

# **Benefits Enrollment for Open Enrollment -Mobile (Apple)**

### **Enroll in Benefits**

From the Workday Home Page: Click the My Tasks Hello There Pay Absence Org Chart View All Announcements View All Maintain Demographic Inform... Hello All! **Timely Suggestions** Keep Your Home Contact Information Updated **Update Contact Info** Vour Emergency ណ Q Find Profile Home Apps

Click the Change Benefits for Open 2. **Enrollment** 







## My Tasks ~

TODAY

Change Benefits for Open Enrollment:

**Employee Name** 

命 Home

88 Apps



Q Find Profile









3. Click the Let's Get Started

命



#### **Benefits**

Open Enrollment: 11/4-11/18

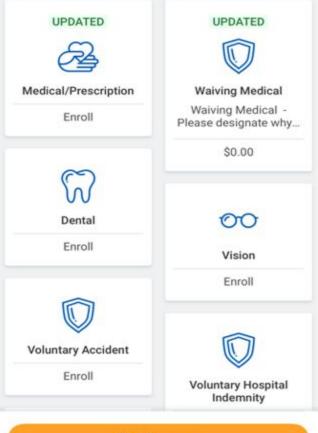
Choose new plans or re-enroll in the plans you currently have.

Let's Get Started

- 4. Click the individual tiles to manage your enrollments



### **Health Care and Accounts**



View Summar

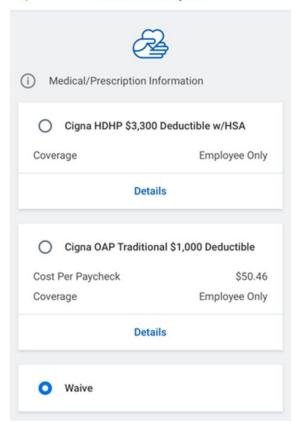






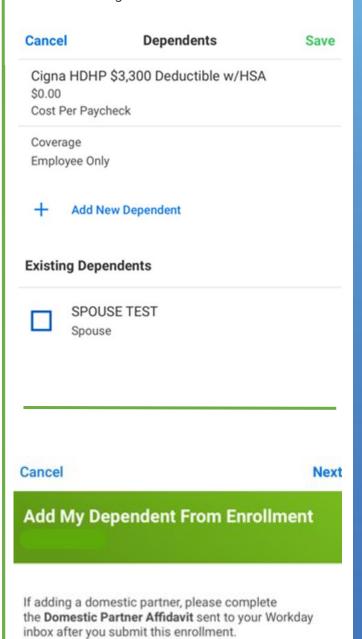
5. When you open a tile, you will see the option to elect a plan or waive coverage. Default coverage will say Employee Only if newly enrolling but dependents can be added once a plan is selected.

Medical/Prescription



**Note**: More information on the plans including the plan summaries and instructions can be found by clicking on the

6. Once you select a plan, you will have the option to add dependents on the next screen. Click on Add New Dependent then Next on the following screen



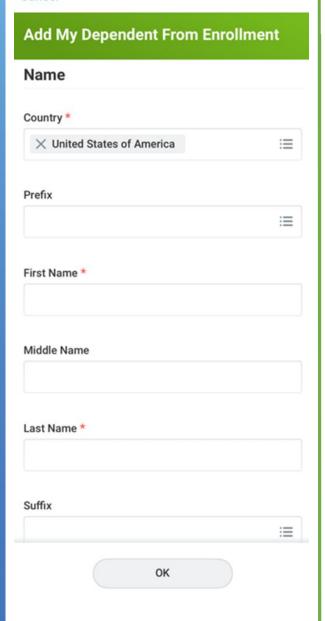






 The required fields for adding your dependent will be marked with a \*.
 Once you are done click OK

### Cancel



8. Once you have added a dependent, you can click **Add New Dependent** to add additional dependents or check the boxes for the dependents you are adding to the coverage. To remove a currently covered dependent uncheck the box next to their name.

Your coverage level and biweekly premium will automatically update based on the covered dependents you select.

Once you have checked the box for all dependents you wish to cover, you will click **Save** at the top of the screen.

Cance	d	Dependents	Save
Cigna \$0.00		300 Deductible w/HSA	
Cost	Per Paycheck	(	
Cover	age		
Emplo	yee Only		
+	Add New D	Pependent	
Existi	ng Depende	ents	
	SPOUSE T	TEST	

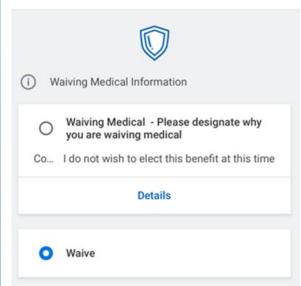






 To waive medical coverage, you must go to the Waiving Medical Plan and select Waiving Medical

Waiving Medical



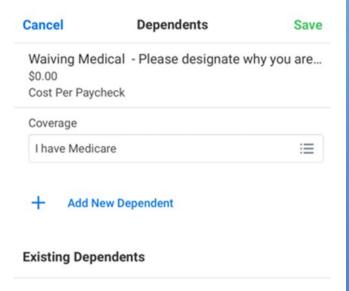
9

**Note**: Changing your medical plan from Waived to Enroll OR Enroll to Waive will prompt you to **Continue** 

By selecting this plan, you will be waived from Waiving Medical - Waiving Medical - Please designate why you are waiving medical.

CANCEL CONTINUE

10. The next screen will ask you to select a reason for waiving. Click on the 3 lines next to coverage to select a reason for waiving. Once you have selected your waiver reason click **Save** at the top of the screen.

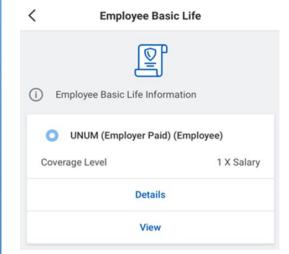




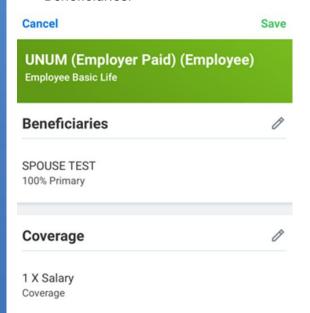




11. Primary Beneficiaries are required on all enrolled Life and AD&D plans (Employee Basic Life and Employee AD&D are provided by HelloFresh at no charge and you are automatically enrolled). To add or change a beneficiary, please click on the plan tiles and select View



12. Then click on the pencil icon next to Beneficiaries.

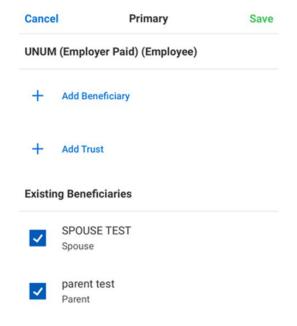


- 13. Click on the Pencil icon next to Primary/Secondary (note that Secondary beneficiaries are not required).
- X UNUM (Employer Paid) (Empl... ✓

  UNUM (Employer Paid) (Employee)

  Primary

  Secondary
- 14. On this screen you can add or change beneficiaries. If a beneficiary is already in the system for you they will be listed on screen, or select Add Beneficiary.

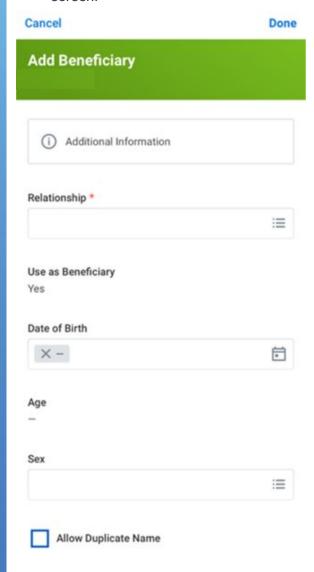








15. Required fields will be marked with a \*. Once their information has been entered click **Done** at the top of the screen.



16. Please note that the address and type (Home/Work) will be required. To use an existing address (for example, your address is they live with you), click on the 3 lines next to **Use Existing**Address. Once the address has been entered click the arrow next to Details.

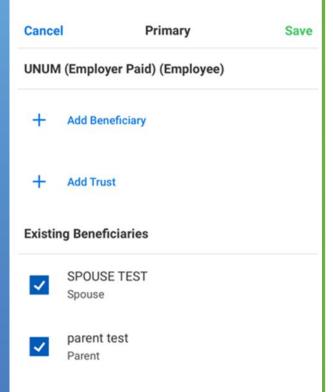
← Details	
Use Existing Address	1
Country *	
X United States of America	:=
Address Line 1 *	
Address Line 2	
City *	
State *	:=
Postal Code *	
County	







17. Check the box next to each name you wish to designate as a beneficiary. A beneficiary will not be listed to select if they are already designated (Primary or Secondary). Once you have selected each beneficiary click **Save** 



18. Beneficiary percentages needs to total 100%. If you have more than one person selected, you can use the sliding scale or type in the percentages. Once the percentages are complete, please click **Save** at the top of the screen.



beneficiary designation. Enter a beneficiary...







19. Once you have reviewed and finalized your plans selection, select View Summary you will see a summary of the plans and total cost per paycheck

# \$ Cost Per Paycheck

### **Selected Benefits**

Waiving Medical Included
Waiving Medical - Please designate why
you are waiving medical
I have Medicare

Employee Basic Life UNUM (Employer Paid) (Employee) 1 X Salary (\$49,000.00) parent test (Parent) 40% Primary

parent test (Parent), 40% Primary SPOUSE TEST (Spouse), 60% Primary

Employee AD&D UNUM (Employer Paid) (Employee) 1 X Salary (\$49,000.00)

Short Term Disability UNUM (Weekly) (Employee) 60% of Salary (\$558.00)

Long Term Disability UNUM (Monthly) (Employee) 60% of Salary (\$2,418.00) Included

Included

Included

Included

Submit

20. You will need to scroll to the bottom of the screen and click I Accept before you can click Submit

_	Review
\	Keview

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

Submi







21. Once your benefits are submitted, you will want to click on View **Submitted Benefits** 

Close

Confirmation



You've submitted your elections.

Final day to update your benefits during open enrollment

November 18, 2024

Benefits go into effect

January 1, 2025

View 2025 Benefits Statement

- 22. This screen will list a Confirmation of your elections. Please screenshot for your records
- < **Submit Elections Confirmation**

09/18/2024 Total Employee Cost/Credit

\$8.31 Biweekly Cost

Additional Information

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage
V dical - Waiving N lease designate why y ving medical	01/01/2025	01/01/2025	I have Med
Employee Basic Life - UNUM (Employer Paid) (Employee)	01/01/2021	01/01/2021	1 X Salary
Employee AD&D - UNUM (Employer Paid) (Employee)	01/01/2021	01/01/2021	1 X Salary
Short Term Disability - UNUM	01/01/2021	01/01/2021	60% of Sal

Plan Type Medical/Prescription Voluntary Hospital Indemnity Health Savings Account (HSA) **Waived Coverages** \_7 16 Items







Clicking the will bring up 23. more details about your elections. Please screenshot these screens (scroll right for more details)

Close

**Elected Coverages** 

Benefit Plan	Coverage Begin Date	Deduc
Waiving Medical - Waiving Medical - Please designate why you are waiving medical	01/01/2025	01/01/
Employee Basic Life - UNUM (Employer Paid) (Employee)	01/01/2021	01/01/
Employee AD&D - UNUM (Employer Paid) (Employee)	01/01/2021	01/01/
Short Term Disability - UNUM (Weekly) (Employee)	01/01/2021	01/01/
Long Term Disability - UNUM (Monthly) (Employee)	01/01/2021	01/01/
New Jersey State Plan TDB - UNUM (Employee)	08/01/2022	08/01/
Voluntary Specified Disease (Critical Illness Employee/Children) - UNUM Option 3 - 30K Specified Disease (Criti	01/01/2025	01/01/
Employee Assistance Program - Health Advocate	01/01/2024	01/01/

Employee + Spouse	0	test
Employee Only	0	-
Employee Only	0	-
1 X Salary	\$46,000.00	-
1 X Salary	\$46,000.00	_
60% of Salary	\$522.00	-
60% of Salary	\$2,262.00	_
_	0	-
	Employee Only  Employee Only  1 X Salary  1 X Salary  60% of Salary	Employee Only 0  Employee Only 0  1 X Salary \$46,000.00  1 X Salary \$46,000.00  60% of Salary \$522.00

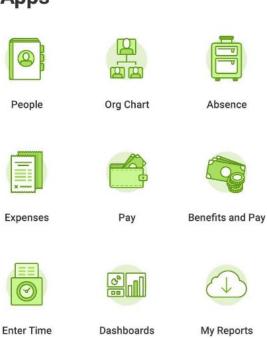






24. To make changes during Open Enrollment after you submit, go to Apps and select Benefits and Pay

## **Apps**







25. Once in **Benefits and Pay** you will see **Benefit Event: Open Enrollment.** Click on **Edit** and the portal will open up.



## **Tasks and Reports**

Payment Elections Change Benefits

My Tax

### **Needs Attention**

Submitted

**Benefit Event: Open Enrollment** 

Submit elections by November 18, 2024.

Edit



Note: 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)







- 26. If you did not save a copy of your elections initially, you will have access for 90 days after elections are submitted to still download.
- 27. Go to My Tasks and click on Archive
- 28. From there you can search for **Open Enrollment Change.**
- 29. In the upper right hand corner, there is an icon you can click that will PDF your elections

