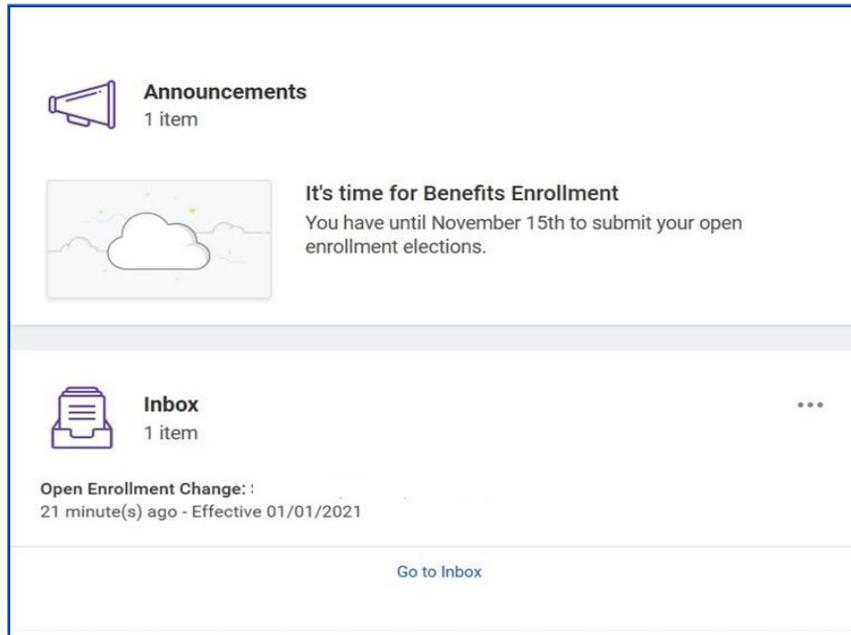


## OPEN ENROLLMENT STEPS

PRE-WORK: AS YOU PREPARE TO ELECT YOUR BENEFITS FOR 2021, BE SURE TO VISIT ADP TO VIEW YOUR CURRENT ELECTIONS.

Once a year, open enrollment allows you to update your benefit elections. During this period, you will receive a task in your Inbox.

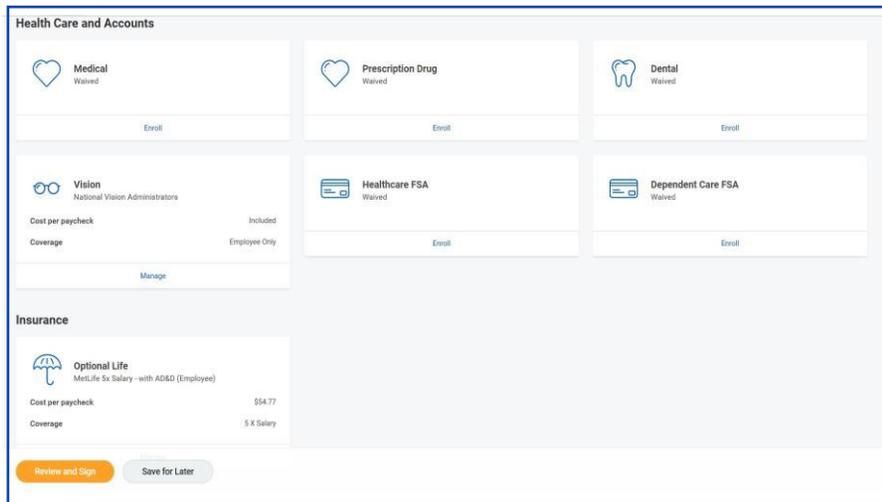


## SELECT YOUR BENEFITS

From your Home page:

1. Click the **Inbox**  icon.
2. Click the **Open Enrollment Change** task.
3. Click **Let's Get Started**.
4. At first glance you will first see your prior years enrolled benefit plans
5. Click **Manage** to update your medical elections. Click **Enroll** in each box/area to view your enrollment options.

- Choose **Select** or **Waive** for each Medical election. Your current elections default.



- Click the **Plan Details** links to review.

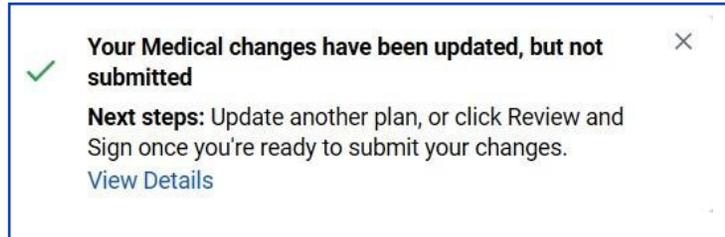
**Plans Available**

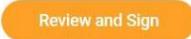
Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

5 items

*Selection	Benefit Plan	You Pay (Biweekly)	Company Contribution (Biweek
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HMO Open Access	\$22.04	\$198.39
<input type="radio"/> Select <input checked="" type="radio"/> Waive	BlueChoice Advantage PPO High Option	\$75.18	\$211.76
<input type="radio"/> Select <input checked="" type="radio"/> Waive	BlueChoice Advantage PPO Standard Option	\$52.94	\$211.76
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser Permanente HMO	\$24.56	\$221.01
	Out-Of-Pocket Maximum: \$700	Included	\$0.00

- 8. Modify your coverage, if needed. Click Confirm and Continue.
- 9. After each selection you will be notified with the following message.



- 10. To finalize all your selected benefits, you must select .
- 11. This will take you to a Summary Page where you can review all your benefit selections before final submission.

Projected Total Cost Per Paycheck: **\$54.77**      Projected Total Credits: **\$0.00**

Congratulations! You have now completed the on-line Benefits Enrollment process. Please ensure that you submit the necessary documentations required to the Office of Employee Benefits with in the required timeframe . If documentation is not received, your benefits could be cancelled or your dependents removed.

**Selected Benefits** 2 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Vision	01/01/2020	01/01/2020	Employee Only			Included
National Vision Administrators						
Optional Life	03/01/2020	01/01/2020	5 X Salary			\$54.77
MetLife 5x Salary - with AD&D (Employee)						

**Waived Benefits** 5 items

Medical	Waived
Prescription Drug	Waived
Dental	Waived
Healthcare FSA	Waived
Dependent Care FSA	Waived

- Once you have selected your desired benefits. Scroll down to the bottom of the page and sign and submit. Benefits are not confirmed until you hit select this final “Submit” button.

**Electronic Signature**

By submitting the changes you have requested, you are certifying that the information you have provided in support of your requested change in election is true, accurate, and complete and you are providing the information intending that it will be relied upon by the Plan Administrator for purposes of enrolling or effecting changes in coverage for you or your dependents. You understand that coverage is subject to waiting periods, exclusions and all other provisions contained in the plan. Falsification of any of the information provided to the Plan Administrator may result in your termination from coverage under the Plan, or termination of the coverage of your spouse and/or dependents. In addition, you authorize deductions for all current and future benefits from each paycheck. The Plan reserves the right to demand reimbursement for benefits paid to you or anyone receiving benefits through you based on false claims.  
Please note: In connection with documents that are part of the Plan records (such as this form), it is a criminal violation of federal law to make any false statement or representation of fact, knowing it to be false, or to knowingly conceal, cover up, or fail to disclose any fact the disclosure of which is necessary to administer the Plan in accordance with its terms. In addition to a requirement to restore benefits that are obtained falsely, federal law imposes fines (of not more than \$10,000) and/or imprisonment (not more than five years).

If you did NOT elect the \$780 Waiver Credit, the Waiver Credit Acknowledgement paragraph below does not apply to you. The rest of the information presented below does apply and you must acknowledge by clicking "I AGREE" below?

Waiver Credit Acknowledgement  
I understand that I am eligible to receive medical coverage provided by the City of Baltimore. I acknowledge that I am electing not to receive medical coverage for myself and/or my dependents from the City but can still enroll in dental, prescription and/or vision.  
I acknowledge that it will be my responsibility to provide insurance coverage for myself and/or my dependents.  
I understand, that I will not be able to re-enroll for medical benefits as described above until the next announced annual open enrollment period as designated by the City or if I have a qualified life event that allows me to re-enroll.

I Accept

Submit
Save for Later
Cancel

## ADD DEPENDENTS

If you select or modify a benefit plan during open enrollment, you can also add dependents.

After clicking **Confirm and Continue** in the previous step:

- If a dependent already exists, they are selected automatically.

**Medical - BlueChoice Advantage PPO High Option**

### Dependents

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

Coverage \* Employee Only

Plan cost per paycheck \$75.18

Add New Dependent

2. Click the **Add New Dependent** button to add a new dependent. Complete all required information.

The screenshot shows a web form titled "Add My Dependent From Enrollment". The form is divided into two main sections: "Name" and "Personal Information".

**Name Section:**

- Country: A dropdown menu with "United States of America" selected.
- Prefix: A text input field.
- First Name: A text input field.
- Middle Name: A text input field.
- Last Name: A text input field.
- Suffix: A text input field.
- Allow Duplicate Name: A checkbox.

**Personal Information Section:**

- Relationship: A dropdown menu.
- Date of Birth: A date picker field.
- Age: A dropdown menu with "(empty)" selected.
- Gender: A dropdown menu with "select one" selected.
- Full-time Student: A checkbox.
- Student Status Start Date: A date input field.
- Student Status End Date: A date input field.
- Disabled: A checkbox.

Below the "Personal Information" section, there is a "National IDs" section with a note: "Click the Add button to enter one or more National Identifiers for this dependent." At the bottom of the form is an "Add" button.

## MODIFY DEPENDENTS

From the Dependents section for medical elections:

1. Select the **checkbox** next to the name of your dependents.
2. Click **Save**.

## ADD GROUP LIFE INSURANCE- OPTIONAL LIFE

From the Insurance section:

1. Click **Manage** or **Enroll** to update or add Basic Group Life insurance.
2. Choose **Select** or **Waive** for each insurance election and modify your coverage levels, as needed. The total cost will display in the upper right-hand corner.
3. Click **Confirm and Continue**.

**Optional Life**

Projected Total Cost Per Paycheck: \$36.42    Projected Total Credits: \$0.00

**Plans Available**  
Select a plan or Waive to opt out of Optional Life.

10 items

*Selection	Benefit Plan	You Pay (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	MetLife 1x Salary (Employee)	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	MetLife 1x Salary - with AD&D (Employee)	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	MetLife 2x Salary (Employee)	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	MetLife 2x Salary - with AD&D (Employee)	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	MetLife 3x Salary (Employee)	

**Insurance Instructions**

**General Instructions**

**Optional Term Life/AD&D:**  
Coverage goes into effect on the first day of the month following the hire date. Coverage is 100% employee paid.

Optional Life/AD&D is an optional benefit you are eligible to elect as a new hire. **It is important for you to note that as a new employee you have 45 days to elect optional life/AD&D insurance online.** You may elect up to 2x your annual salary to a maximum of \$500,000 without providing medical evidence. If you elect optional life/AD&D as a new employee, you have the option to increase your coverage by 1 level during subsequent open enrollment periods, evidence of insurability will not be required. However, if you select more than 1 level of coverage during a subsequent open enrollment period, evidence of insurability will be required. Additionally, if you do not elect optional life/AD&D insurance as a new employee and decide to elect it during a subsequent open enrollment period, you will be required to provide evidence of insurability for any coverage amount.

**NOTE:** You may decide to elect only Optional Life insurance without AD&D coverage. However, you may not elect AD&D insurance without electing Optional Life insurance.

Term life insurance has no cash value and is only payable, to beneficiaries upon the death of the participant.

**The City of Baltimore does not offer spousal or dependent life insurance.**

**Confirm and Continue**    **Cancel**

## DESIGNATE LIFE INSURANCE BENEFICIARIES

If your life insurance plan requires beneficiaries, the option to add primary and secondary beneficiaries will appear. This means that you must designate one or more beneficiaries for each plan.

From the Beneficiaries section:

1. Click the **Add Row** icon to add a beneficiary.
2. Click the **prompt** icon in the Beneficiary field to select from a list of existing beneficiaries. Or, select **Add New Beneficiary**

or Trust to add a new beneficiary. To remove a beneficiary, click the **Remove Row** icon next to that beneficiary.

- 3. Enter the percentage of benefits for each beneficiary in the Percentage column.
- 4. Click **Save**.

**Basic Group Life - Liberty Mutual (Employee)**

Projected Total Cost (Monthly) \$421.00    Projected Total Credits \$55.50

**Coverage**  
Coverage \$75,000  
Calculated Coverage \$75,000.00  
Plan cost (Monthly) Included

**Insurance Instructions**  
Plan Description [Liberty Life Insurance Summary](#)  
Provider Website [Liberty Mutual](#)

**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 1 item

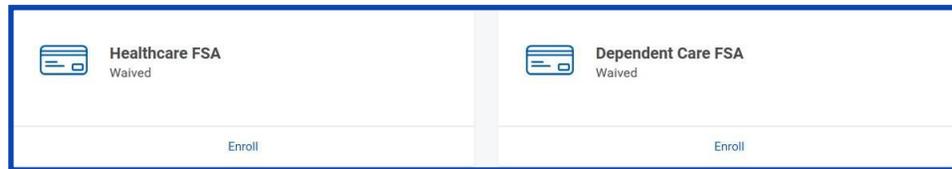
Beneficiary	Percentage
X <a href="#">Jianyu Li</a> ...	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

**Save**    **Cancel**

## ADD ADDITIONAL BENEFITS: FSA &amp; DEPENDENT CARE FSA



- **Flexible Spending Accounts (FSA)**
- The City of Baltimore gives you the opportunity to save taxes on your eligible health and dependent care expenses by participating in one or both flexible spending accounts (FSAs):
- **FSA Eligibility**
  - **Health Care Flexible Spending Account (FSA) -**
  - An employee who chooses to participate in the Healthcare FSA can contribute up to \$2,700 during the plan year
  - You can use your Health Care FSA to be reimbursed for eligible health care expenses incurred by you, your spouse, your qualifying child, or your qualifying relative that can be claimed on your federal tax return.
  - **Dependent Care Flexible Spending Account (FSA)**
  - An employee who chooses to participate in the Dependent care FSA can contribute up to \$5000 during the 2020 plan year.
  - You may use your Dependent Care FSA to be reimbursed for eligible dependent care expenses for **your child (under age 13)** or eligible dependent care expenses for other qualifying dependents that can be claimed on your federal tax return.

From the **FSA/Dependent FSA** section:

1. Click **Manage** or **Enroll** for each additional benefit you would like to enroll in.
2. Review your elections for accuracy. Notice your monthly cost in the upper-right corner.
3. Confirm that your coverage information is accurate.
4. Click **Confirm and Continue**.
5. Click **Save**.

## ATTACH SUPPORTING DOCUMENTS

To add attachments, if required by the City:

1. Click the **Review and Sign** button.
2. Drag and drop the file in the Attachments area or click **Select files** to find the file.
3. Select the file you want to attach.
4. Enter comments, as needed.
5. Click **Upload** to attach additional documents.

## COMPLETE YOUR ENROLLMENT

1. Select the **I Accept** checkbox to confirm your electronic signature, if required.

The screenshot shows a web form interface. At the top, there is a section titled "Attachments" with a large light blue box containing the text "Drop files here" and "or" above a "Select files" button. Below this is the "Electronic Signature" section. It includes a "LEGAL NOTICE: Please Read" with three bullet points: 1. You understand that your benefit elections are legal and binding transactions. 2. You understand that if you are married, your dependent Spousal Coverage Elsewhere selection is legally binding. 3. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carriers or benefit providers. Below the notice is an "I Accept" checkbox, which is currently unchecked. At the bottom of the form are three buttons: "Submit" (highlighted in orange), "Save for Later", and "Cancel".

2. Click **Submit**. A confirmation page displays.
3. Click **Done** to complete the task. Optionally, click the **View 2020 Benefits Statement** button to view the benefits statement.
4. Click **Print** to generate a PDF version for your records.

## STILL HAVE QUESTIONS ABOUT WORKDAY

For additional support and questions about Workday please contact your agency HR Practitioner.