



## How to Enroll in Benefits in Workday - New Hires

Before enrolling in benefits in Workday, visit [benefits.truist.com](https://benefits.truist.com) for information about all the offerings.

You can also access [Alex®](#) – our interactive decision support tool – to preview elections and costs.

In this guide:

[Get Started](#)

[Health Care Plans](#)

[Tax-Advantaged Accounts](#)

[Insurance and Retirement](#)

[Unum Optional Benefits](#)

[Review, Sign, and Submit Elections](#)

### Technology Alert

Use the Edge or Chrome browsers for the best experience.

# Get Started

- [Log in to Workday.](#)
- Click **Go to Inbox** at the bottom left of the homepage.

<p><b>All Items</b> <span>3 items</span></p> <p>Q Search: All Items <span>↑↓</span></p> <p><a href="#">Advanced Search</a></p> <hr/> <p><b>Complete Work State and Local Withholding Elections (If Home &amp; Work States are Different): P391716</b> <span>07/10/2023</span> ☆ Associate Broker Effective: 07/10/2023 Updated: 07/10/2023</p> <hr/> <p><b>Complete State and Local Withholding Elections</b> <span>07/10/2023</span> ☆ Effective: 07/10/2023 Updated: 07/10/2023</p> <hr/> <p><b>Change Benefits for Life Event</b> <span>07/10/2023</span> ☆ Effective: 07/10/2023</p>	<p><b>Change Benefit Elections</b></p> <p>Created: 07/10/2023   Effective: 07/10/2023</p> <p>Initiated On <span>07/10/2023</span></p> <p>Submit Elections By <span>08/09/2023</span></p> <p><a href="#">Let's Get Started</a></p>	<p>In the <b>Inbox</b> find the task:</p> <p>Change Benefits for Life Event Or Benefit Event: New Hire</p> <p>Click <b>Let's Get Started</b>.</p>
--	---	---

## Benefits Enrollment Main Screen

At the top of the screen, you'll see:

- Projected Total Cost Per Paycheck: Total costs calculated as elections are made
- Projected Total Credits: Credits available if you participate LifeForce

Be sure to scroll down to see all plans you can enroll in. You'll enroll in each one at a time, as desired.

To enroll in health benefits, click **Enroll** on each tile.

**New Hire/Rehire**

Projected Total Cost Per Paycheck: \$0.00  
Projected Total Credits: \$0.00

Health Care and Accounts

- Medical Waived - Enroll
- Dental Waived - Enroll
- Vision Waived - Enroll
- Hospital Insurance Waived - Enroll
- Accident Insurance Waived - Enroll
- HSA Waived - Enroll
- FSA - Health Care Waived - Enroll
- FSA - Dependent Care Waived - Enroll
- TSA - Mass Transit Waived - Enroll
- TSA - Parking Waived - Enroll

Review and Sign | Save for Later

After you enroll in a plan, you'll be taken back to the main screen and see a confirmation of your election.

The link in the tile will change to **Manage**.

Note: The tile links for Disability and Basic Life already are **Manage** because minimum coverage is provided to you at no cost.

You can **Save for Later** and return to complete enrollment during the enrollment period.

**New Hire/Rehire**

Projected Total Cost Per Paycheck: \$84.51  
Projected Total Credits: \$0.00

Your Medical changes have been updated, but not submitted  
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

Health Care and Accounts

- UPDATED Medical Aetna FPO 500 ded - Cost per paycheck: \$84.51, Coverage: Employee Only - Manage
- Dental Waived - Enroll
- Vision Waived - Enroll
- Hospital Insurance Waived - Enroll
- Accident Insurance Waived - Enroll
- HSA Waived - Enroll
- FSA - Health Care Waived - Enroll
- FSA - Dependent Care Waived - Enroll
- TSA - Mass Transit Waived - Enroll

You will enroll in benefits one at a time, selecting a plan first, then adding any dependents who will be covered.

As a new hire, all elections default to "waived." You must select plans to enroll in the ones you want.

Review the [medical](#), [dental](#), and [vision](#) plans on [benefits.truist.com](#).

### Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Family (Domestic Partner).

11 items

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	Credits (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna ACO 250 Ded Narrow Network	\$371.69	\$362.50	\$109.35
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HDHP 2500 Ded Broad Network	\$268.41	\$362.50	\$122.60
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HDHP 2500 Ded Narrow Network	\$341.82	\$362.50	\$116.42
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HDHP 4000 Ded Broad Network	\$179.12	\$362.50	\$91.61
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HDHP 4000 Ded Narrow Network	\$159.15	\$362.50	\$86.98
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO 1500 Ded Upfront Advantage Narrow Ntwk	\$300.96	\$362.50	\$148.09
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna PPO 1500 Ded Upfront Adv Broad Ntwk	\$383.85	\$362.50	\$193.81
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO 500 Ded Broad Network	\$482.84	\$362.50	\$166.24
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO 500 Ded Narrow Network	\$448.21	\$362.50	\$157.97
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser HDHP 2500 Ded	\$198.78	\$362.50	\$123.22
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser HMO 2020	\$437.76	\$362.50	\$186.13

### Medical

Select a plan or leave Waive selected if you aren't enrolling in Medical.

Kaiser Permanente plans display only if you live in an area where it operates.

Click **Confirm and Continue**.

If you selected a HDHP (high deductible health plan), you must also elect an HSA (Health Savings Account).

Find it later on the main screen and click Enroll. ([See below for instructions.](#))

## Dependents

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

Coverage \* Employee Only

Plan cost per paycheck \$48.46

Add New Dependent

### Add Dependents, if desired

If you want to cover your spouse, domestic partner, and/or dependent or qualified children, click **Add New Dependent**.

If you're covering only yourself, click **Save** at the bottom of the screen.

### Add My Dependent From Enrollment

Use as Beneficiary

Instructional Text  
Click OK to add dependents.

OK

Cancel

### Add Dependents

While adding covered dependents, check the box if that person should be a beneficiary of your Truist life insurance, pension, and health savings account.

Click **OK**.

### Name

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

### National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country \*

National ID Type \*

Current ID (empty)

Add/Edit ID \*

Issued Date

Expiration Date

Issued By

Series

Verification Date 09/07/2021

Verified By

### Personal Information

Relationship \*

Date of Birth \*

Age (empty)

Gender \*

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

### Address

Use Existing Address

Country \*

Address Line 1 360 West Fairchild Drive

Address Line 2

City

State

Postal Code

County

### Phone & Email

Use Existing Phone

Country Phone Code United States of America (+1)

Phone Number

Phone Extension

Email Address

## Add Dependent Information

Complete the information on the full screen. Required fields are marked with \*

- Name
- Personal Information
- National IDs – This is where to enter the dependent's Social Security Number, Individual Taxpayer Identification Number, other national identification. If an ID isn't available yet, skip this step.
- Address
- Phone & Email

Click **Save**.

## Dependents

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

Coverage \* Employee + Family

Plan cost per paycheck \$312.03

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Joe Smith	Spouse	10/11/1963
<input checked="" type="checkbox"/>	Jill Smith	Child	10/10/2015

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 2 items

Dependent	*Social Security Number
Joe Smith	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>
Jill Smith	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>

Save

Cancel

## Add Another Dependent

OR

## Select Dependents to Cover

Click Add New Dependent for each person who needs to be covered.

When all dependents are listed, you must **check the boxes of all dependents you want covered** by the Medical plan.

If you didn't enter a Social Security Number or other ID on the previous screen, you'll be prompted to enter it or a reason why an ID isn't available.

Click **Save**.

You'll be taken back to the main screen and see a confirmation of your election.

### Your Medical changes have been updated, but not submitted

Next steps: You must also enroll in HSA - McGriff Employee Benefit Services.

[View Details](#)

### Plans Available

Select a plan or Waive to opt out of Dental. The displayed cost of waived plans assumes coverage for Employee + Family (Domestic Partner).

2 items

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna DHMO	\$35.22	\$0.00
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna DPPO	\$68.00	\$0.00

### Dental

From the main screen, click Enroll in the Dental tile.

Select a plan or leave Waive selected if you aren't enrolling in Dental.

Click **Confirm and Continue**.

### Dependents

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

Coverage  Employee + Family

Plan cost per paycheck \$64.76

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Joe Smith	Spouse	10/11/1963
<input checked="" type="checkbox"/>	Jill Smith	Child	10/10/2015

### Select Dependents to Cover

If you added dependents during Medical enrollment, you must **check the boxes of all dependents you want covered** by the Dental plan.

If you didn't enroll in Medical or add dependents then, add any now. See the [instructions above](#).

Click **Save**.

You'll be taken back to the main screen and see a confirmation of your election.

**Your Dental changes have been updated, but not submitted**

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

### Plans Available

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

2 items

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	VSP Base	\$3.50	\$0.00
<input type="radio"/> Select <input checked="" type="radio"/> Waive	VSP Premier	\$9.20	\$0.00

### Vision

From the main screen, click Enroll in the Vision tile.

Select a plan or leave Waive selected if you aren't enrolling in Vision.

Click **Confirm and Continue**.



## Dependents

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

Coverage \* Employee + Family

Plan cost per paycheck \$11.95

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Joe Smith	Spouse	10/11/1963
<input checked="" type="checkbox"/>	Jill Smith	Child	10/10/2015

**Your Vision changes have been updated, but not submitted**

**Next steps:** Update another plan, or click Review and Sign once you're ready to submit your changes.

## Select Dependents to Cover

If you added dependents during Medical or Dental enrollment, you must **check the boxes of all dependents you want covered** by the Vision plan.

If you didn't enroll in Medical or Dental or add dependents then, add any now. See the [instructions above](#).

Click **Save**.

You'll be taken back to the main screen and see a confirmation of your election.

### Plans Available

Select a plan or Waive to opt out of Hospital Insurance.

1 item

*Selection	Benefit Plan Details
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Unum

### Coverage



Employee Only. ...

Search

- Employee Only.
- Employee & Spouse or Domestic Partner
- Employee & Children - Domestic Partner Children
- Family

Plan cost per paycheck

### Hospital Insurance

If you would like to elect Hospital Insurance for you and/or your family, click Enroll in the Hospital Insurance tile.

Click **Confirm and Continue**.

Click **Save**.



### Your Hospital Insurance changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

You'll be taken back to the main screen and see a confirmation of your election.

### Plans Available

Select a plan or Waive to opt out of Hospital Insurance.

1 item

*Selection	Benefit Plan Details
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Unum

### Coverage

\* Employee Only. ...

Search

- Employee Only.
- Employee & Spouse or Domestic Partner
- Employee & Children - Domestic Partner Children
- Family

Plan cost per paycheck

### Accident insurance

If you would like to elect Accident Insurance for you and/or your family, click Enroll in the Accident Insurance tile.

Click **Confirm and Continue**.

Click **Save**.

### Your Accident Insurance changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

You'll be taken back to the main screen and see a confirmation of your election.

# Tax-Advantaged Accounts

Tax-advantaged accounts help you pay with pre-tax dollars for health care related expenses, dependent care for child care expenses, and parking or transit expenses that aren't covered by any other benefit plan.

*Selection	Benefit Plan	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	McGriff Employee Benefit Services		

**HSA – Health Savings Account**

If you selected an HDHP medical plan, you must elect an HSA.

If you enrolled in a PPO medical plan or waived the HDHP plans, you can't elect an HSA.

From the main screen, click Enroll in the HSA tile.

Click **Select**.

Click **Confirm and Continue**.

### Contribute

Per Paycheck  Annual  Remaining Paychecks 8

Minimum Annual Amount: \$24.00  
Maximum Annual Amount: \$7,199.00

### Summary

Annual Company Contribution \$333.36  
Total Annual HSA Contribution \$333.36

### Contribute

Per Paycheck  Annual  Remaining Paychecks 8

Error: Enter a contribution amount up to \$6,865.64.

Minimum Annual Amount: \$24.00  
Maximum Annual Amount: \$7,199.00

### Summary

Annual Company Contribution \$333.36  
Total Annual HSA Contribution \$7,333.36

## HSA – Health Savings Account Contributions

Enter an amount in **Per Paycheck** or **Annual**. The other field will calculate automatically.

You can't contribute more than is allowed for the remainder of the year.

You'll get an error if your amount is too high. The error will display a correct maximum amount to enter.

## HSA – Add or Select Beneficiaries

Use the **plus sign** to select an existing or add a new beneficiary person or trust to this plan.

You can also edit the percentage allocation for each beneficiary.

If you have only one primary or secondary beneficiary, the allocation for each must be 100%.

Click **Save**.

### 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 Beneficiary

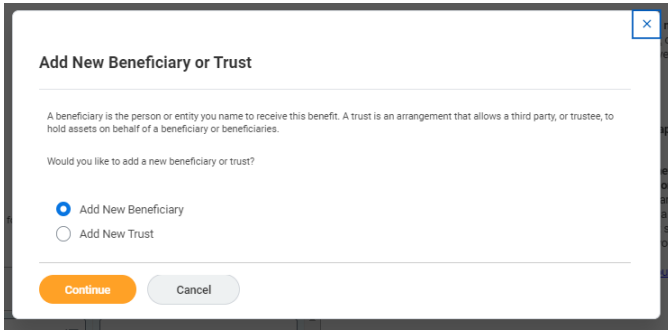
<input type="button" value="+"/>	Existing Beneficiary Persons	>	Percentage
<input type="button" value="+"/>	Existing Trusts	>	
<input type="button" value="-"/>	Add New Beneficiary or Trust		
<input type="text" value="Search"/>			<input type="text" value="0"/>

Secondary Beneficiaries 0 items

<input type="button" value="+"/>	Beneficiary	Percentage
No Data		

Save

Cancel



## HSA - Add Beneficiaries

If you're adding a beneficiary or trust, select then click **Continue**.

## Add New Beneficiary or Trust Teammate Name (262707)

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

## HSA - Add Beneficiary Person Information

If you're adding a person as a beneficiary, complete the information on the full screen. Required fields are marked with: \*

Click the **Contact Information** tab. An address for your beneficiary or trust is required.

Information on the other tabs isn't required.

Click **OK**.

You'll go back to the Contributions and Beneficiaries screen.

Edit the percentage allocation for each beneficiary.

Click **Save**.

## Add New Beneficiary or Trust Teammate Name (262707)


Trust Name \*


Trust ID

Trust Date  

### Trustee Contact Information

#### Trustee Name


Country \*  

Prefix  

First Name \*

Middle Name

Last Name \*

Suffix  

Remove

Add

#### Phone

Add

#### Email Address

Add

#### Address

Add

OK

Cancel

## HSA - Add Beneficiary Trust Information

If you're adding a trust as a beneficiary, complete the information on the full screen. Required fields are marked with: \*

Click **OK**.

You'll go back to the Contributions and Beneficiaries screen.

Edit the percentage allocation for each beneficiary.

Click **Save**.

**Your HSA changes have been updated, but not submitted**

**Next steps:** Update another plan, or click Review and Sign once you're ready to submit your changes.

You'll be taken back to the main screen and see a confirmation of your election.

**Plans Available**

Select a plan or Waive to opt out of FSA - Health Care.

2 items

*Selection	Benefit Plan	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	McGriff Employee Benefit Services		
<input type="radio"/> Select <input checked="" type="radio"/> Waive	McGriff Employee Benefit Services Limited Use - only available if you are enrolled in a HDHP Plan.		

**FSA – Health Care**

If you enrolled in a PPO medical plan or waived the HDHP plans, you may elect a Health Care FSA.

From the main screen, click **Enroll** in the **FSA – Health Care** tile.

Click **Select** on the first option.

Click **Confirm and Continue**.

**FSA – Health Care Contributions**

Enter an amount in **Per Paycheck** or **Annual**. The other field will calculate automatically.

You can't contribute more than is allowed for the remainder of the year.

You'll get an error if your amount is too high. The error will display a correct maximum amount to enter.

Click **Save**.

**Contribute**

Per Paycheck  Annual

Remaining Paychecks 8

Minimum Annual Amount: \$24.00

Maximum Annual Amount: \$2,749.00

**Summary**

Total Annual Contribution \$0.00



**Your FSA - Health Care changes have been updated, but not submitted**

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

You'll be taken back to the main screen and see a confirmation of your election.

**Plans Available**

Select a plan or Waive to opt out of FSA - Dependent Care.

1 item

*Selection	Benefit Plan	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	McGriff Employee Benefit Services • This allows you to set aside money on a pre-tax basis to pay for qualified dependent care expenses (before- and after-school expenses). This account is for children UNDER THE AGE OF 13. It is not used to reimburse yourself for a dependent's medical expenses.		

**FSA – Dependent Care**

From the main screen, click **Enroll** in the **FSA – Dependent Care** tile.

Click **Select** on the first option.

Click **Confirm and Continue**.

**Contribute**

Per Paycheck  Annual

Remaining Paychecks 8

Minimum Annual Amount: \$24.00

Maximum Annual Amount: \$10,499.00

**Summary**

Total Annual Contribution \$2,000.00

**FSA – Dependent Care Contributions**

Enter an amount in **Per Paycheck** or **Annual**. The other field will calculate automatically.

You can't contribute more than is allowed for the remainder of the year.

You'll get an error if your amount is too high. The error will display a correct maximum amount to enter.

Click **Save**.

You'll be taken back to the main screen and see a confirmation of your election.

**Your FSA - Dependent Care changes have been updated, but not submitted**

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

# Insurance and Retirement

Truist provides core disability coverage and basic life insurance at no cost to you. You can choose and pay for greater coverage.

<p><b>Plans Available</b></p> <p>You must select a plan.</p> <p>2 items</p> <table border="1"><thead><tr><th>*Selection</th><th>Benefit Plan</th><th>You Pay (Semi-monthly)</th><th>Company Contribution (Semi-monthly)</th></tr></thead><tbody><tr><td><input checked="" type="radio"/> Select <input type="radio"/> Waive</td><td>Hartford Life 50% Monthly Benefits Base Salary (Employee)</td><td>Included</td><td>\$7.68</td></tr><tr><td><input type="radio"/> Select <input checked="" type="radio"/> Waive</td><td>Hartford Life 60% Monthly Benefits Base Salary (Employee)</td><td></td><td></td></tr></tbody></table>	*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	<input checked="" type="radio"/> Select <input type="radio"/> Waive	Hartford Life 50% Monthly Benefits Base Salary (Employee)	Included	\$7.68	<input type="radio"/> Select <input checked="" type="radio"/> Waive	Hartford Life 60% Monthly Benefits Base Salary (Employee)			<p><b>Disability</b></p> <p>From the main screen, click <b>Manage</b> in the <b>Disability</b> tile.</p> <p>The 50% disability option is automatically selected.</p> <p>If you want to buy the 60% option, select it. The 50% option will be waived automatically.</p> <p>Click <b>Confirm and Continue</b> to see how much it will cost.</p>
*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)										
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Hartford Life 50% Monthly Benefits Base Salary (Employee)	Included	\$7.68										
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Hartford Life 60% Monthly Benefits Base Salary (Employee)												
<p><b>Coverage</b></p> <p>Calculated Coverage    \$2,750.00</p> <p>Coverage                    60% of Salary</p> <p>Plan cost per paycheck    \$1.99</p> <p><b>Save</b>      <b>Cancel</b></p>	<p><b>Disability Coverage</b></p> <p>Your coverage amount and cost per paycheck will display.</p> <p>If you chose the core 50% option, the cost will say "included."</p> <p>Click <b>Save</b>.</p>												
<p><b>Your Disability changes have been updated, but not submitted</b></p> <p>Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.</p>	<p>You'll be taken back to the main screen and see a confirmation of your election.</p>												

### Plans Available

1 item

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Hartford Life (Employee)	Included	\$6.50

### Basic Life

From the main screen, click **Manage** in the **Basic Life** tile.

Click **Confirm and Continue** to add beneficiaries.

### Coverage

Calculated Coverage \$55,000.00

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	

### Basic Life 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.

See [the instructions above for adding a beneficiary or trust](#).

Note: The beneficiary designations you make for Basic Life also apply to Supplemental Life insurance benefits.

Click **Save**.

You'll be taken back to the main screen and see a confirmation of your election.

**Your Basic Life changes have been updated, but not submitted**

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

### Supplemental Life

If you want to buy more than basic life insurance, click **Manage** in the **Supplemental Life** tile on the main screen.

Select the plan.

Click **Confirm and Continue** to select coverage.

### Plans Available

Select a plan or Waive to opt out of Supplemental Life.

1 item

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Hartford Life (Employee)		

## Coverage

Calculated Coverage \$220,000.00

Coverage \*

Plan cost per paycheck \$13.75

## Supplemental Life Coverage

You can choose a coverage amount up to eight times your BAR.

Select the **coverage** amount from the dropdown. The cost per paycheck will display.

Note: The beneficiary designations you make for Basic Life also apply to Supplemental Life insurance benefits.

Click **Save**.

You'll be taken back to the main screen and see a confirmation of your election.

**Your Supplemental Life changes have been updated, but not submitted**  
Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

## AD&D

If you want to elect Accidental Death & Dismemberment insurance for you and/or your family, click **Enroll** in the **AD&D** tile from the main screen.

Select the plan(s).

Click **Confirm and Continue** to select coverage and add beneficiaries.

## Plans Available

Select a plan or Waive to opt out of AD&D.

2 items

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Hartford Life Employee 2020 (Employee)		
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Hartford Life Family 2020 (Employee + Family)		

## Coverage

Calculated Coverage

Coverage \*

Plan cost per paycheck

## Beneficiaries

Select an existing or add a new

\*Primary Beneficiaries 0 items

Beneficiary	adjust the pe
<input type="button" value="+"/>	No D.

Secondary Beneficiaries 0 items

Beneficiary	No D.
<input type="button" value="+"/>	No D.

Search

- 1 X Salary
- 2 X Salary
- 3 X Salary
- 4 X Salary
- 5 X Salary
- 6 X Salary
- 7 X Salary
- 8 X Salary
- 9 X Salary
- 10 X Salary

## AD&D Coverage and Beneficiaries

You can choose a coverage amount up to 10 times your BAR.

Select the **coverage** amount from the dropdown. The cost per paycheck will display.

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

See [the instructions above for adding a beneficiary or trust](#).

Click **Save**.

### Your AD&D changes have been updated, but not submitted

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.

You'll be taken back to the main screen and see a confirmation of your election.

## Plans Available

Select a plan or Waive to opt out of Dependent Life.

2 items

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Hartford Life (Child(ren))	\$0.55	
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Hartford Life Coverage Levels (Spouse/Domestic Partner)	\$18.16	

## Dependent Life

If you want dependent life insurance for your spouse/domestic partner and/or your dependent children, click **Enroll** in the **Dependent Life** tile on the main screen.

Select the plan(s). The cost per covered person per paycheck will display. Click **Confirm and Continue** to select coverage and dependents.

### Coverage

Coverage \* Search

Depend

○ \$7,500

○ \$10,000

○ \$15,000

Add a new dep below.

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	Jill Smith	Child	10/10/2015

### Dependent Life for Children

If you elected dependent life insurance for children, select coverage amount:

- \$ 7,500
- \$10,000
- \$15,000

The cost per paycheck will display.

Select dependent children who will be covered.

If you didn't enroll in a health plan or add dependents then, add any now. See the [instructions above](#).

Click **Save**.

### Dependent Life for Spouse/Domestic Partner

If you elected dependent life insurance for your spouse/domestic partner, select coverage amount:  
An increment from one to 10 times your BAR, up to a maximum \$1,000,000, whichever is lower

Select the dependent spouse/domestic partner who will be covered.

If you didn't enroll in a health plan or add dependents then, add any now. See the [instructions above](#).

Click **Save**.

### Coverage

Coverage \* Search

Depend

○ \$20,000

○ \$30,000

○ \$40,000

○ \$50,000

○ \$60,000

○ \$70,000

○ \$80,000

○ \$90,000

○ \$100,000

○ \$110,000

○ \$120,000

○ \$130,000

Add a new dep below.

Add New

1 item

Select	Depe	relationship	Date of Birth
<input type="checkbox"/>	Joe	Spouse	10/11/1963

**Your Dependent Life changes have been updated, but not submitted**

**Next steps:** Update another plan, or click Review and Sign once you're ready to submit your changes.

You'll be taken back to the main screen and see a confirmation of your election.

**Plans Available**

Select a plan or Waive to opt out of Critical Illness.

4 items

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribut
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Unum Non Tobacco User (Employee)		
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Unum Non Tobacco User (Spouse/Domestic Partner)		
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Unum Tobacco User (Employee)		
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Unum Tobacco User (Spouse/Domestic Partner)		

**Critical Illness**

If you would like to elect Critical Illness for you and/or your family, click Enroll in the Critical Illness tile.

Select Non Tobacco or Tobacco for yourself and spouse

Click **Confirm and Continue**.

Click **Save**.

### Coverage

Calculated Coverage

Coverage \*

Search



Plan cost per paycheck

- \$10,000
- \$15,000
- \$20,000
- \$25,000
- \$30,000
- \$35,000

### Critical Illness

Select the coverage level for yourself and your spouse.

**\*\*Note:** Spouse coverage must be half the amount of the employee coverage

[-Internal-]



# Review, Sign, and Submit Elections

When you've made elections, you can review a summary, then change them, save for later, or sign and submit to complete enrollment.

### Insurance and Retirement

**Disability**  
Hartford Life 60% Monthly Benefits Base Salary (Employee)  
Cost per paycheck: \$1.99  
Coverage: 60% of Salary  
[Manage](#)

**Basic Life**  
Hartford Life (Employee)  
Cost per paycheck: Included  
Coverage: 1 X Salary  
[Manage](#)

**AD&D**  
Hartford Life Employee 2020 (Employee)  
Cost per paycheck: \$2.52  
Coverage: 5 X Salary  
[Manage](#)

**Dependent Life**  
2 Plans  
Hartford Life Coverage Levels (Spouse/Domestic Partner): \$18.15  
Hartford Life (Child/ren): \$0.55  
[Manage](#)

**SH**  
Cost per paycheck: Coverage

**PAS**  
Contribution per paycheck

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

On the main screen, click **Review and Sign** in the bottom left.

### View Summary

Projected Total Cost Per Paycheck: \$25.71  
Projected Total Credits: \$0.00

- You must scroll down and provide your Electronic Signature before clicking the Submit button.
- After you click the Submit button, you will no longer be able to make changes in Workday to your benefit elections. In order to make changes while you still are within your enrollment period, you must contact Benefits Administration at 716-2455, option 1.
- If you choose the Save for Later option below, you **MUST** remember to return to the system and click the Submit button **before** your enrollment period ends. If you do not click the Submit button during your enrollment period, any elections you made will be discarded and will not go into effect.

Selected Benefits: 6 Items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Vision	08/01/2023	08/01/2023	Employee Only			\$3.95
VSP Base						
Hospital Insurance	08/01/2023	08/01/2023	Employee & Spouse or Domestic Partner			\$8.75
Unum						
Disability	08/01/2023	08/01/2023	50% of Salary			Includ

[Submit](#) [Save for Later](#) [Cancel](#)

### View Summary

Review all the elections you made, making sure to scroll down to see all of them.

The projected total cost per paycheck is in the upper left.

You can:

- Click **Cancel** to return to the main screen and make any changes.
- Click **Save for Later** to return to Workday to complete enrollment at another time.

Or:

© 2024 Truist Financial Corporation. Truist, the Truist logo and Truist Purple are service marks of Truist Financial Corporation.

## Electronic Signature

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 agree to accept the terms of the Disclosure and Consent Release displayed below.
3. If you elect Medical benefits, you acknowledge that you have read and accept the terms of the Disclosure and Consent Release displayed below.

### Disclosure and Consent Release

#### For All Transmittals (Including Medical Benefits)

- I authorize First Health Services, LLC to release to the administrator of the Trust Health Care Plan information relating to my health and fitness, as necessary to participate in the Trust Health Care Plan. I acknowledge and agree that this information may be shared with Trust's Case Management Program administrator and Trust's CarePlus Mobile Health administrator to assist with the development of health conditions, in turn, Trust's Case Management Program administrator and CarePlus Mobile Health administrator may invite me to join one or more appropriate case management or wellness programs.
- I understand the Trust Health Care Plan has a broad license for this confidential information for program planning, evaluation and measurement purposes only.
- I understand my claims information may be shared with third parties for the purpose of identifying my eligibility to participate in case and care management programs. I agree: if I am identified as having a high risk for one or more chronic diseases, I can be contacted regarding participation in these case and care management programs that may be offered to such diseases.

#### Release of Liability and Limited Consent to Disclosure for Transmittal: Joining Lifeforce

- I understand my participation in the Trust Lifeforce Program is voluntary.
- I acknowledge participation in a health promotion program of this type involves exercise and physical exertion.
- I agree to limit my participation, including my physical exertion in the Trust Lifeforce Program, to a level that will not cause me injury or harm, and I assume full responsibility for my actions in attempting to meet my health goals.
- I assume all responsibility and liability for any accident or injury arising out of my participation in the Trust Lifeforce Program.
- I agree to indemnify and hold Trust Financial Corporation and its affiliates, its employees, successors, and agents, harmless from any or all claims, actions, damages and losses arising out of or relating to any injury or harm that I have now or in the future suffer during or in any connection with my participation in the Trust Lifeforce Program. Notwithstanding to the above nothing contained in this Release will be deemed to release any of my rights or the right of my heirs, successors or assigns, to make any claim next to make any possible future health care claim or to seek coverage for a health condition.
- I understand that I will not be eligible for "short-term" compensation with respect to any injury I may sustain because of my participation in the Trust Lifeforce Program.
- I agree to make every effort to attend my scheduled health evaluations with the Trust Lifeforce Program designated representative, First Health Services, LLC, as a Lifeforce participant. I share in the responsibility of maintaining timely evaluations, and I will contact First Health Services, LLC, if I am unable to keep my appointment and need to be rescheduled for a different day. Since I am unable to keep my original appointment, it is my responsibility to complete a follow-up evaluation within 60 days of my original appointment date, as scheduled by the Trust Lifeforce Program. Notwithstanding to the above nothing contained in this Release will be deemed to release any of my rights or the right of my heirs, successors or assigns, to make any claim next to make any possible future health care claim or to seek coverage for a health condition.
- I understand that I will not be eligible for "short-term" compensation with respect to any injury I may sustain because of my participation in the Trust Lifeforce Program.
- I agree to make every effort to attend my scheduled health evaluations with the Trust Lifeforce Program designated representative, First Health Services, LLC, as a Lifeforce participant. I share in the responsibility of maintaining timely evaluations, and I will contact First Health Services, LLC, if I am unable to keep my appointment and need to be rescheduled for a different day. Since I am unable to keep my original appointment, it is my responsibility to complete a follow-up evaluation within 60 days of my original appointment date, as scheduled by the Trust Lifeforce Program. Notwithstanding to the above nothing contained in this Release will be deemed to release any of my rights or the right of my heirs, successors or assigns, to make any claim next to make any possible future health care claim or to seek coverage for a health condition.
- I understand that I will not be eligible for "short-term" compensation with respect to any injury I may sustain because of my participation in the Trust Lifeforce Program.
- I agree to make every effort to attend my scheduled health evaluations with the Trust Lifeforce Program designated representative, First Health Services, LLC, as a Lifeforce participant. I share in the responsibility of maintaining timely evaluations, and I will contact First Health Services, LLC, if I am unable to keep my appointment and need to be rescheduled for a different day. Since I am unable to keep my original appointment, it is my responsibility to complete a follow-up evaluation within 60 days of my original appointment date, as scheduled by the Trust Lifeforce Program. Notwithstanding to the above nothing contained in this Release will be deemed to release any of my rights or the right of my heirs, successors or assigns, to make any claim next to make any possible future health care claim or to seek coverage for a health condition.

I Agree

Enter your comment

#### Process History

##### Transmittal Name (202303)

Change Benefits to Life Force - Adding Action

Save Save for Later Cancel

## Sign and Submit

If you're ready to complete enrollment, scroll to the **Electronic Signature** section.

Check the box next to **I agree**.

Click **Submit** to provide an electronic signature and complete enrollment.

On the next screen, you can view and print your benefits elections.