

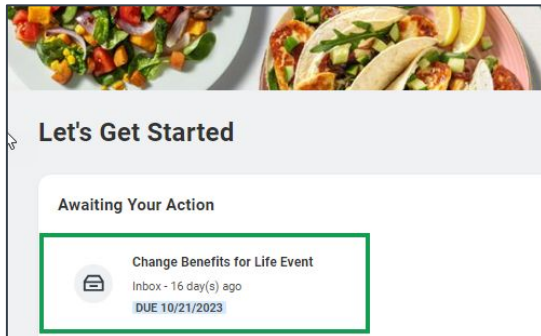


Benefits Enrollment for New Hires

Enroll in Benefits

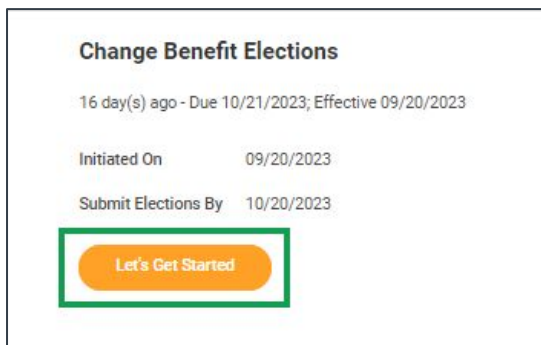
From the Workday Home Page:

1. Click the **Change Benefits for Life Event** task from **Awaiting Your Action**.

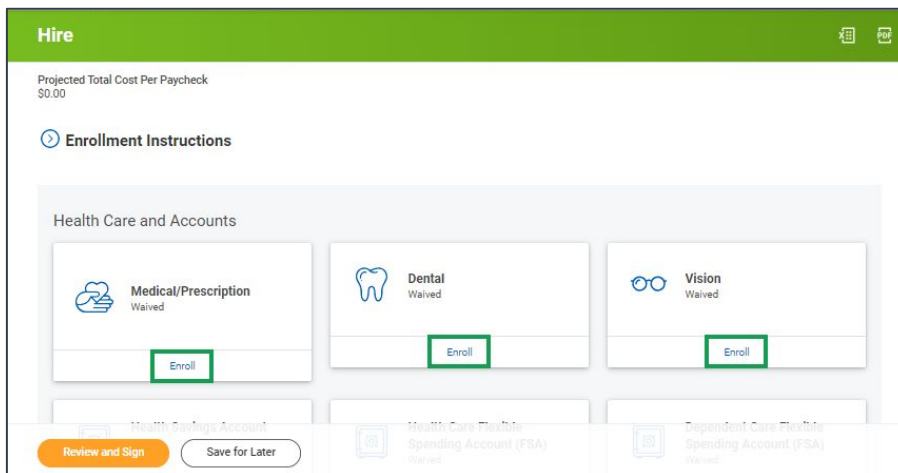


Note: If you are unable to locate this action item, please go to your inbox to locate it.

2. Your Inbox will open. Click **Let's Get Started**.



3. The Hire enrollment page displays. Click **Enroll** on each desired tile to elect the benefit.



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4. For the selected plan, use the radio buttons to choose **Select** or **Waive**. Then click **Confirm and Continue**.

Plans Available

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

3 items

*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Name	Included	\$ ###

Confirm and Continue



Note: Accounts will default to waive.

5. If the selected plan allows dependents, you may click **Add New Dependent**, then click **OK**.

Dependents

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

Coverage Employee Only

Plan cost per paycheck \$ ##.00

Add New Dependent

6. Enter the dependent's **Country**, **First Name**, **Last Name**, **Relationship**, **Date of Birth**, and **Sex**. Your existing address will be used by default. Click X in the **Use Existing Address** prompt to add a different one. Click **Save** to return to your plan selection.

Add My Dependent From Enrollment

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

Personal Information

Relationship *

Date of Birth *

Age (empty)

Sex *

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.

Address

Use Existing Address

Country *

Address Line 1

Address Line 2

City

State

Postal Code

Phone & Email

Country Phone Code

Phone Number

Phone Extension

Email Address

Save



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7. Be sure that the check mark appears next to the dependent(s) added, then click **Save**.

Dependents

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

Coverage * Employee + Employee's Child(ren)

Plan cost per paycheck

2 Items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Anna Banana	Employee's Child (Biological/Adopted)	06/16/2010
<input checked="" type="checkbox"/>	Eddy Banana	Employee's Child (Biological/Adopted)	07/25/2015



Note: After each plan election you will get a pop up stating your benefit changes are updated but are not submitted until you click **Review and Sign** on the Hire enrollment page.

8. Life and AD&D plans require a beneficiary. To add a beneficiary, click **+** then add a new beneficiary or trust. Once your beneficiary is entered, select a **Percentage**. The Primary Beneficiary's total must add up to 100%. Secondary beneficiaries are optional. Click **Save**.

Coverage

Calculated Coverage \$###.00

Coverage 1 X Salary

Plan cost per paycheck Included

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
<input type="button" value="+"/>	No Data

Secondary Beneficiaries 0 Items

Beneficiary	Percentage
<input type="button" value="+"/>	No Data

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

- Existing Beneficiary Persons >
- Existing Trusts >
- Add New Beneficiary or Trust
- Search

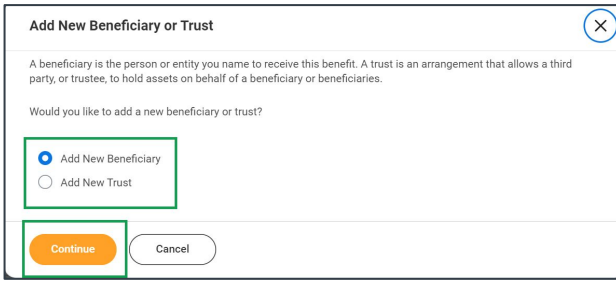
Percentage



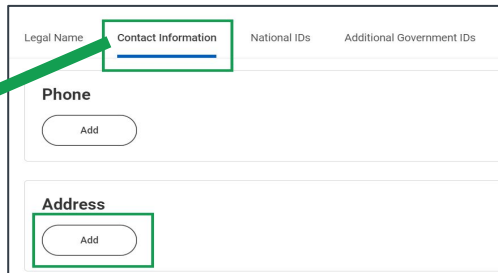
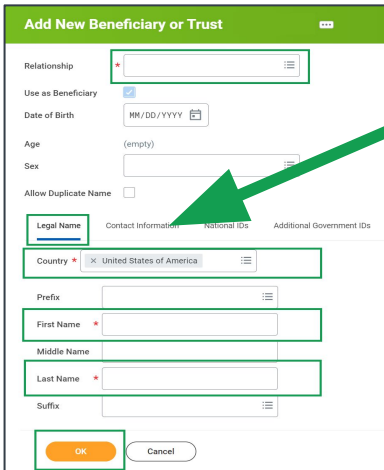
Note: Beneficiaries are mandatory starting in 2024.



9. Using the radio buttons select **Add New Beneficiary or Trust** then click **Continue**.



10. Enter the beneficiary's **Relationship** and the required fields from the **Legal Name** tab. Enter their **Address** on the **Contact Information** tab. Click **OK** to save.



Note: Fields with a red asterisk are required.

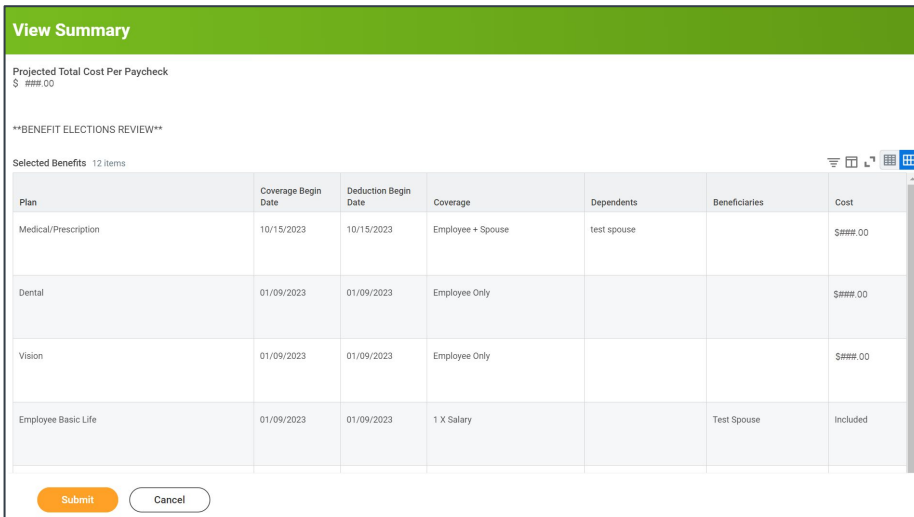


Note: You have an option to select Existing Address for beneficiary.

11. When you have finished enrolling in your benefits, click **Review and Sign**.



12. Review your benefit elections on the View Summary page.



Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical/Prescription	10/15/2023	10/15/2023	Employee + Spouse	test spouse		\$###.00
Dental	01/09/2023	01/09/2023	Employee Only			\$###.00
Vision	01/09/2023	01/09/2023	Employee Only			\$###.00
Employee Basic Life	01/09/2023	01/09/2023	1 X Salary		Test Spouse	Included



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13. Scroll to the bottom and select the I accept **checkbox**, then click **Submit**.

Electronic Signature

LEGAL NOTICE: Please Read
Your Name and Password are considered 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 all benefits you receive are contingent upon you meeting the eligibility criteria for such benefits;
- 2) You understand that your benefit elections are legal and binding transactions;
- 3) You understand that all benefits are contingent upon your enrollment and acceptance by your employer (and/or its designated representative) and the applicable insurance carriers or benefit providers;
- 4) The information that you have provided is complete and accurate;
- 5) You understand that the applicable plan or program document, or certificate control the terms and conditions of each benefit program;
- 6) You agree that your employer has provided you with all health and welfare notices and disclosures required by law;
- 7) You agree that your employer will deduct from your wages all applicable premiums and/or contributions applicable to the benefit program(s) in which you enroll;
- 8) You agree that your employer reserves the right to terminate, suspend, withdraw, amend, or modify all benefit plans and applicable policies in whole or in part at any time subject to applicable law; and
- 9) You agree that your employer reserves the right to terminate or modify benefit coverage for any group of active or retired employees and their dependents or a class of dependents at any time subject to applicable law.

I Accept

Submit Save for Later Cancel

14. Click the **View Benefits Statement** button to review and print.

MENU  Search

Submitted

You've submitted your elections.

SUBMIT ELECTIONS CONFIRMATION

Important Dates:

Benefits go into effect	10/15/2023
Final day to update benefits	10/12/2023

View 2023 Benefits Statement

Done



Note: Please review and ensure the benefits and dependents you selected are correctly assigned to each plan.



15. Click the **Print** button at the bottom of the Submit Elections Confirmation Page. Select **Download** from the Export Document pop up. The PDF containing your Benefit Elections will download to your device. Open your download folder to view/print/save the document.

Submit Elections Confirmation Hire for Ella Employee

Initiated On 09/28/2023
Submit Elections By 10/12/2023
Event Date 10/15/2023

Total Employee Cost/Credit \$ ###.00
Biweekly Cost

You have successfully submitted your benefits enrollment. Select Print to launch a printable version.

SUBMIT ELECTIONS CONFIRMATION

Elected Coverages 12 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Cost
Medical/Prescription - Cigna OAP Traditional \$1,500 Deductible	10/15/2023	10/15/2023	Employee + Spouse	
Dental - Cigna	01/09/2023	01/09/2023	Employee Only	
Vision - EyeMed	01/09/2023	01/09/2023	Employee Only	\$ ###.00
Employee Basic Life - UNUM (Employer Paid) (Employee)	01/09/2023	01/09/2023	1 X Salary	\$ #####.00

Print **Export Document** **Download**

If you have questions or need assistance with your enrollment, please contact the Hello Fresh Benefits and Payroll Connect Center at 877-431-7867 (1-877- HF1STOP)

