



How to Enroll in Benefits in Workday

Before enrolling in benefits in Workday, visit 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](#)

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[Unum Optional Benefits](#)

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

Get Started

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

All Items

2 items

Q

Search: All Items

↑↓

🔍

Advanced Search

Add your photo in Workday!

08/17/2026

☆

In Progress

Effective: 08/17/2026

Updated: 08/25/2026

Change Benefits for Life Event

08/17/2026

☆

Effective: 08/17/2026

☆

⚙️

📄

Created: 08/17/2026 | Effective: 08/17/2026

Change Benefit Elections

Initiated On

08/17/2026

Submit Elections By

09/16/2026

Let's Get Started

Find the task:

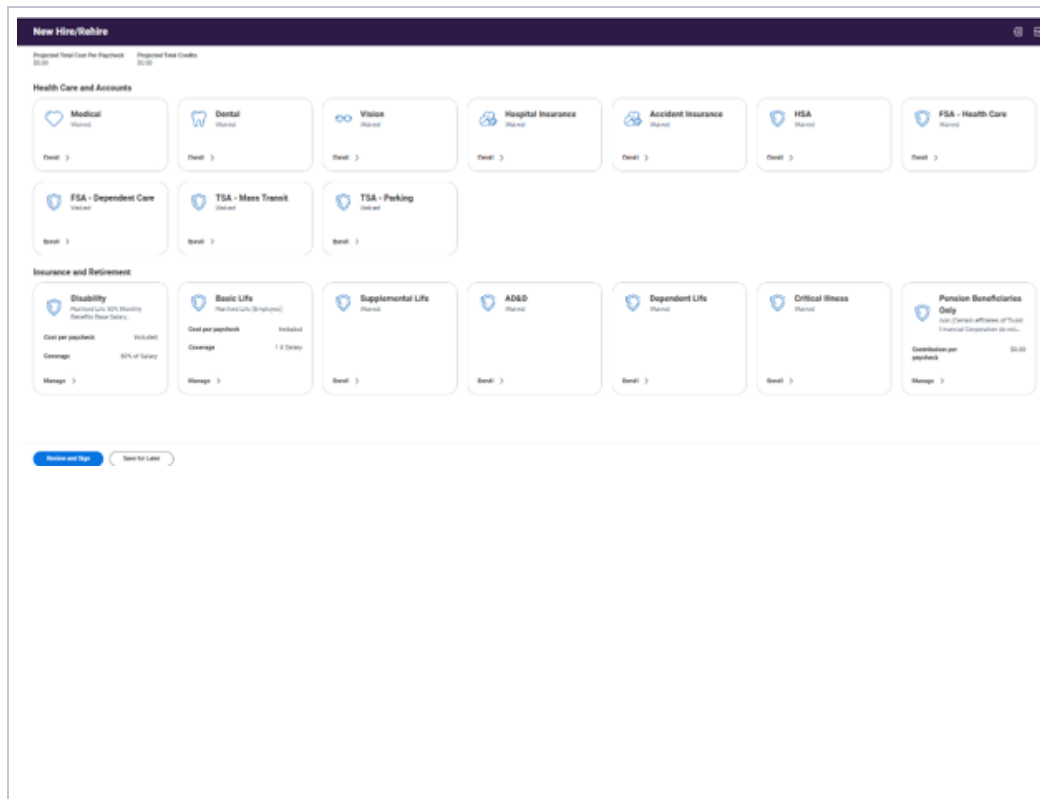
Benefit Event: [Your Name]

Or

New Hire

Click **Let's Get Started**.

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Benefits Enrollment Main Screen

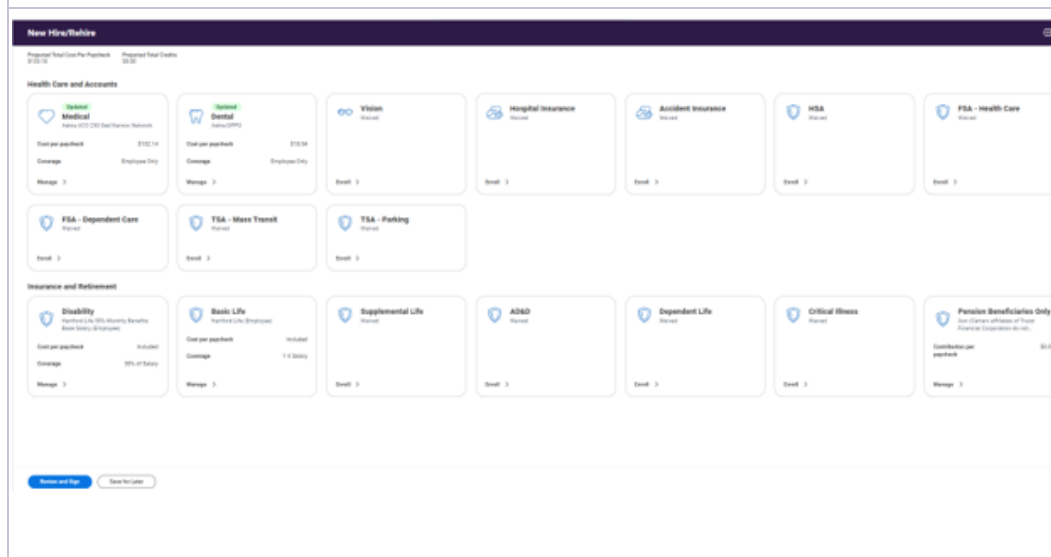
At the top of the screen, you'll see:

- 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.



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.

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 Only.

11 items

Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
Aetna ACO 250 Ded Narrow Network	Select Waive	\$102.14	\$539.00
Aetna HDHP 2500 Ded Broad Network	Select Waive	\$67.97	\$539.00
Aetna HDHP 2500 Ded Narrow Network	Select Waive	\$57.48	\$539.00
Aetna HDHP 4000 Ded Broad Network	Select Waive	\$48.27	\$539.00
Aetna HDHP 4000 Ded Narrow Network	Select Waive	\$41.19	\$539.00
Aetna PPO 1500 Ded Upfront Advantage Narrow Ntwk	Select Waive	\$90.22	\$539.00
Aetna PPO 1500 Ded Upfront Adv Broad Ntwk	Select Waive	\$103.13	\$539.00
Aetna PPO 500 Ded Broad Network	Select Waive	\$116.08	\$539.00
Aetna PPO 500 Ded		\$101.24	\$539.00

Confirm and Continue

Cancel

Medical

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

Aetna Narrow Network plans display only if you live in an area where they operate.

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.

Dependents

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

Coverage ★ Employee Only

Plan cost per paycheck \$102.14

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

Jacob Rushin (299919)

Use as Beneficiary ☐

Instructional Text
Click OK to add dependents.

Cancel

OK

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**.

Add My Dependent From Enrollment

Name

Country
United States of America
Recommended
India
Venezuela
Mexico

First Name
Middle Name
Last Name
Suffix

Alter Duplicate Name

Check this box only when there is more than one dependent with the same name

National IDs
Click the Add button to enter one or more National Identification Numbers for this dependent

Add

Personal Information

Relationship
Date of Birth
MM / DD / YYYY
Age
(hh:mm)
Gender
Citizenship Status
Full-time Student
Student Status Start Date
Student Status End Date
Graduated

Address

Use Existing Address
1000 Oakwood Manor for Jacob Roston
Country
United States of America
Address Line 1
2703 Oakwood Manor
Address Line 2
City
Dorchester
State
Georgia
Postal Code
30032
County

Phone & Email

Use Existing Phone
(404) 901-1099 for Jacob Roston
Country Phone Code
United States of America (+1)
Phone Number
(404) 901-1099
Phone Extension
Email Address

Save
Cancel

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**.

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Medical - Aetna ACO 250 Ded Narrow Network

Projected Total Cost Per Paycheck
\$256.53

Projected Total Credits
\$0.00

Dependents

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

Coverage Employee + Children

Plan cost per paycheck \$238.49

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
☒	Joe Smith	Child	01/01/2010

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
Joe Smith	☐ Social Security Number (SSN) ☐ Reason SSN is Not Available

Save

Cancel

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.

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.

Plans Available

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

2 items

Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
Aetna DHMO	☐ Select ☒ Waive	\$9.10	\$0.00
Aetna DPPO	☒ Select ☐ Waive	\$18.04	\$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.

The DHMO plan will only display if you live in an area where it operates.

Click **Confirm and Continue**.

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.

Dependents

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

Coverage * Employee + Children

Plan cost per paycheck \$46.98

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
☒	Joe Smith	Child	01/01/2010

**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.

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**.

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 Vision. The displayed cost of waived plans assumes coverage for Employee Only.

2 items

Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
VSP Base	☐ Select ☒ Waive	\$2.50	\$0.00
VSP Premier	☐ Select ☒ Waive	\$9.20	\$0.00

Dependents

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

Coverage Employee + Children

Plan cost per paycheck \$7.49

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
☒	Joe Smith	Child	01/01/2010

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.

Plans Available

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

1 item

Benefit Plan	*Selection
Unum	☒ Select ☐ Waive

Hospital Insurance - Unum

Projected Total Cost Per Paycheck
\$296.61

Projected Total Credits
\$0.00

Coverage

*

X Employee Only.

Search

Plan cost per paycheck

☒ Employee Only.

☐ Employee & Spouse or Domestic Partner

☐ Employee & Children - Domestic Partner Children

☐ Family

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 Accident Insurance. The displayed cost of waived plans assumes coverage for Employee Only..

1 item

Benefit Plan	*Selection
Unum	☒ Select ☐ Waive

Accident Insurance - Unum

Projected Total Cost Per Paycheck
\$301.26

Projected Total Credits
\$0.00

Coverage*

✕ Employee Only.

Search

☒ Employee Only.

☐ Employee & Spouse or Domestic Partner

☐ Employee & Children - Domestic Partner Children

☐ Family

Plan cost per paycheck

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.

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**.

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.

Plans Available

Select a plan or Waive to opt out of HSA.

1 item

Benefit Plan	*Selection	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
McGriff Employee Benefit Services	Select Waive		

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

Your estimated contributions made this year 0.00

Per Paycheck Annual Remaining Paychecks 8

Error: Enter a contribution amount up to \$4,232.36.

Minimum Annual Amount: \$24.00
Maximum Annual Amount: \$4,399.00

Summary

Annual Company Contribution \$166.64
Total Annual HSA Contribution \$7,166.64

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.

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

Existing Beneficiary Persons	>	
Existing Trusts	>	Percentage
Add New Beneficiary or Trust		
Search		0

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

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**.

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

Cancel

Continue

HSA - Add Beneficiaries

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

Add New Beneficiary or Trust

Jacob Rushin (299919)

Relationship *

Use as Beneficiary

☒

Date of Birth

MM / DD / YYYY

Age

(empty)

Gender

Allow Duplicate Name

☐

Legal Name

Contact Information

National IDs

Additional Government IDs

Other IDs

Country *

X United States of America

Recommended

+ China + Canada + India

Prefix

First Name *

Middle Name

Last Name *

Suffix

OK

Cancel

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

Jacob Rushin (299919) 

Trust Name *

Trust ID

Trust Date 

Trustee Contact Information

Trustee Name

Country *

Recommended

Prefix

First Name *

Middle Name

Last Name *

Suffix

Phone

Email Address

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)
☐ Select ☒ Waive	McGriff Employee Benefit Services		
☐ Select ☒ 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

Benefit Plan	*Selection	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
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.	☒ Select ☐ Waive		

4

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

Your estimated contributions made this year 0.00

Per Paycheck Annual Remaining Paychecks 8

Minimum Annual Amount: \$24.00

Maximum Annual Amount: \$7,499.00

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.

Plans Available

You must select a plan.

2 items

Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
Hartford Life 50% Monthly Benefits Base Salary (Employee)	☒ Select ☐ Waive	Included	\$0.00
Hartford Life 60% Monthly Benefits Base Salary (Employee)	☐ Select ☒ Waive		

Coverage

Calculated Coverage

\$996.67

Coverage

50% of Salary

Plan cost per paycheck

Included

Save

Cancel

Your Disability 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.

Disability

From the main screen, click **Manage** in the **Disability** tile.

The 50% disability option is automatically selected.

If you want to buy the 60% option, select it. The 50% option will be waived automatically.

Click **Confirm and Continue** to see how much it will cost.

Disability Coverage

Your coverage amount and cost per paycheck will display.

If you chose the core 50% option, the cost will say "included."

Click **Save**.

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

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Plans Available

1 item

Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
Hartford Life (Employee)	☒ Select ☐ Waive	Included	\$6.50

Coverage

Calculated Coverage \$24,000.00

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	

×

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.

Plans Available

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

1 item

Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
Hartford Life (Employee)	☐ Select ☒ Waive		

Basic Life

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

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

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.

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.

Coverage

Calculated Coverage \$48,000.00

Coverage * X 2 X Salary

Plan cost per paycheck \$0.84

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			
Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
Hartford Life Employee 2020 (Employee)	Select Waive		
Hartford Life Family 2020 (Employee + Family)	Select Waive		

Coverage

Calculated Coverage \$24,000.00

Coverage * X 1 X Salary

Plan cost per paycheck

Beneficiaries

Select an existing or add a

*Primary Beneficiaries 0 items

	Beneficiary

Secondary Beneficiaries 0 items

	Beneficiary

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

Benefit Plan	*Selection	You Pay (Semi-monthly)
Hartford Life (Child(ren))	☐ Select ☒ Waive	
Hartford Life Coverage Levels (Spouse/Domestic Partner)	☐ Select ☒ Waive	

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

Coverage

Coverage *

☒ \$7,500

☐ \$10,000

☐ \$15,000

Dependents

Add a new dependent from the list below.

Add New Dependent

Select	Dependent	Relationship	Date of Birth
☐	Joe Smith	Child	01/01/2010

dependents.

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 *

☒ \$10,000

☐ \$20,000

☐ \$30,000

☐ \$40,000

☐ \$50,000

☐ \$60,000

☐ \$70,000

☐ \$80,000

☐ \$90,000

☐ \$100,000

☐ \$110,000

☐ \$120,000

☐ \$130,000

☐ \$140,000

Dependents

Add a new dependent from the list below.

Add New

×

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

Benefit Plan	*Selection
Unum 1 Non Tobacco User (Employee)	☒ Select ☐ Waive
Unum 1 Tobacco User (Employee)	☐ Select ☒ Waive
Unum 2 Non Tobacco User (Spouse/Domestic Partner)	☒ Select ☐ Waive
Unum 2 Tobacco User (Spouse/Domestic Partner)	☐ Select ☒ Waive

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 \$10,000.00

Coverage *

X \$10,000

Search

☒ \$10,000

☐ \$15,000

☐ \$20,000

☐ \$25,000

☐ \$30,000

☐ \$35,000

☐ \$40,000

☐ \$45,000

☐ \$50,000

Plan cost per paycheck

Critical Illness

Select the coverage level for yourself and your spouse.

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

Vacation Purchase and Student Debt Program

Electing Vacation Purchase and the Student Debt Program is available **only during annual enrollment**.

Vacation Purchase

Plans Available

Select a plan or Waive to opt out of Vacation Purchase.

12 Items

Benefit Plan	*Selection
Truist Financial Corporation 08 Hours (Employee)	☐ Select ☒ Waive
Truist Financial Corporation 16 Hours (Employee)	☐ Select ☒ Waive
Truist Financial Corporation 24 Hours (Employee)	☐ Select ☒ Waive

To purchase vacation days for, click “Enroll” under the Vacation Purchase plan.

Choose the number of hours (listed in 8-hour increments) by clicking on “Select” next to the number of hours you would like to purchase.

Then click “Confirm and Continue.”

Purchased vacation days will be used after all other vacation options have been spent. According to IRS guidelines, Purchased vacation days, aren't eligible for rollover to the next calendar year.

Student Debt Program

Plans Available

Select a plan or Waive to opt out of Student Debt.

Benefit Plan	*Selection
Truist 24hr (Employee)	☒ Select ☐ Waive
Truist 16hr (Employee)	☐ Select ☒ Waive

To enroll in the Student Debt Program, click “Enroll” under the Student Debt plan.

Choose the number of hours (listed in 8-hour increments) by clicking on Select next to the number of hours you would like to use toward the program.

Then click Confirm and Continue.

- Eligible teammates may elect 8 to 56 hours of vacation, based on their annual vacation accrual. Annual eligible vacation doesn't include carried-over vacation, purchased vacation, or special agreement vacation.
- The eligible vacation hours elected will be deducted from the teammate's vacation balance in Q1 of the program year.
- Regular teammates with scheduled weekly hours in Workday of at least 20 hours per week but less than 40 hours per week are eligible for a pro rata benefit based on their scheduled weekly hours in Workday. If the election amount is too high based on the teammate's annual accrual vacation, the elected vacation hours will be reduced to the maximum eligible vacation hours teammate can convert.
- **This is a two-step enrollment process.** You must complete Step 2 in [Fidelity NetBenefits](#) (go to the Student Debt tile on the site) to process the payment towards your student loan.

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

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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.