HDHP plan you **MUST** enroll in a Health Savings Account. You can set your annual contribution to \$0 if you don't want to contribute to a Health Savings Account via payroll deduction.

To Enroll or Add: If you want to enroll your newly eligible child, spouse or domestic partner, or other eligible dependent children, you must also enroll or be enrolled.

To Drop: If you elect to drop your coverage, coverage for any enrolled dependents, including your spouse or domestic partner, will also be dropped.

Health Care FSA - HealthEquity - Full Purpose

Projected Total Cost Per Paycheck
\$492.11

Contribute

Per Paycheck

100.00

Annual

400.00

Remaining Paychecks

4

Minimum Annual Amount:

\$130.00

Maximum Annual Amount:

\$2,750.00

Summary

Total Annual Contribution

\$400.00

Save

Cancel

Spending Account Instructions

General Instructions

Important! You must actively enroll each year if you wish to contribute payroll deductions to any of the accounts below.

Previous enrollment does not carry over to new coverage for these accounts:

- Full-Purpose Health Care Flexible Spending Account
- Limited Dental/Vision Flexible Spending Account
- Day Care Flexible Spending Account

The annual amount you specify is divided by the number of pay periods remaining in the year. So, if you are enrolling in mid-year, enter only the amount you wish to contribute for the remainder of the year.

You can only enroll in a Full -Purpose FSA if you are NOT enrolled in a HDHP Medical Plan. If you are enrolled in a HDHP Medical Plan, you may only enroll in the Limited Dental Vision FSA Plan.

You may not change your enrollment from the Full-Purpose Health Care FSA to the Limited Dental/Vision FSA or vice versa.

Optional Term Life - MetLife (Employee)

Projected Total Cost Per Paycheck
\$492.11

Coverage

Calculated Coverage

\$1,026,283.80

Coverage

×

6 X Salary

:

Plan cost per paycheck

\$48.24

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

3 items

Beneficiary	Percentage
<div>×</div> <div></div> <div>:</div>	76
<div>×</div> <div></div> <div>:</div>	12
<div>×</div> <div></div> <div>:</div>	12

Secondary Beneficiaries

0 items

Beneficiary	Percentage
No Data	

Save

Cancel

- Complete the same steps to select any other benefits elections.
- Review your dependents details, coverage, and plan cost per paycheck.

Note: You must add any dependents prior to enrolling in benefits on their behalf.

10 January 2023 | Benefits in Workday

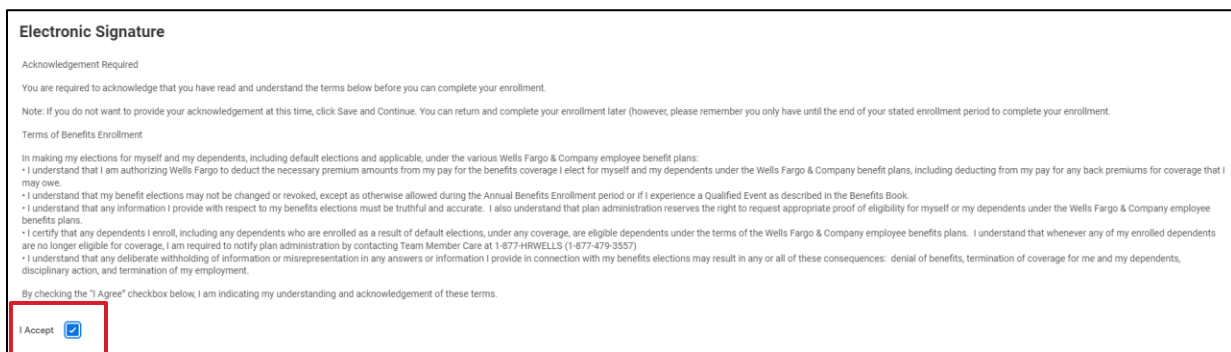
11. Once you're satisfied with your elections, select **Review and Sign**. If you're not ready to complete your elections, select **Save for Later**. You must review, sign, and submit your benefit elections on or before the **Submit Elections By** date listed on the task in your Workday **Inbox**.



The image shows two buttons side-by-side. The first button is blue with white text that says "Review and Sign". The second button is light gray with dark gray text that says "Save for Later". Both buttons are enclosed in a thin black border.

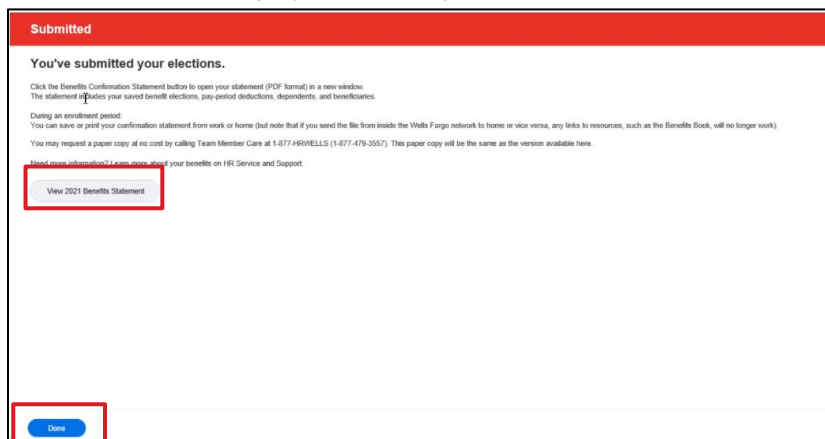
12. View the summary of benefits and provide your electronic signature and acknowledgement by selecting the **I Accept** check box. Select **Submit**.

Note: Changes are not submitted until you acknowledge the **I Accept** check box at the bottom left of the page and submit.



The image shows a section titled "Electronic Signature". Below the title, it says "Acknowledgement Required". The text continues: "You are required to acknowledge that you have read and understand the terms below before you can complete your enrollment." A note follows: "Note: If you do not want to provide your acknowledgement at this time, click Save and Continue. You can return and complete your enrollment later (however, please remember you only have until the end of your stated enrollment period to complete your enrollment)." Below this is a section titled "Terms of Benefits Enrollment". It contains several bullet points: "In making my elections for myself and my dependents, including default elections and applicable, under the various Wells Fargo & Company employee benefit plans:", "I understand that I am authorizing Wells Fargo to deduct the necessary premium amounts from my pay for the benefits coverage I elect for myself and my dependents under the Wells Fargo & Company benefit plans, including deducting from my pay for any back premiums for coverage that I may owe.", "I understand that my benefit elections may not be changed or revoked, except as otherwise allowed during the Annual Benefits Enrollment period or if I experience a Qualified Event as described in the Benefits Book.", "I understand that any information I provide with respect to my benefits elections must be truthful and accurate. I also understand that plan administration reserves the right to request appropriate proof of eligibility for myself or my dependents under the Wells Fargo & Company employee benefit plans.", "I certify that any dependents I enroll, including any dependents who are enrolled as a result of default elections, under any coverage, are eligible dependents under the terms of the Wells Fargo & Company employee benefit plans. I understand that whenever any of my enrolled dependents are no longer eligible for coverage, I am required to notify plan administration by contacting Team Member Care at 1-877-HRWELLS (1-877-479-3557).", "I understand that any deliberate withholding of information or misrepresentation in any answers or information I provide in connection with my benefits elections may result in any or all of these consequences: denial of benefits, termination of coverage for me and my dependents, disciplinary action, and termination of my employment." Below the terms, it says "By checking the 'I Agree' checkbox below, I am indicating my understanding and acknowledgement of these terms." At the bottom left, there is a checkbox labeled "I Accept" which is checked.

13. On the **Submitted** page, you can view your **Benefits Statement**, and then select **Done** to complete the process.



The image shows a page titled "Submitted" in a red header. Below the header, it says "You've submitted your elections." The text continues: "Click the Benefits Confirmation Statement button to open your statement (PDF format) in a new window. The statement outlines your saved benefit elections, pay-period deductions, dependents, and beneficiaries." Below this is a section titled "During an enrollment period:". It contains two bullet points: "You can save or print your confirmation statement from work or home (but note that if you send the file from inside the Wells Fargo network to home or vice versa, any links to resources, such as the Benefits Book, will no longer work).", "You may request a paper copy at no cost by calling Team Member Care at 1-877-HRWELLS (1-877-479-3557). This paper copy will be the same as the version available here." Below the text, there is a button labeled "View 2021 Benefits Statement". At the bottom left, there is a blue button labeled "Done".

Initiating a benefit change due to a qualified event in Workday

Overview

This section provides instructions on how to initiate a change in benefits due to a qualified life event. Qualified events can include the birth or adoption of a child, marriage or formation of a domestic partnership, and divorce or termination of a domestic partnership.

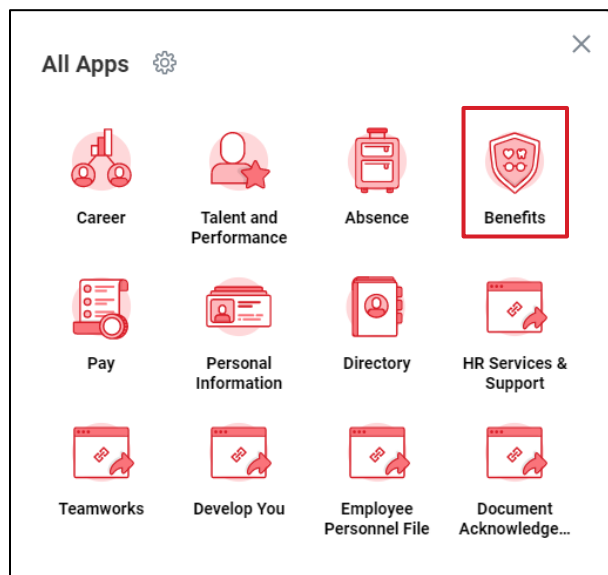
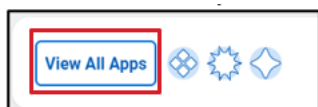
Information required: Reason for changes and event date.

Step-by-step guidance

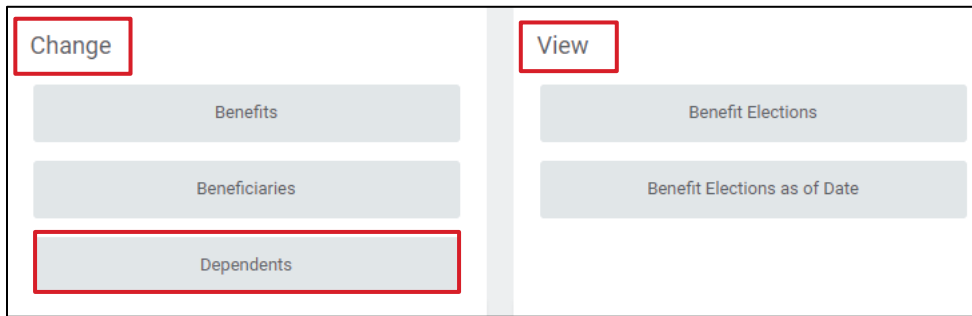
WalkMe is available for additional guidance as you complete the benefits enrollment process.

A. Add a dependent

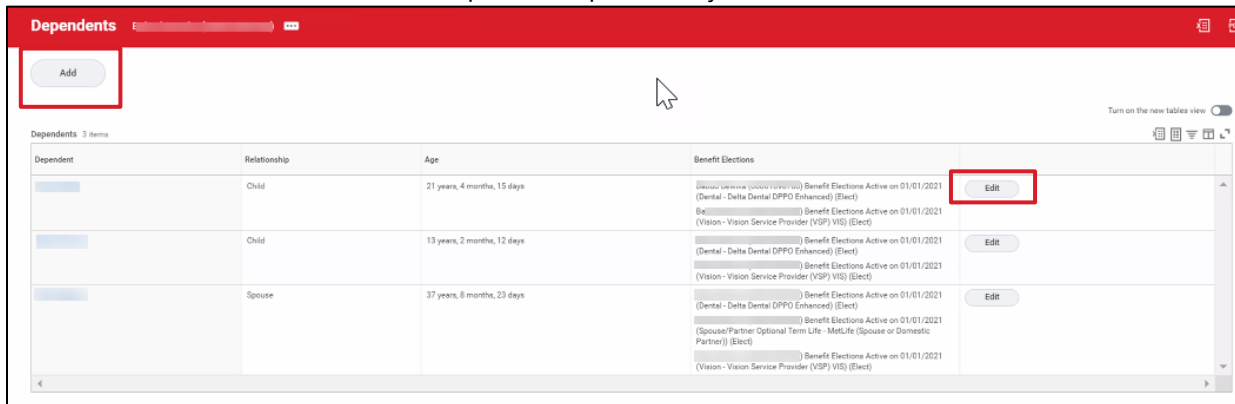
1. Select **View all Apps** on the Workday homepage, and then select the **Benefits** app.



2. On the **Benefits** page, view the related tasks under the **Change** and **View** sections. Select **Dependents** under the **Change** section.



- On the **Dependents** page, select **Add** if you need to add a new dependent or **Edit** if you need to remove a dependent due to divorce or termination of a domestic partnership or for any other reason.



- On the **Add My Dependent** page, in the **Dependent Options** section, select the **pencil** icon on the specific field to make edits. Enter the **Effective Date**, select the reason as **Add Dependent**, and confirm if the new dependent should be listed as a beneficiary.

The screenshot shows the 'Add My Dependent' page. At the top, there is a red header bar with the title 'Add My Dependent' and a search icon. Below the header, there is a section titled 'Dependent Options'. This section contains three sub-sections: 'Is your new dependent already a beneficiary or emergency contact?', 'Effective Date & Reason', and 'Use your new dependent as a beneficiary?'. Each sub-section has a pencil icon next to it, indicating that the user can edit the information.

Note: This step does not automatically add dependents or beneficiaries to the enrolled plans. After adding a dependent or beneficiary, the employee must update each benefits election to include the dependent or beneficiary. See more information in section **B** of this user guide.

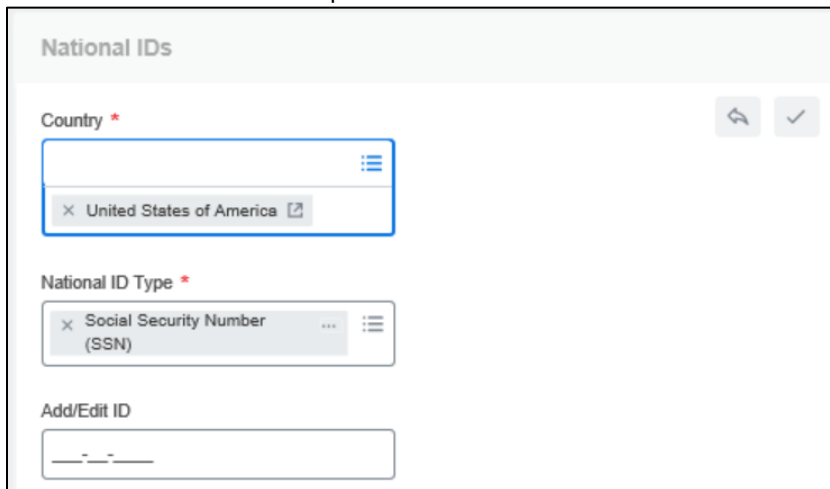
5. In the **Dependent Personal Information** section, enter the dependent's **Legal Name**, **Sex**, **Date of Birth**, and **Relationship** to you.

The screenshot shows a form titled "Dependent Personal Information" with four sections: "Legal Name", "Sex", "Date of Birth", and "Relationship". Each section has a label, a red asterisk indicating a required field, and a pencil icon for editing. The "Legal Name" field contains a blurred name. The "Sex" field is empty. The "Date of Birth" field is empty. The "Relationship" field contains the word "Spouse".

6. In the **Contact Information** section, enter the primary address of the dependent if it is different from your own.

The screenshot shows a form titled "Contact Information" with a section for "Primary Address". It includes a "Use Existing Address" checkbox with a dropdown menu, an "Address" field with a placeholder "(empty)", a "Country" field with a dropdown menu showing "United States of America", and four address line fields: "Address Line 1", "Address Line 2", "City", "State", and "Postal Code". Each of these fields has a red asterisk indicating it is required.

7. In the **Identifier Information** section, enter the **Country**, **National ID Type**, and the identifier information in the **Add/Edit ID** section. U.S. employees will add the social security number (SSN) or individual taxpayer identification number (TIN) for their dependent.



The screenshot shows a form titled "National IDs". It has three main sections: "Country", "National ID Type", and "Add/Edit ID". The "Country" section has a dropdown menu with "United States of America" selected. The "National ID Type" section has a dropdown menu with "Social Security Number (SSN)" selected. The "Add/Edit ID" section has a text input field with a placeholder "____-____-____".

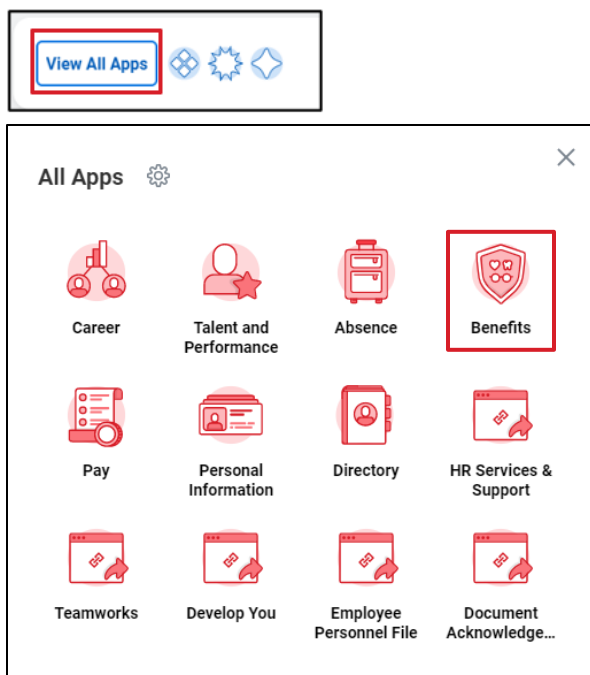
Note: A spouse or domestic partner is the only dependent type that requires the National ID information for benefit enrollment. If the dependent is a child, the National ID information is not required.

8. Select **Submit**.

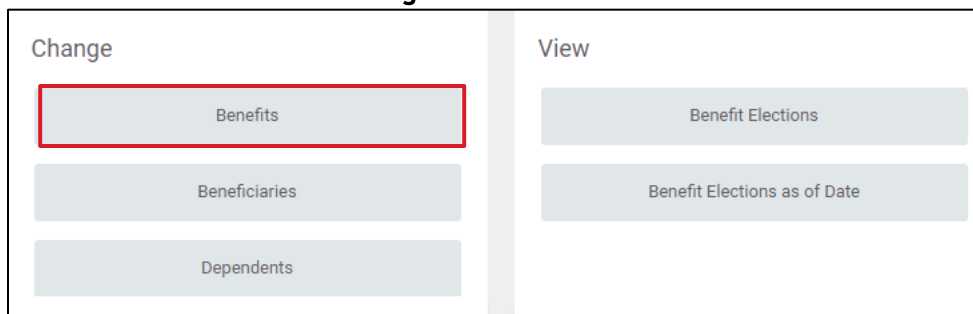
Note: You must add a dependent before you can make any benefits elections on their behalf.

B. Initiate a change in benefits due to a qualified event

1. Select **View all Apps** on the Workday homepage, and then select the **Benefits** app.

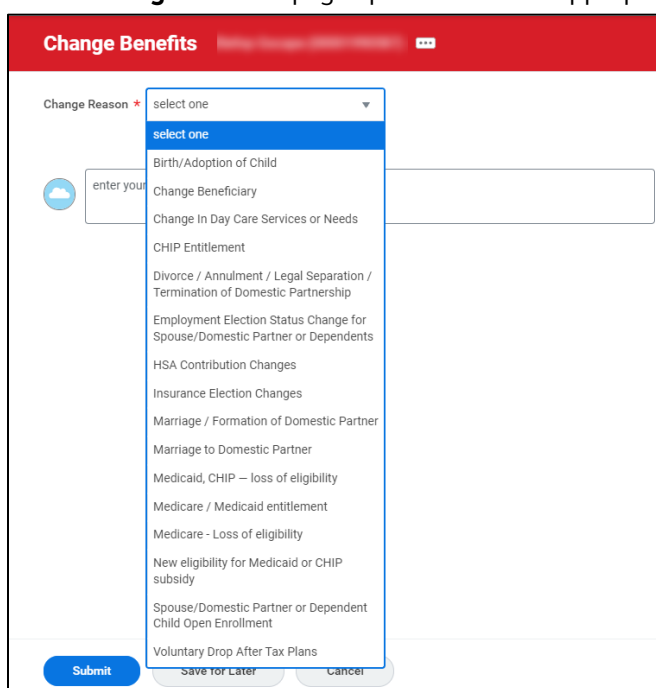


2. Select **Benefits** under the **Change** section.



The screenshot shows a user interface with two main sections: 'Change' and 'View'. Under the 'Change' section, there are three buttons: 'Benefits' (which is highlighted with a red rectangular border), 'Beneficiaries', and 'Dependents'. Under the 'View' section, there are two buttons: 'Benefit Elections' and 'Benefit Elections as of Date'.

3. The **Change Benefits** page opens. Select the appropriate **Change Reason** from the drop-down list.



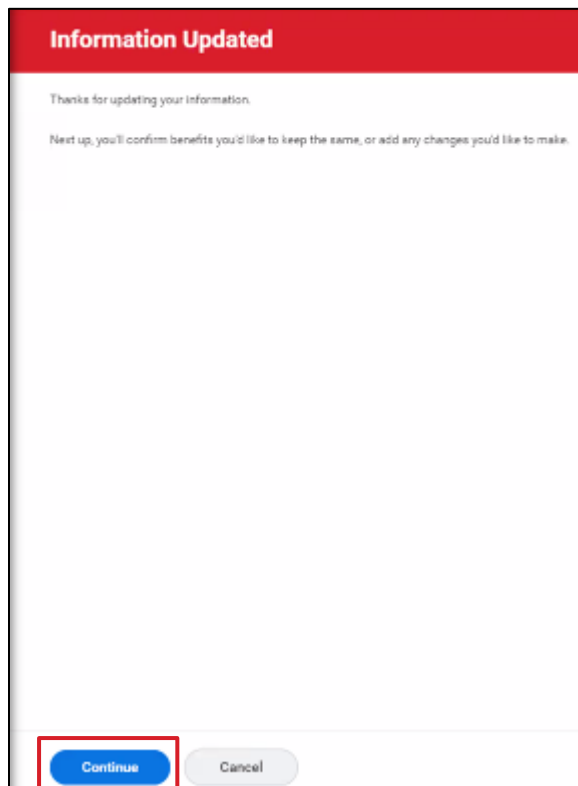
The screenshot shows the 'Change Benefits' page. At the top, there is a red header with the text 'Change Benefits'. Below the header, there is a 'Change Reason' dropdown menu that is open, displaying a list of reasons. The reasons include: 'select one', 'Birth/Adoption of Child', 'Change Beneficiary', 'Change In Day Care Services or Needs', 'CHIP Entitlement', 'Divorce / Annulment / Legal Separation / Termination of Domestic Partnership', 'Employment Election Status Change for Spouse/Domestic Partner or Dependents', 'HSA Contribution Changes', 'Insurance Election Changes', 'Marriage / Formation of Domestic Partner', 'Marriage to Domestic Partner', 'Medicaid, CHIP – loss of eligibility', 'Medicare / Medicaid entitlement', 'Medicare - Loss of eligibility', 'New eligibility for Medicaid or CHIP subsidy', 'Spouse/Domestic Partner or Dependent Child Open Enrollment', and 'Voluntary Drop After Tax Plans'. At the bottom of the page, there are three buttons: 'Submit', 'Save for Later', and 'Cancel'.

4. Enter the **Benefit Event Date**. The due date to submit your benefit changes populates in the **Submit Elections By** section. The list of **Benefits Offered** shows all the benefit plans you can change as a result of this event.

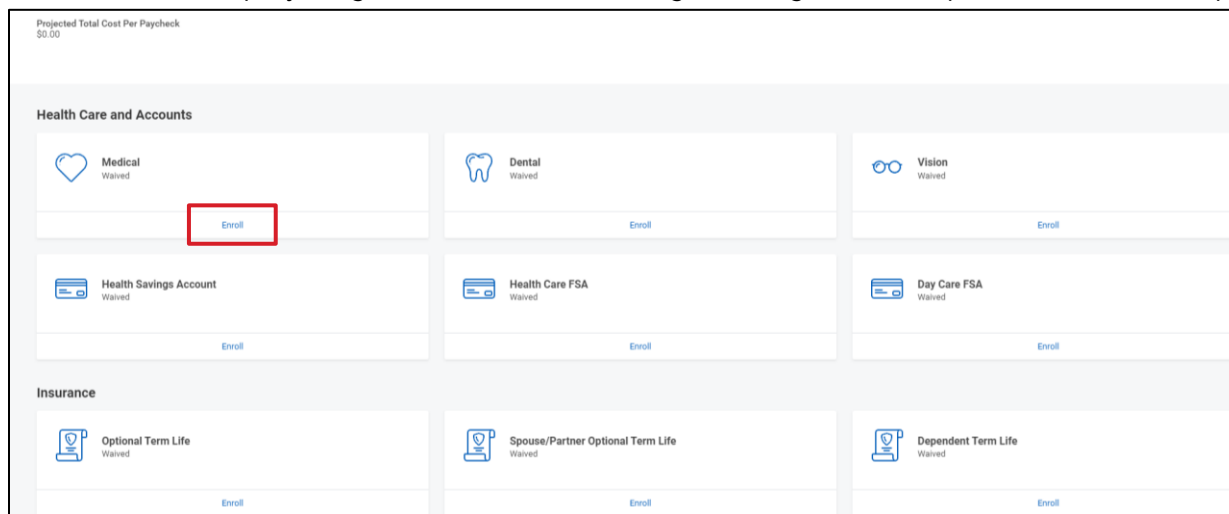
5. Select the **Submit** button.
6. A window opens with the confirmation. Select the **Open** button.

7. Select the **Let's Get Started** button on the **Change Benefit Elections** page.
8. On the **Health Information** page, answer the **Nicotine Use** question and select **Continue**.

9. On the **Information Updated** page, select **Continue** to proceed.



10. Enroll in the benefits of your choice by selecting **Enroll** under each benefit type. Select **Manage** to update any current elections or company designated benefits if something has changed, for example, the addition of a dependent.



11. After selecting **Enroll** or **Manage**, you can view the **Plans Available** and **Select** the plan you want to add, change, or update. Select **Confirm and Continue** when each selection is complete.

Medical

Projected Total Cost Per Paycheck

\$0.00

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

5 Items

*Selection	Benefit Plan	You Pay (Biweekly)	Company Contribution (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HDHP Higher Use w/ HSA 2	\$66.48	\$210.96
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna HDHP Lower Use w/ HSA 2	\$36.42	\$212.77
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO Copay w/ HRA 2	\$69.12	\$227.93
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser HDHP Georgia	\$36.42	\$157.27
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser HMO Georgia	\$40.74	\$196.25

Confirm and Continue

Cancel

Health Care Instructions

General Instructions

•Choose a plan or the "Waive Coverage" option.

•Click "Continue" to enroll your dependents to coverage

If you have **NOT** already added your dependents to the system, please select "Cancel", "Save for Later" and go back to add your dependents to the Dependent screen.

Important! You must actively enroll each year if you wish to contribute payroll deductions to any of the accounts below.

Previous enrollment does not carry over to new coverage for these accounts:

- Health Savings Account
- Full-Purpose Health Care Flexible Spending Account
- Limited Dental/Vision Flexible Spending Account
- Day Care Flexible Spending Account

If you select to enroll in a HDHP plan you **MUST** enroll in a Health Savings Account. You can set your annual contribution to \$0 if you don't want to contribute to a Health Savings Account via payroll deduction.

Optional Critical Illness Insurance and Optional Accident Insurance:
Employees living in MN, ND, TX and MT, can enroll eligible grandchildren in Optional Critical Illness and Optional Accident Insurance coverage.

Premiums: The premium for 2021 coverage for Optional Critical Illness Insurance is based on your age on December 31, 2020, and your current tobacco/nicotine status. If you update your tobacco/nicotine usage after coverage begins, your premium will change on the first of the following month.

Beneficiaries: Both Optional Critical Illness Insurance and Optional Accident Insurance plans have a death benefit. If you enroll, you can designate or update beneficiaries on the MetLife website after your benefits effective date.

Effective date: Election will take effect on 01/01/2021, and the first deduction will be taken from your 01/08/2021 pay with the following exception:

Exception: If you are on a leave of absence on 01/01/2021, your coverage takes effect when you return from leave, and the first deduction will

12. Add **Dependents** to your Health Care Plans, select your contribution amount for your Health Saving and Flexible Saving Account plans, or select your coverage level for Insurance and Additional Benefit plans. Select **Save** to view summary.

Note: If you are enrolling in a high deductible medical plan, you must enroll in a Health Savings Account (HSA). If you do not enroll in an HSA, you will receive an error when you attempt to submit your enrollment. The medical plan you select will also change the FSA options you are eligible to select.

Medical - Aetna HDHP Lower Use w/ HSA 3

Projected Total Cost Per Paycheck

\$124.32

Dependents

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

Coverage Employee + Child(ren)

Plan cost per paycheck \$71.52

3 Items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>		Child	05/22/2000
<input type="checkbox"/>		Child	07/25/2008
<input type="checkbox"/>		Spouse	01/14/1984

Save

Cancel

Health Care Instructions

General Instructions

•Choose a plan or the "Waive Coverage" option.

•Click "Continue" to enroll your dependents to coverage

If you have **NOT** already added your dependents to the system, please select "Cancel", "Save for Later" and go back to add your dependents to the Dependent screen.

Important! You must actively enroll each year if you wish to contribute payroll deductions to any of the accounts below.

Previous enrollment does not carry over to new coverage for these accounts:

- Health Savings Account
- Full-Purpose Health Care Flexible Spending Account
- Limited Dental/Vision Flexible Spending Account
- Day Care Flexible Spending Account

If you select to enroll in a HDHP plan you **MUST** enroll in a Health Savings Account. You can set your annual contribution to \$0 if you don't want to contribute to a Health Savings Account via payroll deduction.

To Enroll or Add: if you want to enroll your newly eligible child, spouse or domestic partner, or other eligible dependent children, you must also enroll or be enrolled.

To Drop: if you elect to drop your coverage, coverage for any enrolled dependents, including your spouse or domestic partner, will also be dropped.

Health Care FSA - HealthEquity - Full Purpose

Projected Total Cost Per Paycheck
\$492.11

Contribute

Per Paycheck

100.00

Annual

400.00

Remaining Paychecks

4

Minimum Annual Amount: \$130.00

Maximum Annual Amount: \$2,750.00

Summary

Total Annual Contribution

\$400.00

Save

Cancel

Spending Account Instructions

General Instructions

Important! You must actively enroll each year if you wish to contribute payroll deductions to any of the accounts below.

Previous enrollment does not carry over to new coverage for these accounts:

- Full-Purpose Health Care Flexible Spending Account
- Limited Dental/Vision Flexible Spending Account
- Day Care Flexible Spending Account

The annual amount you specify is divided by the number of pay periods remaining in the year. So, if you are enrolling in mid-year, enter only the amount you wish to contribute for the remainder of the year.

You can only enroll in a Full -Purpose FSA if you are NOT enrolled in a HDHP Medical Plan. If you are enrolled in a HDHP Medical Plan, you may only enroll in the Limited Dental Vision FSA Plan.

You may not change your enrollment from the Full-Purpose Health Care FSA to the Limited Dental/Vision FSA or vice versa.

Optional Term Life - MetLife (Employee)

Projected Total Cost Per Paycheck
\$492.11

Coverage

Calculated Coverage

\$1,026,283.80

Coverage

×

6 X Salary

:

:

Plan cost per paycheck:

\$48.24

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: 3 items

Beneficiary	Percentage
<div>×</div> <div>Zabyw Lyvite</div> <div>:</div> <div>:</div>	76
<div>×</div> <div>Cygop Lyvite</div> <div>:</div> <div>:</div>	12
<div>×</div> <div>Nodin Lyvite</div> <div>:</div> <div>:</div>	12

Secondary Beneficiaries: 0 items

Beneficiary	Percentage
No Data	

Save

Cancel

13. Once you're satisfied with your elections, select **Review and Sign**. If you're not ready to complete your elections, select **Save for Later**. You must review, sign, and submit your benefit elections on or before the **Submit Elections By** date.

Review and Sign

Save for Later

20 January 2023 | Benefits in Workday

14. View the summary of benefits and provide your electronic signature and acknowledgement by selecting the **I Accept** check box.

Note: Changes are not submitted until you acknowledge the **I Accept** check box at the bottom left of the page and select **Submit**. Once you complete this step, the enrollment is routed for approval.

Electronic Signature

Acknowledgement Required

You are required to acknowledge that you have read and understand the terms below before you can complete your enrollment.

Note: If you do not want to provide your acknowledgement at this time, click Save and Continue. You can return and complete your enrollment later (however, please remember you only have until the end of your stated enrollment period to complete your enrollment).

Terms of Benefits Enrollment


In making my elections for myself and my dependents, including default elections and applicable, under the various Wells Fargo & Company employee benefit plans:

- I understand that I am authorizing Wells Fargo to deduct the necessary premium amounts from my pay for the benefits coverage I elect for myself and my dependents under the Wells Fargo & Company benefit plans, including deducting from my pay for any back premiums for coverage that I may owe.
- I understand that my benefit elections may not be changed or revoked, except as otherwise allowed during the Annual Benefits Enrollment period or if I experience a Qualified Event as described in the Benefits Book.
- I understand that any information I provide with respect to my benefits elections must be truthful and accurate. I also understand that plan administration reserves the right to request appropriate proof of eligibility for myself or my dependents under the Wells Fargo & Company employee benefits plans.
- I certify that any dependents I enroll, including any dependents who are enrolled as a result of default elections, under any coverage, are eligible dependents under the terms of the Wells Fargo & Company employee benefits plans. I understand that whenever any of my enrolled dependents are no longer eligible for coverage, I am required to notify plan administration by contacting Team Member Care at 1-877-HRWELLS (1-877-479-3557)
- I understand that any deliberate withholding of information or misrepresentation in any answers or information I provide in connection with my benefits elections may result in any or all of these consequences: denial of benefits, termination of coverage for me and my dependents, disciplinary action, and termination of my employment.

By checking the "I Agree" checkbox below, I am indicating my understanding and acknowledgement of these terms.

☒ I Accept

15. Select **Submit**. On the **Submitted** page, you can view your **Benefits Statement** and select **Done** to complete the process.

 Search

Submitted

You've submitted your elections.

Click the Benefits Confirmation Statement button to open your statement (PDF format) in a new window. The statement includes your saved benefit elections, pay-period deductions, dependents, and beneficiaries.

During an enrollment period:
You can save or print your confirmation statement from work or home (but note that if you send the file from inside the Wells Fargo network to home or vice versa, any links to resources, such as the Benefits Book, will no longer work).

You may request a paper copy at no cost by calling Team Member Care at 1-877-HRWELLS (1-877-479-3557). This paper copy will be the same as the version available here.

Need more information? Learn more about your benefits on HR Service and Support.

View 2021 Benefits Statement

Done