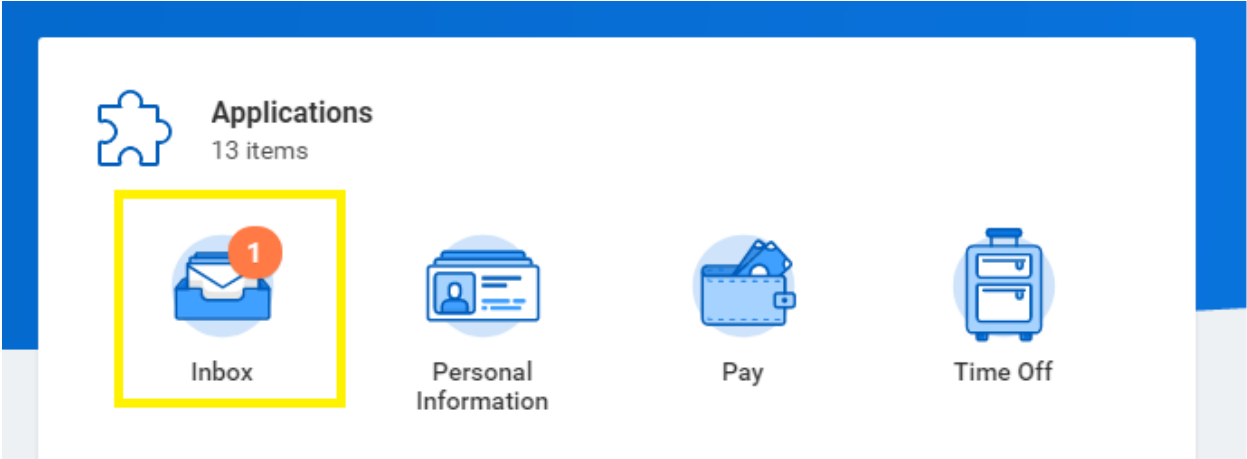


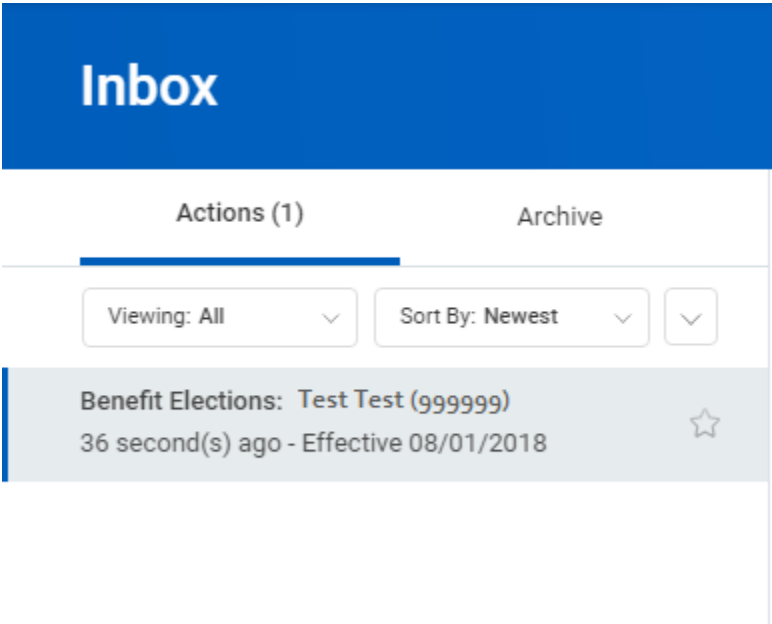
Please email any questions or concerns to Benefits@ClevelandMetroSchools.org.

Enrolling in Benefits:

- 1) Once you have completed your initial Onboarding tasks, a notification to enroll in benefits will be sent to your Workday inbox.



- a) It will be listed under the 'Actions' tab.



- 2) You are prompted to elect medical, dental and vision coverage. Please be sensitive to the dates and deadlines listed at the top of the screen. There is a link to the current Benefits Guide available on this screen as well. Follow the steps below:

Change Benefit Elections New Hire for Test Test (123456) - Step 1 of 6 Actions

Event Date: 01/08/2018
 Initiated On: 01/09/2018
 Submit Elections By: 02/06/2018
 29 day(s) ago - Due 01/11/2018, Effective 01/08/2018

Total Cost: \$0.00 Semi-monthly Cost
 Total Credits: \$0.00 Semi-monthly Credit
 Total Employee Net Cost/Credit: \$0.00 Semi-monthly Cost

Please be sure to review the Benefits Enrollment Guide which can be found by clicking on the following link: [2018 Benefits Guide](#) before making your selections.

Be sensitive to the enrollment deadline, you have 30 days from the event date to complete the enrollment. Please follow the prompts on each page and be sure to VALIDATE and SUBMIT all selections. If you fail to click "Submit", your elections WILL NOT be recorded.

If you are enrolling for one of the following Qualifying Life Events, documentation IS REQUIRED and can be added on the final review page:

- 1) Marriage
- 2) Birth or Adoption
- 3) Spouse Losses/Gains Coverage
- 4) Divorce or Legal Separation

If documentation is not added, the event WILL NOT be approved and changes WILL NOT be submitted.

Please direct all questions and inquiries to Benefits@clevelandmetroschools.org.

If you would like to receive the Healthcare Waiver for Opting-Out, please see the opt-out rules listed below:

- 1) You MUST login to Workday to enroll and select the "Credit- Opt Out" medical coverage option.
- 2) Opt-Out payments will be included in the second paycheck of April and October 2018.
- 3) If you wish to elect coverage for yourself but waive coverage for your eligible family members, you must list your eligible dependents in the dependents section.

NOTE: If two married employees both work for the District, neither employee can opt-out of coverage and receive the credit. Opt-Out guidelines may vary based union agreement. Please refer to your labor agreement for specific guidelines.

The cost of coverage is outlined by union or group in the 2018 Benefits Open Enrollment Guide on pages 9-11.

If your spouse is employed outside of the District and is offered coverage by their employer, but elects to use your coverage as primary, the spousal surcharge will apply. Please email Benefits to have this updated.

3 Health Care Plan Dependencies

Health Care Elections 9 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Benefit Credit (Semi-monthly)	Provider Website
Medical - AETNA POS	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Aetna
Medical - Medical Mutual of Ohio PPO SuperMed Plus	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					0.00	Medical Mutual of Ohio

Continue Save for Later Cancel

- a) Select "Elect" on the coverage you'd like to choose.
- b) Click on the box beneath the "Coverage" header that corresponds with the selected coverage (in the same row). Select either "Single" or "Family".

*Please note- if electing the Opt Out credit, choose the correct option corresponding to your coverage type. If selecting the "Family" or "Eligible for Family" options, be sure to list dependents accordingly. Failing to do so will result in error and possible loss of waiver pay-out.

Health Care Elections 8 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Emp
Medical - AETNA POS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		<div style="border: 1px solid #ccc; padding: 5px;"> X Family <input type="text" value="search"/> <input type="radio"/> Single <input checked="" type="radio"/> Family </div>	
Medical - Medical Mutual of Ohio PPO SuperMed Plus	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

- c) If selecting "Single", continue making selections for dental and vision in the same fashion. If selecting "Family", click on the box beneath the "Enroll Dependents" header that corresponds with the selected coverage (in the same row). You will be prompted to add one dependent at a time as seen below.

Health Care Elections 8 Items

	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
	Medical - AETNA POS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="Search"/> <ul style="list-style-type: none"> Existing Dependents > Add My Dependent From Enrollment 	<input checked="" type="text" value="Family"/>
	Medical - Medical Mutual of Ohio PPO SuperMed Plus	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

d) Click on the "Add My Dependent" option. You will be given the option to add this dependent as a beneficiary for your life insurance. Make a selection then hit "OK".

Add My Dependent From Enrollment Actions

29 day(s) ago - Due 01/11/2018, Effective 01/08/2018

Is your new dependent already a beneficiary or emergency contact?

Yes
 No

If yes, which one?

Use your new dependent as a beneficiary?

Yes
 No

OK Cancel

e) Fill in the required fields, marked with red asterisks and click "OK".

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Citizenship Status

City of Birth

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

OK Cancel more than one dependent with the same name.

f) The dependent will then appear under the "Enroll Dependents" heading. This needs to be done for each dependent to be covered under the policy. Once completed, each dependent can be added to any of the other elections by clicking "Existing Dependents" and choosing dependents from there.

Health Care Plan Dependencies

Health Care Elections 8 Items		Existing Dependents	
Credit - Opt Out of Medical Family Coverage	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Add My Dependent From Enrollment Family Search <input type="text"/> X Family	
Credit - Opt Out of Medical Single Coverage	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Dental - MetLife PDP Basic	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		
Dental - MetLife PDP Enhanced	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Vision - United Health Care VIS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		

85.00

Continue Save for Later Cancel

g) Once all elections have been made, click "Continue" to complete the next steps.

**If you are electing FAMILY coverage, you will be required to submit documentation for each dependent at the end of enrollment. (Step 7a below)

3) FSA elections- You are able to elect Healthcare FSA or Dependent Care FSA options here by clicking "Elect" and inputting the amount in the portion that reads "How much would you like to contribute for the total year?" The other boxes should auto populate. Please refer to the Benefits Enrollment Guide for more information. Click "Continue" to move on.

Spending Account Elections 2 Items

Benefit Plan	*Elect / Waive	Contributions	Supporting Inform
Healthcare FSA - Health Scope	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 26 Your estimated contributions made this year 0.00 Manual override by user Your actual contributions from payroll \$0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Bi-weekly)? 0.00 Your contribution (Semi-monthly) \$0.00	Maximum Contribution (Annual) \$2,600.00 Provider Website HealthScope
Dependent Care FSA - Health Scope	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 26	Maximum Contribution (Annual) \$5,000.00

Continue Save for Later Go Back Cancel

4) Life insurance plans- The district provided life insurance will be listed here as "Basic Life". Choose the additional life insurance policies (if any) that you would like to apply for. Please note that additional forms may be required for the application to be processed. Once all enrollment selections have been made, click "Continue" to add your beneficiary information.

> Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 4 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Benefits Credit (Semi-monthly)	Provider Website
Basic Life - MetLife Life Insurance 10k (Employee)	<input type="radio"/> Elect <input type="radio"/> Waive	\$10,000		\$10,000.00		\$2.50	0.00	MetLife
Voluntary Life - MetLife Life Insurance (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00	MetLife
Spouse Life - MetLife Life Insurance (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00	MetLife
Child Life - MetLife Life Insurance (Children)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive						0.00	MetLife
					0	2.50	\$0.00	

Continue Save for Later Go Back Cancel

a) If an Evidence of Insurability (EOI) form is required, MetLife will mail the form to you directly.

5) Beneficiary information is added here by clicking on the "+" and adding a line. Multiple benefactors can be added, as long as the primary amount totals 100 percent. Adding a contingent beneficiary is optional.

Beneficiary Designations 1 item

Benefit Plan	Provider Website	Requires Beneficiary	Beneficiaries	
			*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life - Consumer Life Insurance Company - 10K (Employee)	Consumer Life	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="radio"/> Primary Percentage <input type="text" value="0"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

a) If adding a dependent that was distinguished as a beneficiary, select the "Beneficiary Persons" option.

Event Date
12/28/2016

Initiated On
01/03/2017

Submit Elections By
01/26/2017

1 day(s) ago - Due 01/05/2017; Effective 12/28/2016

Beneficiary Designation: You may update your beneficiary designation at anytime.

Beneficiary Designations 1 Item

Benefit Plan	Provider Website	Requires Beneficiary	
Basic Life - Consumer Life Insurance Company - 10K (Employee)	Consumer Life	<input checked="" type="checkbox"/>	<input type="button" value="⊕"/>
			<input type="button" value="⊖"/>

Beneficiary Persons >

Trusts >

Create >

Primary Percentage / Contingent Perce

Primary Percentage

Contingent Percentage

- b) Your beneficiary can be added through an existing contact or dependent.
- c) Enter the information for your beneficiary/beneficiaries one at a time. Required fields are indicated with red asterisks. Enter the information required on the "Legal Name" tab, then select the "Contact Information" tab.

Relationship

Use as Beneficiary

Date of Birth

Age (empty)

Gender

City of Birth

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

Legal Name | Contact Information | National IDs | Additional Government IDs | Other IDs

Country

Prefix

First Name

Middle Name

Last Name

Suffix

- d) Most of the information under the "Contact Information" tab is optional, but an address is required to move on to the next step. Click on the "Address" button and enter the required information.

- e) After all the information is entered, click on "OK" to complete the beneficiary enrollment. The beneficiary person should auto populate. Select the desired designation of "Primary" or "Contingent". Keep in mind that at least one primary beneficiary is required and, if choosing multiple beneficiaries, that all must total 100 percent.

Beneficiaries			
Requires Beneficiary	*Beneficiary	*Primary Percentage / Contingent Percentage	
+			
-	Test Test	<input checked="" type="radio"/> Primary Percentage	<input type="text" value="100"/>
		<input type="radio"/> Contingent Percentage	<input type="text" value="0"/>

- 6) Click "Continue" and you will be prompted with other enrollments specific to your job code. This will also include auto enrollment in the Ease at Work Program provided by the district. There is no deduction for this particular plan.

7) Continue to the next page to verify your selections. Costs, both employee and employer, will be displayed here, but have been blocked out of this example.

Elected Coverages 5 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage End Date	Deduction End Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Benefit Credit (Semi-monthly)
Medical - UH Choice EPO	03/01/2018	03/01/2018			Single						
Dental - MetLife PDP Basic	03/01/2018	03/01/2018			Single					\$9.45	
Vision - United Health Care VIS	03/01/2018	03/01/2018			Single					\$7.71	
Basic Life - Consumer Life Insurance Company - 10K (Employee)	03/01/2018	03/01/2018				\$10,000				\$2.50	
Employee Assistance Program - EASE@WORK	03/01/2018	03/01/2018								\$0.46	
Total:											

Waived Coverages

Beneficiary Designations

- a) If you elected FAMILY coverage, add attachments on this page.
- b) If enrollments are correct, they can be submitted. Read the signature statement and select the "I Agree" box before clicking "Submit".

Attachments

Drop files here

or

Select files

Electronic Signature

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 your benefit elections are legal and binding transactions.
- 2. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers.

I Agree

c) A confirmation page will display and a confirmation statement is available to be downloaded and printed.

**Reminder: If an Evidence of Insurability (EOI) form is required, MetLife will mail the form to you directly.

Please email Benefits@ClevelandMetroSchools.org if additional assistance is required.

