

OPEN ENROLLMENT STEPS

Once a year, open enrollment allows you to update your benefit elections. During this period, you will receive a task in your Workday Inbox.



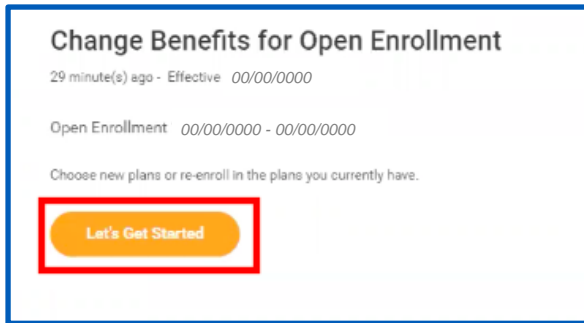
Note: Click “SUBMIT” after you complete your selections to ensure that your benefit elections are processed.

Review this job aid for steps on completing your open enrollment.

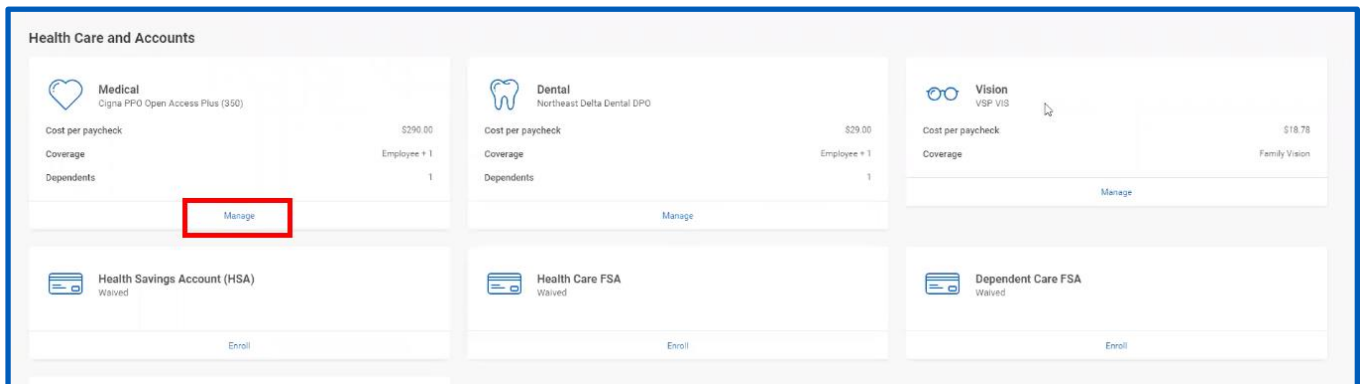
SELECT YOUR BENEFITS

From your Home page:

1. Click the **Inbox** icon.
2. Click the **Open Enrollment Change** task.
3. Click **Let's Get Started**.



4. You will see the Open Enrollment Dashboard.
5. Click **Manage** to update your medical elections. Click **Enroll** to enroll in a new benefit plan.



6. Your current elections default. Modify your coverage, if needed

Plans Available
You must select a plan. The displayed cost of waived plans assumes coverage for Employee + 1. If Employee + 1 coverage isn't available, it assumes Employee Only coverage.

4 items

| *Selection | Benefit Plan | You Pay (Monthly) | Company Contribution (Monthly) | Credits (Monthly) |
|--|----------------------------------|-------------------|--------------------------------|-------------------|
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | Cigna - Opt Out of Medical | Included | \$0.00 | \$60.00 |
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | Cigna PPO Choice Fund HSA | \$175.00 | \$1,398.00 | |
| <input checked="" type="radio"/> Select <input type="radio"/> Waive | Cigna PPO Open Access Plus (350) | \$290.00 | \$1,803.00 | |
| <input type="radio"/> Select <input checked="" type="radio"/> Waive | Cigna PPO Open Access Plus (500) | \$251.00 | \$1,689.00 | |

7. Click **Confirm and Continue.**

Plans Available
You must select a plan. The displayed cost of waived plans assumes coverage for Employee + 1. If Employee + 1 coverage isn't available, it assumes Employee Only coverage.

4 items

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ADD DEPENDENTS

You may add dependents during open enrollment when selecting or modifying a benefit plan. After clicking **Confirm and Continue** in the previous step:

1. If a dependent already exists, Workday selects them automatically (unless you change plans).
2. Click the **Add New Dependent** button to add a new dependent. Complete all required information.

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

Coverage * Employee + 1

Plan cost per paycheck \$251.00

1 Item

| Select | Dependent | Relationship | Date of Birth |
|-------------------------------------|------------|--------------|---------------|
| <input checked="" type="checkbox"/> | Daisy Duck | Child | 01/05/2015 |



Note: Colby configures derived coverage on the medical plan, Workday selects a coverage target automatically based on family members that the employee covers.

MODIFY DEPENDENTS

From the Dependents section for medical elections:

1. Select the **checkbox** next to the name of your dependents.
2. Click **Save**.

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

Coverage * Employee + 1

Plan cost per paycheck \$251.00

1 Item

| Select | Dependent | Relationship | Date of Birth |
|-------------------------------------|------------|--------------|---------------|
| <input checked="" type="checkbox"/> | Daisy Duck | Child | 01/05/2015 |

Note: Follow the above steps to make changes to Dental and Vision.

ADD HEALTH SAVINGS ELECTION(S)

Return to the Health Care and Accounts section.

1. Click **Enroll** or **Manage** in the Health Savings Account (HSA). Keep in mind, you may not enroll in an HSA if you are opting out of medical or enrolled in the OAP350 or OAP500 medical plan.

Health Care and Accounts

| | | |
|--|--|---|
| <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Medical Digna PPO Open Access Plus (350)</p> <p>Cost per paycheck \$290.00</p> <p>Coverage Employee + 1</p> <p>Dependents 1</p> <p style="text-align: right; font-size: small;">Manage</p> </div> | <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Dental Northeast Delta Dental DPO</p> <p>Cost per paycheck \$29.00</p> <p>Coverage Employee + 1</p> <p>Dependents 1</p> <p style="text-align: right; font-size: small;">Manage</p> </div> | <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Vision VSP VIS</p> <p>Cost per paycheck \$18.78</p> <p>Coverage Family Vision</p> <p style="text-align: right; font-size: small;">Manage</p> </div> |
| <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Health Savings Account (HSA) Waived</p> <p style="text-align: right; font-size: small; border: 1px solid red; display: inline-block; padding: 2px;">Enroll</p> </div> | <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Health Care FSA Waived</p> <p style="text-align: right; font-size: small;">Enroll</p> </div> | <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Dependent Care FSA Waived</p> <p style="text-align: right; font-size: small;">Enroll</p> </div> |

Note: You must **Enroll** in the Health Savings Account (HSA) if electing the ChoiceFund-HSA medical plan. If contributing, enter the amount in the Per Paycheck field. If not contributing, enter \$0.00 in the Per Paycheck field to ensure Colby's contribution to your HSA.

2. Enter the amount you want to contribute.

Contribute

Per Paycheck Annual

Total Paychecks 12

Maximum Annual Amount: \$2,750.00

Summary

Total Annual Contribution \$0.00

3. Click **Confirm and Continue**.

LIFE INSURANCE & BENEFICIARY DESIGNATION



Note: Basic Life Insurance is a Colby provided benefit so you do not need to enroll. However, you will need to choose a beneficiary.

In the Insurance section:

1. Click **Manage** to update your beneficiary information for Basic Life.

Insurance and Retirement

| | | |
|---|--|--|
| <p>Basic Life The Hartford - 30,000 (Employee)</p> <p>Cost per paycheck: Included Coverage: \$30,000</p> <p style="text-align: center; border: 2px solid red; display: inline-block;">Manage</p> | <p>Supplemental Life Waived</p> <p style="text-align: center;">Enroll</p> | <p>Spouse Life Waived</p> <p style="text-align: center;">Enroll</p> |
| <p>Child Life The Hartford - 10,000 (Child(ren))</p> <p>Cost per paycheck: \$1.40 Coverage: \$10,000</p> <p style="text-align: center;">Manage</p> | <p>Long Term Disability (LTD) The Hartford (Employee)</p> <p>Cost per paycheck: Included Coverage: 100% of Salary</p> <p style="text-align: center;">Manage</p> | <p>Group Supplemental Retirement Annuity (GSRA) TIAA</p> <p>Contribution per paycheck: \$100.00</p> <p style="text-align: center;">Manage</p> |

2. Click **Confirm and Continue**.

Plans Available

1 item

| *Selection | Benefit Plan | You Pay (Monthly) | Company Contribution (Monthly) |
|--|----------------------------------|-------------------|--------------------------------|
| <input checked="" type="radio"/> Select <input type="radio"/> Waive | The Hartford - 30,000 (Employee) | Included | \$3.30 |

Confirm and Continue

Cancel

3. Click the **Add Row**  icon to add a beneficiary.

Coverage

Coverage \$30,000

Calculated Coverage \$30,000.00

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

4. Click the **prompt**  icon in the Beneficiary field. Select **Add New Beneficiary or Trust** to add a new beneficiary. Click **Continue**.

Add New Beneficiary or Trust

A beneficiary is the person or entity you name to receive this benefit. A trust is an arrangement that allows a third party, or trustee, to hold assets on behalf of a beneficiary or beneficiaries.

Would you like to add a new beneficiary or trust?

Add New Beneficiary

Add New Trust

Continue

Cancel

5. Enter new beneficiary's Relationship, Date of Birth, Legal Name, and Contact Information (an address must be entered).

Relationship *

Use as Beneficiary

Date of Birth

Age (empty)

Gender

Allow Duplicate Name

Legal Name Contact Information National IDs Additional Government IDs Other IDs

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

6. Enter the percentage for each beneficiary in the Percentage column.

Coverage

Coverage \$30,000

Calculated Coverage \$30,000.00

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



Note: The total percentage(s) entered must equal 100.

7. Click **Save**.
8. **Enroll/Manage** Supplemental Life, Spouse Life, and Child Life if applicable.

RETIREMENT SELECTIONS

In this section you may Manage or Enroll your 403(b) retirement contributions.

To begin:

1. Click **Manage** or **Enroll** in the GSRA section.

Group Supplemental Retirement Annuity (GSRA)

TIAA

Contribution
(Semimonthly)

[Manage](#)

2. Select the TIAA Benefit Plan and click **Confirm and Continue**.

Plans Available


Select a plan or Waive to opt out of Group Supplemental Retirement Annuity (GSRA).

1 item ☰ ☐ ↻


| *Selection | Benefit Plan | You Contribute (Semimonthly) | Company Contribution (Semimonthly) |
|--|--------------|------------------------------|------------------------------------|
| <input checked="" type="radio"/> Select <input type="radio"/> Waive | TIAA | \$20.00 | |

3. Enter the amount you wish to contribute in the **Contribution** field.
4. Click **Save**.

ADDITIONAL BENEFIT

 **Note:** Colby offers an Employee Assistance Program (EAP) at no extra charge. You do not need to make changes in the Additional Benefits area.

Additional Benefits



Employee Assistance Program (EAP)
Cigna Behavioral








| | |
|-------------------|----------|
| Cost per paycheck | Included |
|-------------------|----------|

[Manage](#)

SUBMITTING YOUR ELECTIONS

- Once you are ready to submit your elections, click **Review and Sign**.

Insurance and Retirement

| | | | | | | | | | | | | | | |
|--|-------------------|----------|----------|----------|---|-------------------|----------|----------|----------------|--|--------------|----|----------------------|----|
|  <p>Basic Life The Hartford - 20,000 (Employee)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Cost per paycheck</td> <td style="text-align: right;">Included</td> </tr> <tr> <td>Coverage</td> <td style="text-align: right;">\$20,000</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">Manage</p> | Cost per paycheck | Included | Coverage | \$20,000 |  <p>Supplemental Life The Hartford (Employee)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Cost per paycheck</td> <td style="text-align: right;">\$52.00</td> </tr> <tr> <td>Coverage</td> <td style="text-align: right;">\$100,000</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">Manage</p> | Cost per paycheck | \$52.00 | Coverage | \$100,000 |  <p>Spouse Life Waived</p> <p style="text-align: center; margin-top: 5px;">Enroll</p> | | | | |
| Cost per paycheck | Included | | | | | | | | | | | | | |
| Coverage | \$20,000 | | | | | | | | | | | | | |
| Cost per paycheck | \$52.00 | | | | | | | | | | | | | |
| Coverage | \$100,000 | | | | | | | | | | | | | |
|  <p>Child Life The Hartford - 10,000 (Child(ren))</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Cost per paycheck</td> <td style="text-align: right;">\$1.40</td> </tr> <tr> <td>Coverage</td> <td style="text-align: right;">\$10,000</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">Manage</p> | Cost per paycheck | \$1.40 | Coverage | \$10,000 |  <p>Long Term Disability (LTD) The Hartford (Employee)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Cost per paycheck</td> <td style="text-align: right;">Included</td> </tr> <tr> <td>Coverage</td> <td style="text-align: right;">100% of Salary</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">Manage</p> | Cost per paycheck | Included | Coverage | 100% of Salary |  <p>Mandatory Retirement Annuity (RA) TIAA</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Contribution</td> <td style="text-align: right;">2%</td> </tr> <tr> <td>Company Contribution</td> <td style="text-align: right;">8%</td> </tr> </table> <p style="text-align: center; margin-top: 5px;">Manage</p> | Contribution | 2% | Company Contribution | 8% |
| Cost per paycheck | \$1.40 | | | | | | | | | | | | | |
| Coverage | \$10,000 | | | | | | | | | | | | | |
| Cost per paycheck | Included | | | | | | | | | | | | | |
| Coverage | 100% of Salary | | | | | | | | | | | | | |
| Contribution | 2% | | | | | | | | | | | | | |
| Company Contribution | 8% | | | | | | | | | | | | | |
|  <p>Group Supplemental Retirement Annuity (GSRA) Waived</p> <p style="text-align: center; margin-top: 5px;">Enroll</p> | | | | | | | | | | | | | | |

[Review and Sign](#)
[Save for Later](#)

COMPLETE YOUR ENROLLMENT

1. Select the **I Accept** checkbox to confirm your electronic signature.
2. Click **Submit**. A confirmation page will display.

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:

- Colby College and I hereby agree that my regular compensation will be reduced as set forth in my elections, in approximately equal installments for each pay period during the Plan Year. In addition, I have read and I understand the following conditions regarding coverage:
- I cannot change or revoke my election to receive health or dependent care coverage at any time during the Plan Year unless that change or revocation is on account of and consistent with a change in status. Examples include marriage or divorce, death of a spouse or dependent, birth or adoption of a child, commencement or termination of my spouse's employment, my or my spouse's unpaid leave of absence or change from full-time to part-time employment (or vice-versa), and such other events as the Plan Administrator determines. I cannot change or revoke the medical reimbursement election and related compensation reduction agreement at any time during the Plan Year.
- If I choose not to receive my medical benefit coverage through Colby College, I agree to provide documentation indicating that I am receiving medical coverage through a sponsor other than Colby College. I understand that, in view of this waiver, I will receive an additional cash benefit of \$720 for the Plan Year (proportionately reduced, if for less than the full Plan Year). I also understand that I cannot change or revoke this election as of any date prior to the next Plan Year, unless that change or revocation is on account of and consistent with a change in status, as described above.
- Any change or revocation of dependent care assistance or any other coverage during the Plan Year shall have no effect on the election of medical reimbursements and the related compensation reduction agreement set forth in this agreement.
- Prior to January 1 of each year, I will be offered the opportunity to change my benefit coverage's for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having electing to continue the same health coverage as in effect for the current Plan Year, and will be treated as having elected no coverage under the Dependent Care and Medical Reimbursement Plans.
- The Plan Administrator may reduce or cancel my coverage amount or compensation reduction, limit my reimbursements, or otherwise modify this agreement in the event the Administrator believes it advisable in order to satisfy certain provisions of the Internal Revenue Code. The reduction in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefit plans.
- With respect to my election to receive coverage under the Flexible Spending Account, Dependent Care, or Medical Reimbursement Plan, I also understand that:
- The coverage amount elected under the Dependent Care Plan and/or the Medical Reimbursement Plan will be credited to a dependent care assistance account and/or medical reimbursement account for the year on the books of the College. I will be reimbursed, up to the balance of the annual election in the account, for my qualifying expenses during the year.
- In the case of the dependent care account, reimbursement will be made only for "qualifying dependent care expenses" and in the case of medical reimbursement account, reimbursement will be available only for the "qualifying medical care expenses" described in the Group Dynamic Pamphlet.
- I agree to submit to the College substantiation for the above expenses, and further agree to notify the College if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree to indemnify and reimburse the College on demand for any liability it may incur for failure to withhold federal and state income tax or social security tax from any reimbursement I receive of a non-qualifying expense, up to the amount of additional tax owed by me.
- The dependent care election and related compensation reduction agreement shall terminate automatically if the Dependent Care Assistance Plan is terminated or discontinued, or if I cease to receive compensation from the College, which, before reduction hereunder, is at least equal to twice the amount of that reduction.
- Any account balances remaining 90 days after the end of the Plan Year shall be forfeited.
- This agreement is subject to the terms of the Colby College Cafeteria Plan, the Colby College Dependent Care Assistance Plan, and the Colby College Medical Reimbursement Plan as from time to time in effect, shall be governed by and construed in accordance with the laws of the State of Maine, shall take effect as a sealed instrument under the law of the State of Maine, and revokes any prior election and compensation reduction agreement relating to either the Dependent Care Assistance Plan or the Medical Reimbursement Plan.

I Accept

Submit
Save for Later
Cancel

3. Click **Done** to complete the task. Optionally, click the **View Benefits Statement** button to view the benefits statement.

Success, You're Enrolled

Important Dates:

| | |
|------------------------------|------------|
| Benefits go into effect | 00/00/0000 |
| Final day to update benefits | 00/00/0000 |

View Benefits Statement

Click the **Print** icon (upper right) to generate a PDF version for your records.