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:
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.

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.
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”.

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

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](image)

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](image)
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](image)

   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](image)

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

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.

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Coverage Begin Date</th>
<th>Deduction Begin Date</th>
<th>Coverage End Date</th>
<th>Deduction End Date</th>
<th>Coverage</th>
<th>Calculated Coverage</th>
<th>Dependents</th>
<th>Beneficiaries</th>
<th>Employee Cost (Semi-monthly)</th>
<th>Employer Contribution (Semi-monthly)</th>
<th>Benefit Credit (Semi-monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical - UHC Choice EPO</td>
<td>03/01/2018</td>
<td>03/01/2018</td>
<td></td>
<td></td>
<td>Single</td>
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<tr>
<td>Dental - MetLife PDP Basic</td>
<td>03/01/2018</td>
<td>03/01/2018</td>
<td></td>
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<td>Single</td>
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<tr>
<td>Vision - United Health Care VSP</td>
<td>03/01/2018</td>
<td>03/01/2018</td>
<td></td>
<td></td>
<td>Single</td>
<td></td>
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<tr>
<td>Basic Life - Consumer Life Insurance Company -</td>
<td>03/01/2018</td>
<td>03/01/2018</td>
<td></td>
<td></td>
<td>$10,000</td>
<td>$10,000</td>
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<td>10K (Employee)</td>
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<tr>
<td>Employee Assistance Program - EASE@WORK</td>
<td>03/01/2018</td>
<td>03/01/2018</td>
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</tbody>
</table>

**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”.

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.