

## OPEN ENROLLMENT

### Important Information regarding Open Enrollment:

Workday has sent all eligible employees, regardless of their current enrollment, an Open Enrollment Event. Employees are encouraged to review all benefits and make selections/changes consistent with your individual needs. We encourage you to go to your Workday Benefits Worklet and print your current benefits before completing the Open Enrollment task. This will help to ensure you are aware of your currently enrolled benefits. Even if no changes are being made, we recommend reviewing and submitting the task in Workday. **Workday will not allow for any updates/changes to be made after the Annual Enrollment period has ended on November 15<sup>th</sup>, 2020 at 4:30pm.** It is important that all employees check their demographic information, including mailing address, and dependent information.

If one of your dependents is **not** listed in Workday, you will need to add them as a dependent before you can add them to your insurance plans. See [Manage Dependent Job Aid](#) for instructions. Please note: dependent verification documents will need to be attached. Once you have submitted the dependent event in Workday, it will route to Human Resource Management (HRM) for approval before you will be able to add the dependent to your plan. Please allow time for this approval process to occur. Once the dependent event has been approved by HRM, you will then be able to assign them benefit coverage.

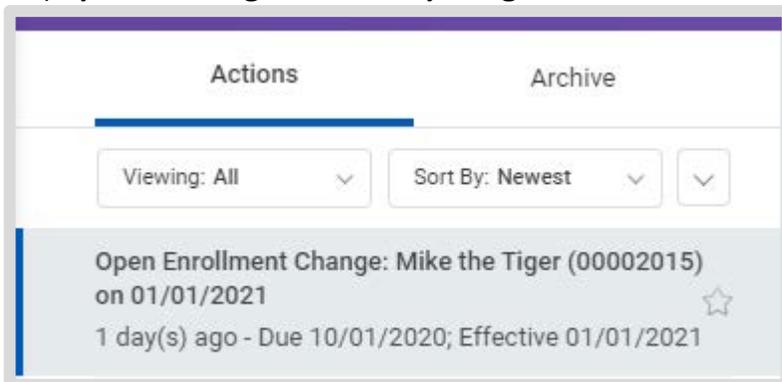
It is important that all employees check their health benefits and dependent information to ensure proper reporting on their 1095 forms in order to avoid any tax penalty.

If you have a **Health or Dependent Care Flexible Spending Account (FSA)** or are enrolled in the **HSA 775 Health Plan** and wish to contribute in the 2021 plan year, you **MUST** re-enroll and submit your annual contribution amount. FSA contributions can be made directly in the Open Enrollment Event. HSA contributions can be made via [GB-79 form](#) and sent to the Payroll office via FilesToGeaux.

If you would like to enroll, cancel or make changes to your current enrollment in **Long Term Disability, Long Term Care, or Office of Group Benefits (OGB) Life Insurance** please contact the HRM Office.

To start the process for Open Enrollment, complete the steps below:

1. Employee as Self logs into Workday and goes to Inbox. Locate action item: **Open Enrollment Change**.



2. On the first screen, review all current **Health Care Elections**, including health, dental, vision, and accident protection insurance options. Make any changes, as desired, by selecting **Elect** or **Waive**. Enroll dependents at this time by selecting Employee + Spouse, Employee + Child(ren) or Employee + Family.

- a. If your dependents are not listed under the **Enroll Dependents** prompt, please ensure that you have previously added your dependents to Workday (see the Manage Dependents job aid for help with this). *The dependent event step must be submitted by the employee and approved by HRM before your dependents will appear in the drop down box.*

3. Click **Continue** (Save for Later or Cancel).
4. Review the **Health Savings Account Plan Dependencies**. If you enroll in the Pelican HSA 775 plan and want to contribute to your HSA, you must complete the GB-79 paper form and submit to LSU Payroll. The election **cannot** be made in Workday.

**Important Note:** This Health Savings Account Plan is only available for members in the Pelican HSA 775 plan administered by Blue Cross Blue Shield. The Elect/Waive radio buttons will not be active since you are required to submit the GB-79 form to payroll.

5. Click **Continue** (Save for Later, Go Back, or Cancel).
6. Review the **Flexible Spending Account Elections**, including the Health Flexible Spending Account and the Dependent Care Spending Account, and make your selections by clicking **Elect** or **Waive**, if desired.
  - a. If you would like to enroll, enter in the total amount you would like to contribute for the year and the monthly contribution section will auto-populate based on the yearly amount.

**Important Note:** If you currently have a **Health or Dependent Care Flexible Spending Account (FSA)** and wish to continue with that coverage in the upcoming year, you **MUST re-enroll**.

> **Spending Account Plan Dependencies**

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions
Healthcare FSA - Diversified Benefit Services	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 12  How much do you want to contribute for the total year? <input type="text" value="2,750.00"/>

7. Click **Continue** (Save for Later, Go Back, or Cancel).
8. Review the **Insurance Plan Dependencies and Coverage Limitations**, including (Life, Accidental Death & Dismemberment and Critical Illness Insurance), and make your selections by clicking Elect or Waive, if desired. You can also add dependents to your coverage at this time.

> **Insurance Plan Dependencies and Coverage Limitations**

Insurance Elections 25 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers
Voluntary Life - United Healthcare (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="x \$300,000"/>	
Spouse Voluntary Life - United Healthcare (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

- a. To learn more about the coverage, scroll the screen all the way to the right, and click on the LSU Benefits hyperlink under Provider Website.
9. Click **Continue** (Save for Later, Go Back, or Cancel).
10. Review your **Beneficiary Designations**. Add beneficiaries, if applicable, by clicking the plus (+) icon next to each Benefit Plan that allows you add beneficiaries. You can add **Beneficiary Persons** (who have already been put into the system), add **Trusts** (that have already been put into the system), or you can **Create** Beneficiaries (by clicking Add Beneficiary, Add Beneficiary Using Existing Contact or Add Trust).

If you have not selected any plans that are benefit eligible, this section will be blank.

Beneficiaries		
*Beneficiary	*Primary Percentage / Contingent Percentage	
<input style="float: left; margin-right: 5px;" type="button" value="+"/>		
<input style="float: left; margin-right: 5px;" type="button" value="-"/> Baby Boy Tiger	<input checked="" type="radio"/> Primary Percentage	<input type="text" value="50"/>
	<input type="radio"/> Contingent Percentage	<input type="text" value="0"/>
<input style="float: left; margin-right: 5px;" type="button" value="-"/> Baby Girl Tiger	<input checked="" type="radio"/> Primary Percentage	<input type="text" value="50"/>
	<input type="radio"/> Contingent Percentage	<input type="text" value="0"/>

11. Click **Continue** (Save for Later, Go Back, or Cancel).
12. Review the **Identity Theft Protection Elections**, and make your selections by clicking **Elect** or **Waive**, if desired. Enroll dependents at this time by selecting Employee + Spouse, Employee + Child(ren) or Employee + Family.

Additional Benefits Elections 2 items		
Benefit Plan	*Elect / Waive	Coverage
Identity Theft Protection - Identity Force Inc. Ultra Secure	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="x Employee + Child(ren)"/>
Identity Theft Protection - Identity Force Inc. Ultra Secure Plus	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	

13. Click **Continue** (Save for Later or Cancel).
14. Carefully review your elections.
  - a. If you have requested a life insurance amount greater than allowed, you will see an Evidence of Insurability message. An Evidence of Insurability TO DO will show up in your Workday Inbox.
  - b. Continue to scroll down the page and review your **Elected Coverages**.

Elected Coverages 8 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage
LSU Medical - Web TPA HLT LSU First Option 1	01/01/2021	12/01/2020	Employee
Dental - Humana DEN Basic	01/01/2021	12/01/2020	Employee
Vision - EyeMed VIS	01/01/2021	12/01/2020	Employee
Healthcare FSA - Diversified Benefit Services	01/01/2021	01/01/2021	\$2,750.00 Annual
Voluntary Life - United Healthcare (Employee)	01/01/2021	12/01/2020	\$300,000
Critical Illness - United Healthcare 3-High (Employee)	01/01/2021	12/01/2020	\$30,000
Basic Group Life - OGB Active Plus Supplemental-2018 (Employee)	01/01/2019	12/01/2018	1.5 X Salary
Identity Theft Protection - Identity Force Inc. Ultra Secure	01/01/2021	12/01/2020	Employee + Child(ren)

- c. Continue to scroll down the page and click the arrow next to **Waived Coverages** to view your waived coverages.

▼ **Waived Coverages**  
 Waived Coverages 14 items

Plan Type
Accident Protection
State Medical
Health Savings Account
Dependent Care FSA
Spouse Voluntary Life
Child Voluntary Life
Stand Alone AD&D (EE)
Stand Alone AD&D
Critical Illness Spouse
Critical Illness Child(ren)
Long Term Disability
Family Basic Group Life
Voluntary Life (Grandfathered)
Grandfathered Spouse Voluntary Life

- d. Continue to scroll down the page and click the arrow next to **Beneficiary Designations** to view your beneficiaries.

▼ **Beneficiary Designations**  
 Beneficiary Designations 3 items

Benefit Plan	Provider Website	Requires Beneficiary	*Beneficiary
Critical Illness - United Healthcare High (Employee)	<a href="#">LSU Benefits</a>	<input type="checkbox"/>	Baby Boy Tiger
			Baby Girl Tiger
Voluntary Life - United Healthcare (Employee)	<a href="#">LSU Benefits</a>	<input type="checkbox"/>	

e. Continue to scroll down the page and review the **Electronic Signature**. Click the 'I Agree' checkbox.

**Electronic Signature**

LEGAL NOTICE: Please Read  
Your Name and Password are your 'Electronic Signature' and will serve as your confirmation of the accuracy of the information being submitted. When you check the 'I AGREE' checkbox, you are certifying that:

1. You understand that your benefit elections are binding transactions.
2. You understand that your benefit elections will remain in force for the duration of the plan year, and may only be changed during annual enrollment or when you experience a qualifying life event as defined by the IRS. Enrollment changes due to a qualifying life event must be made within 30 days of the event.
3. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers.
4. You understand that verification will be required for any newly added dependents to health insurance and state group life insurance. Dependent information provided by employees may be subject to periodic audits.
5. You authorize the University to deduct any premium contribution(s) from your pay or retirement check to pay for coverage(s) for myself and my dependents as applicable.
6. You understand that submission of false information may lead to disciplinary action, up to and including termination.
7. You consent to electronic processing of enrollment forms to include processing of your Electronic Signature.
8. You acknowledge that the Electronic Signature on this document means that you are the person identified on the enrollment forms and that you agree to electronic processing of this document. You further acknowledge that your Electronic Signature will have the same legal effect as a signature on paper.
9. You acknowledge that you have a right to print and keep a paper copy of this document, or if you wish to obtain a paper copy of this document, you must contact Human Resources and indicate that you wish to obtain a paper copy.
10. You acknowledge that you have the right to withdraw your consent to the Electronic Signature on this document. You understand that you must notify Human Resources in writing if you wish to withdraw your electronic consent, but such withdrawal will not impact any benefits provided prior to your withdrawal.
11. You acknowledge that you must update your contact information if the information needed to contact you electronically changes by providing updated information on the Workday site.
12. You acknowledge that your consent applies to these enrollment forms only and does not apply to any other transactions or documents.

I Agree

Submit
Go Back
Cancel

15. Click **Submit** (Save for Later, Go Back, or Cancel).

16. Once you click Submit, you have the option to **Print** your Elections Confirmation for your records. Once you have printed your elections, click **Done**.

**Important Note:** Once you have completed the Action Items in your Inbox, the Open Enrollment process will route for approvals. Once approved, the process is complete. **Your elections will become effective on January 1<sup>st</sup> of the upcoming year.**