



# Benefits Enrollment for Open Enrollment - Desktop

## Enroll in Benefits

From the Workday Home Page:

1. Click the **Open Enrollment Change** task from **Awaiting Your Action**.

**Let's Get Started**

**Awaiting Your Action**

**Open Enrollment Change:** Employee Name on 01/01/2025  
My Tasks - 9 day(s) ago

[Go to My Tasks \(1\)](#)



**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**.

## Change Benefits for Open Enrollment

Open Enrollment 11/4/2024-11/18/2024

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



3. If you have current dependents on file missing information such as their social security number, you will first need to update or supply a reason that the SSN is unavailable. Once this is complete, you will be brought to the Open Enrollment page.

### Update Your Information

#### Dependents Missing Social Security Numbers

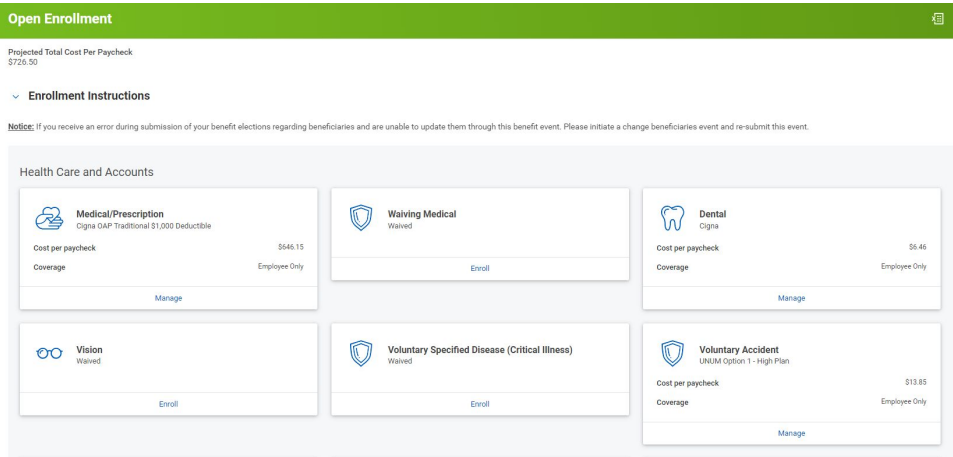
You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

1 Item

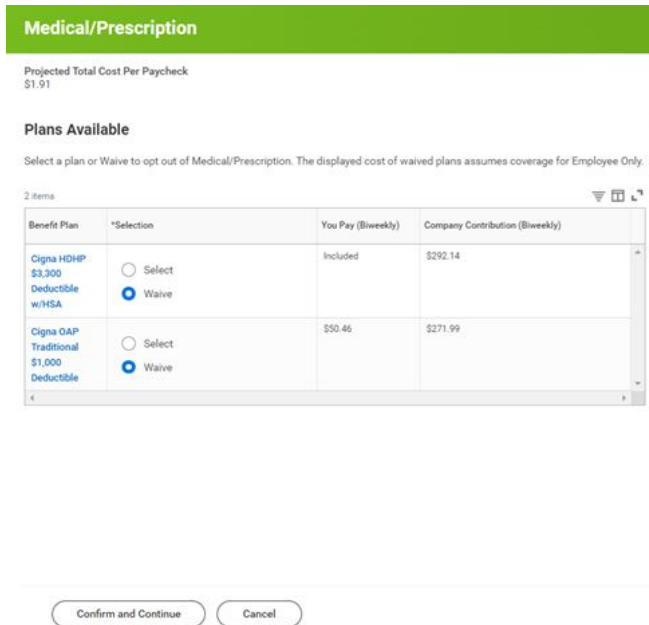
Dependent	*Social Security Number
test Test	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input checked="" type="radio"/> Reason SSN is Not Available <input type="text" value="Child"/>



4. The Open Enrollment page displays. Click **Enroll/Manage** on each desired tile to review the benefit and make any elections/changes.



5. Once you click on **Enroll/Manage**, use the radio buttons to choose **Select** or **Waive** coverage. Then click **Confirm and Continue**. You will be able to add/drop dependents on the following screen (if the elected plan allows dependents).



Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Cigna HDHP \$3,300 Deductible w/HSA	<input type="radio"/> Select <input checked="" type="radio"/> Waive	Included	\$292.14
Cigna OAP Traditional \$1,000 Deductible	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$50.46	\$271.99



**Note:** Accounts will default to your current election or waiver.

**Note:** More information on the plans including the plan summaries and instructions can be found on the right side of the screen



6. If the selected plan allows dependents to be enrolled, you may click **Add New Dependent**, on the next screen 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

7. Enter the dependent's **Country**, **First Name**, **Last Name**, **Relationship**, **Date of Birth**, and **Sex**. You will also need to enter their SSN or the reason it is not available. Your existing address will be used by default. Click **X** in the **Use Existing Address** prompt to add an alternative address. 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.

Add

#### Address

Use Existing Address

Country \* United States of America

Address Line 1

Address Line 2

City

State

Postal Code

#### Phone & Email

Country Phone Code

Phone Number

Phone Extension

Email Address



8. Be sure that the check mark appears next to the dependent(s) added. Follow this process for each dependent you wish to add. To remove a currently covered dependent, uncheck the box next to their name. Once all desired dependents are added with a check mark click **Save**.

**Medical/Prescription - Cigna HDHP \$1,600 Deductible w/HSA**

Projected Total Cost Per Paycheck  
\$1.91

**Dependents**

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

Coverage **\* Employee + Employee's Child(ren)**

Plan cost per paycheck

Add New Dependent

1 Item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	test Test	Employee's Child (Biological/Adopted)	04/07/2022

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Dependent Social Security Numbers 1 Item

Dependent	*Social Security Number
test Test	<input type="radio"/> Social Security Number (SSN) <input type="text"/>

Save Cancel



**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 enrollment page.



**Note:** If the dependent is missing a social security number, you will receive a prompt to enter it or provide a reason for leaving blank

9. Life and AD&D plans require a beneficiary. To add a beneficiary, click Enroll/Manage on the plan tile, Confirm and Continue, then click **+** then add a new beneficiary or trust. Once your beneficiary is entered, select a **Percentage**. The Primary Beneficiaries 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
No Data	

Secondary Beneficiaries 0 Items

Beneficiary	Percentage
No Data	

Save Cancel

**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

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

Percentage



**Note:** 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).



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

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



**Note:** Fields with a red asterisk are required. Phone number is strongly recommended.



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

12. Once you have entered a beneficiary for one plan, you can use them for other plans easily. They can be found under **Existing Beneficiary Persons**

## 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.



**Note:** If you are newly electing voluntary life coverage for yourself or spouse, or increasing current coverage over the guaranteed issue amount, you will need to complete an Evidence of Insurability (EOI) form that will be sent as a task to your inbox once Open Enrollment has closed.



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13. If you are not currently enrolled in medical coverage (or newly dropping medical coverage) you will need to provide a reason by clicking **Enroll/Manage** in the **Waiving Medical** Tile. Once in the election screen, you will **Select** to Waive Medical coverage and then click **Confirm and Continue**. This will be required in order to submit your enrollment.

### Waiving Medical

Projected Total Cost Per Paycheck  
\$1.91

#### Plans Available

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

1 item

Benefit Plan	*Selection	You Pay (Biweekly)
Waiving Medical - Please designate why you are waiving medical	<input checked="" type="radio"/> Select <input type="radio"/> Waive	Included

14. On the next screen you will select the reason for waiving under **Coverage**, then click **Save**.

### Waiving Medical - Waiving Medical - Please designate wh

Projected Total Cost Per Paycheck  
\$1.91

Coverage

X Participating in Spouse's Plan

Plan cost per paycheck

15. When you have finished reviewing each benefit tile and made your elections/changes, click **Review and Sign**.

Review and Sign

Save for Later

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

### View Summary

Projected Total Cost Per Paycheck  
\$ ###.00

\*\*BENEFIT ELECTIONS REVIEW\*\*

Selected Benefits 12 items

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

Submit Cancel



17. Once you have confirmed all elections are correct, scroll to the bottom of the screen 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

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

**Submitted**



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

You've submitted your elections.

**Important Dates:**

Benefits go into effect 01/01/2025

Final day to update benefits 11/18/2024

**View 2025 Benefits Statement**

**Done**



19. 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

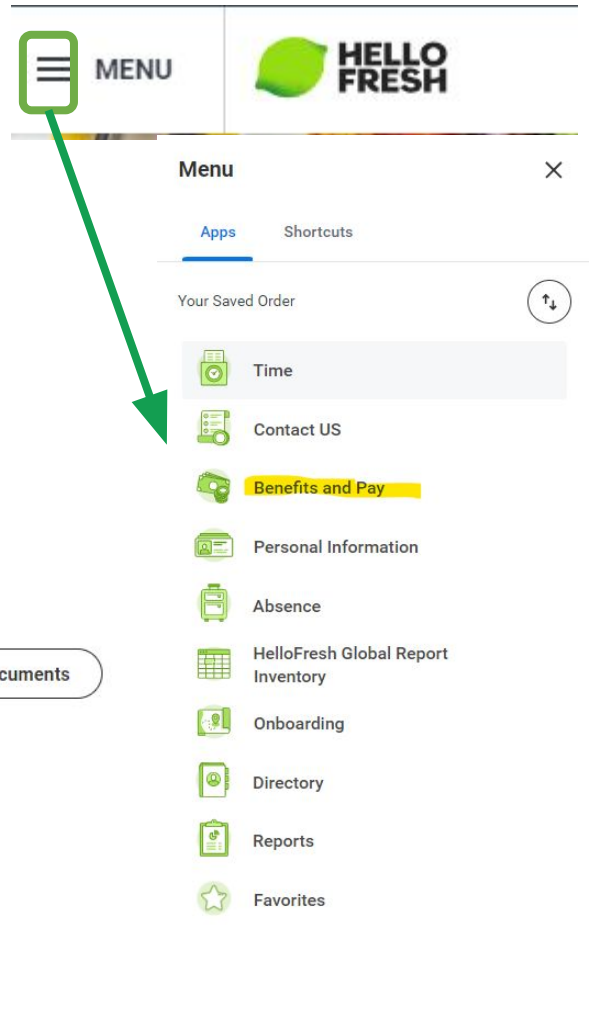
**Print** **Export Document** **Download**

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)





20. To make changes to your benefits after submitting your elections (prior to the Open Enrollment deadline), click on the 3 lines next to **Menu** (upper left hand corner of the screen). The menu will expand and you will click **Benefits and Pay**
21. The Benefit screen will open and you should see **Benefit Event: Open Enrollment** under Needs Attention. Click on **Edit**
22. From there you will see a screen with **Let's Get Started**. This will take you back to the Open Enrollment Portal



#### Tasks and Reports

Payment Elections

Change Benefits

My Tax Documents

#### Needs Attention

SUBMITTED

##### Benefit Event: Open Enrollment

Submit elections by November 18, 2024.

Edit

## Change Open Enrollment

Open Enrollment 09/18/2024-11/18/2024

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

Let's Get Started



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23. 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.
24. Go to My Tasks and click on Archive
25. From there you can search for **Open Enrollment Change**.
26. In the upper right hand corner, there is an icon you can click that will PDF your elections

