

## Workday- Loss of Other Coverage Event

### Requesting Changes

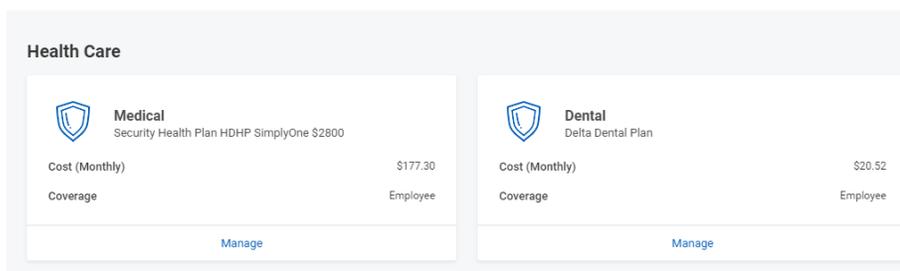
If you would like to request changes to some of your benefits you must complete the loss of other coverage benefit event in Workday and submit the appropriate paperwork within 31 days from when your other coverage ends.

If you do not request changes and/or submit appropriate documentation within the 31 days, you will need to wait until Open Enrollment.

- Click Benefits Application
- Under Change column, click the Benefits button
- Change Reason- “Loss of Other Coverage”
- Benefit Event Date- Date after other insurance ends
  - For example, if your previous coverage ends 08/31, the effective date for the benefit event in Workday should be 09/01
- Attach supporting documentation
- Click Submit
- Click Let’s Get Started:

Let's Get Started

1. Click on Manage under the insurance you need to add or make changes to



Health Care

Plan Name	Cost (Monthly)	Coverage	Action
<b>Medical</b> Security Health Plan HDHP SimplyOne \$2800	\$177.30	Employee	Manage
<b>Dental</b> Delta Dental Plan	\$20.52	Employee	Manage

2. If adding insurance for yourself, press the “Select” button next to the insurance plan you would like to enroll in.
3. Click the “Confirm and Continue” button once your insurance has been elected (or click it if you are already enrolled and are adding a dependent to insurance:

Confirm and Continue

Cancel

## Workday- Loss of Other Coverage Event

- Click Add New Dependent to enter any dependents you are needing to add to insurance and complete each section where the red star ( \* ) is located:

### Add Dependent

Relationship	*	<input type="text"/>
Use as Dependent		<input checked="" type="checkbox"/>
Use as Beneficiary		<input type="checkbox"/>
Inactive Date		(empty)
Date of Birth	*	<input type="text" value="MM/DD/YYYY"/>
Age		(empty)
Gender	*	<input type="text"/>
Citizenship Status		<input type="text"/>

Legal Name	Contact Information	National IDs	Additional Government IDs	Other IDs
<hr/>				
Country	*	<input type="text" value="United States of America"/>	<input type="text"/>	<input type="text"/>
Prefix		<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle Name		<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix		<input type="text"/>	<input type="text"/>	<input type="text"/>

- Repeat for any other insurance if needed.
- Once you have finished, you can click on Review and Sign:

- After reviewing your changes, scroll to the bottom of the page and click the I Agree button to agree with the Legal Notice and then click Submit:

I Accept