

How to Newly Enroll in Benefits During Open Enrollment

HOW TO ELECT BENEFITS DURING OPEN ENROLLMENT

From the Home page: Click on your inbox:

1. Click on **Open Enrollment Change** and then **Let's Get Started** to open the event.

Inbox

Actions Archive

Viewing: All Sort By: Newest

Open Enrollment Change: Ben Grimm on 01/01/2023
44 second(s) ago - Effective 01/01/2023

Payment Election Enrollment Event
4 hour(s) ago - Due 10/12/2022

Change Benefits for Open Enrollment
44 second(s) ago - Effective 01/01/2023

Open Enrollment 2023 10/10/2022-11/11/2022

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started

2. From here you will see all your benefits arrayed as 'cards'. You will see benefits are marked as **Waived**, meaning that you will not have that benefit unless you **Enroll** in it. In order to enroll in a benefit, click the **Enroll** button at the bottom of the card.

Health Care and Accounts

Medical
Waived

Enroll

Dental
Waived

Enroll

3. Once you click **Enroll** you will be taken to a new screen which will let you select a benefit plan. To pick a plan click **Select**.

Medical

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

Plans Available

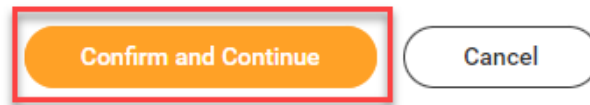
Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Opt Out.

2 Items

*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)	Credits (Biweekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna CDHP Saver Plan with HSA	\$62.31	\$291.69	\$19.23
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO 90	\$89.54	\$304.15	\$19.23

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After selecting the plan you would like to enroll in, click **Confirm and Continue**.



- If the benefit is a healthcare plan (**Medical, Dental or Vision**) you will be able to add a dependent on the next page. Adding a dependent will automatically change your benefit enrollment from **Employee Only** to **Employee plus One** or the **Family** rate. If you already have a dependent on another Healthcare plan, you will see them as an option to select. Click the box next to their name to add them to the plan.

Dependents

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

Coverage * Employee + 1

Plan cost per paycheck \$112.15

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Alicia Masters	Spouse	01/20/1972

- If you haven't created a dependent yet for benefits, then you must first create them in order to add them to a healthcare plan. Click the **Add New Dependent** button to do so. Please see the **'How to Add a Dependent to Benefits'** Job aid for more information.

Dependents

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

Coverage * Employee Only

Plan cost per paycheck \$62.31

Add New Dependent

- Once you've added your dependent and clicked **Save** you will be returned to the main Open Enrollment page and will be able to select other benefits such as Dental, Vision, FSA, and Supplemental Life Insurance, and **Enroll** or **Manage** your elections.
- If you have **Medical** insurance elsewhere and waive ZOLL's **Medical, Dental and Vision** benefits. Then you are

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eligible for the **Opt Out Med/Den/Vis** benefit. This benefit will pay you \$100 a month.

In order to receive the **Opt Out Med/Den/Vis** **YOU MUST ENROLL IN IT.** To do so please click **Enroll** under the **Opt Out Med/Den/Vis** card. ****Please note this benefit is only available to you if you DO NOT enroll in **Medical, Dental** and **Vision** benefits.**



8. On the next page click **Select**. You will notice that the **ZOLL Opt Out** has a credit of **\$46.15** this will be a payment included in your paycheck every two weeks.

Opt Out Med/Den/Vis New Hire for [redacted]

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

Plans Available

Select a plan or Waive to opt out of Opt Out Med/Den/Vis. The displayed cost of waived plans assumes coverage for Employee Only. Workday displays the cost for a waived plan only if it offers Employee Only coverage.

1 item

*Selection	Benefit Plan Details	Credits (Biweekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	ZOLL Opt Out	\$46.15

Click here to enroll in the benefit
amount paid to you in each paycheck

Click **Save** at the bottom when you are done. This will bring you back to your Open Enrollment elections.



9. To submit your Open Enrollment benefits click **Review and Sign** at the bottom of your screen.

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Health Care and Accounts

Medical
UHC CDHP Saver Plan with HSA

Cost per paycheck: \$62.31
Coverage: Employee Only

[Manage](#)

Dental
Delta Dental of MA DPO

Cost per paycheck
Coverage

Opt Out Med/Den/Vis
Waived

[Enroll](#)

Health Savings Account
Fidelity Auto, Simple Enrollment

Contribution per paycheck

Limited Purpose FSA
Waived

[Enroll](#)

Dependent Care FSA
Waived

Insurance

Basic Life
Reliance Standard (Employee)

Cost per paycheck: Included
Coverage: 2 X Salary

[Manage](#)

Basic AD&D
Reliance Standard (Employee)

Cost per paycheck
Coverage

Review and Sign

Save for Later

[Manage](#)

10. You will see a summary of your benefits at the top of your screen.

Selected Benefits 6 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage
Medical UHC PPO 90	01/01/2023	01/01/2023	Employee Only
Dental Delta Dental of MA DPO	07/13/2020	07/13/2020	Employee Only
Vision VSP VIS	07/13/2020	07/13/2020	Employee Only
Healthcare FSA Fidelity	01/01/2023	01/01/2023	\$900.00 Annual
Basic Life Reliance Standard (Employee)	01/01/2022	01/01/2022	2 X Salary
Basic AD&D Reliance Standard (Employee)	01/01/2022	01/01/2022	2 X Salary

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Please review to make sure that you see all the benefits you want under **Selected Benefits**. If it looks right, scroll down until you see **Electronic Signature**. Please click the check box next to **I Accept**

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment w birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.

I Accept 

Now hit **Submit** at the bottom of your screen.

Congratulations you have completed Open Enrollment!