

Welcome to our Open Enrollment Period!
Please follow this step-by-step guide to complete your Open Enrollment Event.

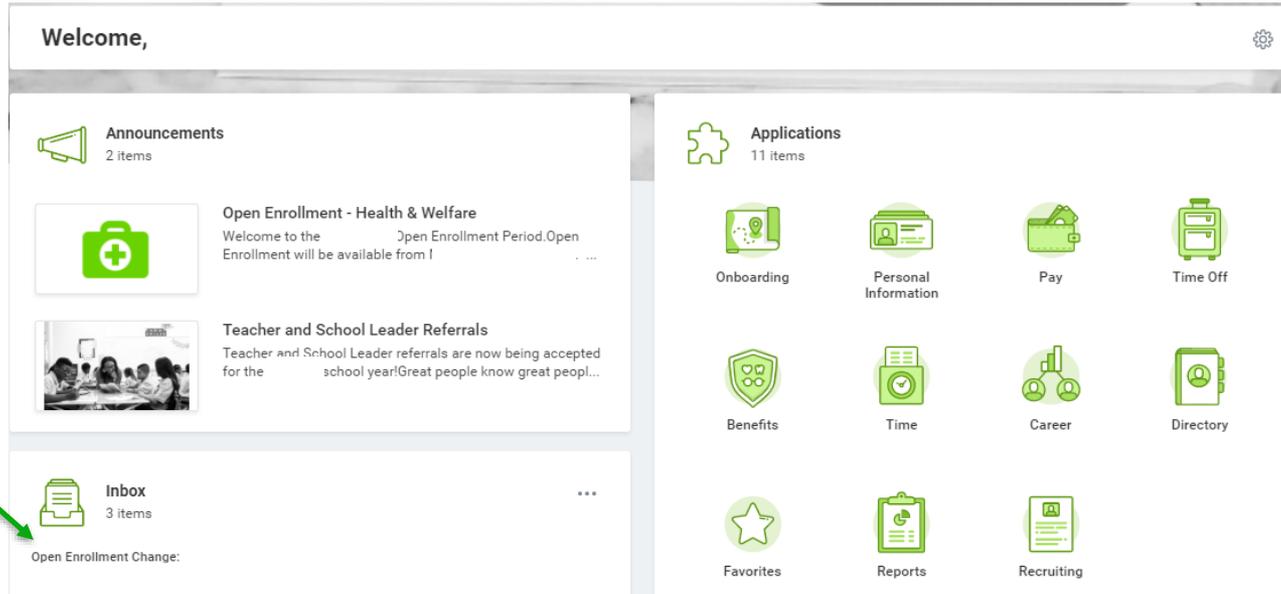


Open Enrollment Instructions

Step 1: Workday Home Page



To make your Open Enrollment election access the Open Enrollment task in your Workday inbox. You can access your Workday inbox by clicking on your Inbox Worklet.

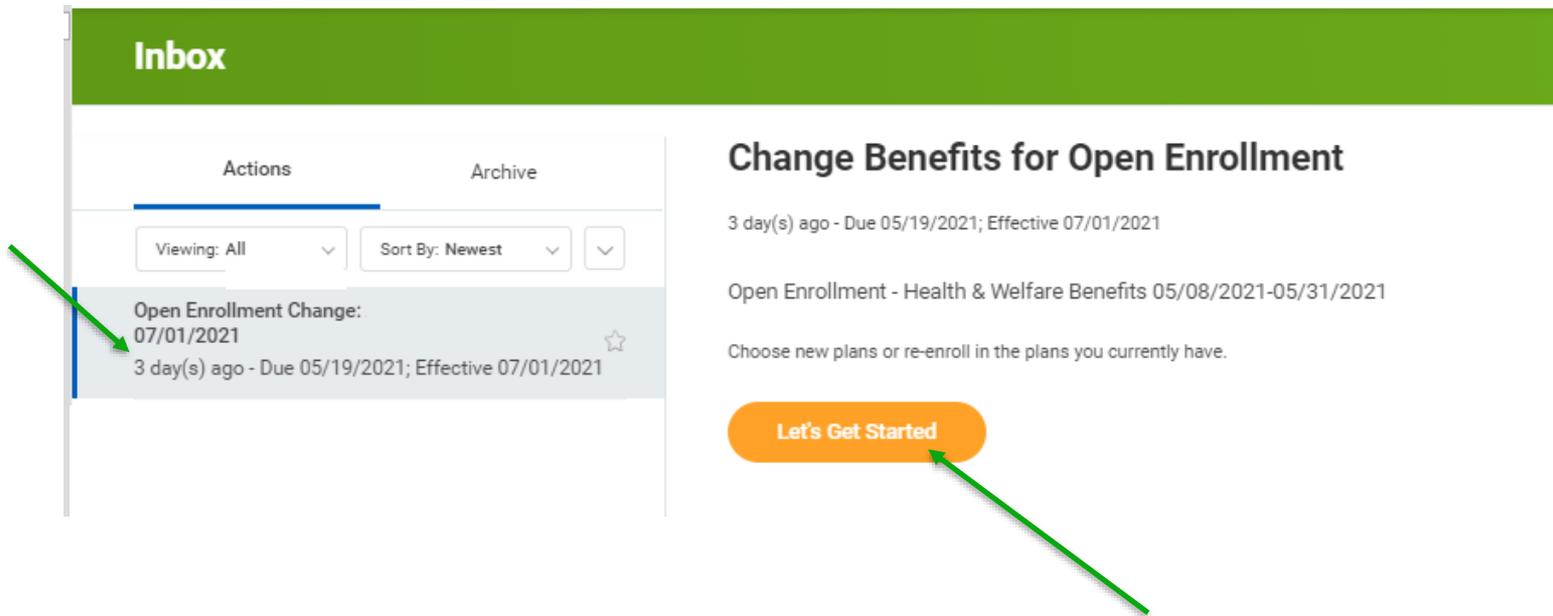


Step 2: Workday Inbox



Select the **Open Enrollment Change** task in the left margin of your Workday inbox, then click **Let's Get Started**.

**You can expand the view to fill your screen by clicking on the  on the right corner



Step 3: Open Enrollment Health & Welfare Benefits

To make your open enrollment elections, click on [Enroll](#) or [Manage](#) in each category: Medical, Dental, Vision, Decline Medical.

Open Enrollment - Health & Welfare Benefits

Health Care

 Medical Cost per paycheck \$86.04 Coverage Employee Only Manage	 Dental Cost per paycheck \$10.87 Coverage Employee Only Manage
 Vision VSP VIS Cost per paycheck Included Coverage Employee Only Manage	 Decline Medical Waived Enroll

Step 3: Medical



Click & review the Medical Worklet. Review the Enrollment Instructions and Helpful Tips on each page of the enrollment process.

Medical

Projected Total Cost Per Paycheck
\$112.18

Plans Available

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

5 items

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	Plan Details
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem EPO (Low)	\$146.55	\$900.28	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem HMO Traditional	\$60.62	\$697.17	Anthem HMO SPD
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem HMO Vivity	Included	\$519.64	Anthem Vivity SPD
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem PPO (High)	\$452.87	\$1,460.88	
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Kaiser Permanente HMO	\$60.62	\$483.17	Kaiser SBC 2019

Health Care Instructions

Important Information

You can select either of the following plans, but not both: Medical - Anthem EPO (Low), Medical - Anthem HMO Traditional, Medical - Anthem HMO Vivity, Medical - Anthem PPO (High), Medical - Kaiser Permanente HMO or Decline Medical - Receive Waive Incentive. When you select one of the plans, Workday automatically waives any other plans.

General Instructions

The benefits you choose during this open enrollment are in effect **July 1, 2021 – June 30, 2022**. Please visit the [Green Dot Annual Open Enrollment Website](#) to review plan details in effect as of July 1, 2021.

For technical support in making your elections in Workday, please view the [Workday Step-by-Step Benefits Open Enrollment Instructions](#).

Please note: No employee contributions are deducted nor are waive incentives paid during the 7/1 - 7/15 pay period. Please click here to view [Contribution Rates for CA](#).

AFLAC
Open enrollment is your annual opportunity to elect or make any changes to your AFLAC plans. To enroll or make changes to AFLAC policies, please contact our AFLAC representative Jacob Burns at jacob_burns@us.aflac.com or 661.733.2979. Visit the [Green Dot Website AFLAC Page](#) for more information.

To elect Health Care coverage, follow these steps:

- Click **Enroll** or **Manage** on the applicable Medical, Dental and/or Vision Plan
- In the Selection column, click **Select** or **Waive** next to the benefit plan you would like to enroll in.
- Click the **Confirm and Continue** button
- If you are covering dependents ([List of Eligible Dependents](#)) on your plan:
 - To cover an existing eligible dependent, click **Select** in the box next to the dependent listed.
 - To add a new eligible dependent, click the **Add New Dependent** button.
- Follow the same steps for dental and vision coverage.

If you are waiving medical coverage, please return the main Health Care page and click **Enroll** or **Manage** on the **"Decline Medical"** plan. Next, please click **SELECT** on Receive Waive Incentive. Please click **Confirm and Continue** and follow the next screen to indicate your reason for declining coverage. Click **Save**.

- Immediately after you submit your Open Enrollment Elections, you will receive a Waive Attestation Form task in your Workday Inbox to complete.

If you have any questions, please email hr@greendot.org or call 323-565-1608.

Review Enrollment Instructions and Helpful Tips before you begin making your elections.

*Helpful tips can be found at the top of each page of the enrollment

Step 3: Medical



On the Medical Worklet, click **Select** next to the plan you would like to enroll. Click **Confirm and Continue** to proceed.

Medical

Projected Total Cost Per Paycheck
\$112.18

Plans Available

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

5 items

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)	Plan Details
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem EPO (Low)	\$146.55	\$900.28	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem HMO Traditional	\$60.62	\$697.17	Anthem HMO SPD
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem HMO Vivity	Included	\$519.64	Anthem Vivity SPD
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Anthem PPO (High)	\$452.87	\$1,460.88	
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Kaiser Permanente HMO	\$60.62	\$483.17	Kaiser SBC 2019

Confirm and Continue **Cancel**

Step 4: Medical – Add Dependents



To add new dependents to coverage, click the “Add New Dependent” button as shown below.

Medical - Aetna HMO

Dependents

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

Coverage * Employee Only

Plan cost per paycheck \$20.10

Add New Dependent

Save

Cancel



Step 4: Medical – Add Dependents



Review the instruction shown on the enrollment screen and click **OK**.

Add My Dependent From Enrollment

Actions

Use as Beneficiary

Follow the instructions below:

- Click **OK** below to enter your dependent's information such as date of birth, etc.
- Scroll down to the National ID section and click **Add** to enter the SSN or ITIN number.
- Once all information is entered, click **Save** to be returned to the dependents page.
- The coverage type will populate based on the dependents you selected.
- Click Save to be returned to the main election screen.

OK

Cancel

Step 4: Medical – Add Dependents



Enter information in all required fields (*). Use the scroll bar on the right side of the screen to view and update all required fields.

← Add My Dependent From Enrollment

Name	Personal Information
Country * <input type="text" value="United States of America"/>	Relationship * <input type="text"/>
Prefix <input type="text"/>	Date of Birth * <input type="text" value="MM / DD / YYYY"/>
First Name * <input type="text"/>	Age (empty)
Middle Name <input type="text"/>	Gender * <input type="text" value="select one"/>
Last Name * <input type="text"/>	Citizenship Status <input type="text"/>
Suffix <input type="text"/>	Full-time Student <input type="checkbox"/>
	Student Status Start Date
	Student Status End Date
	Disabled <input type="checkbox"/>

Step 4: Medical – Add Dependents



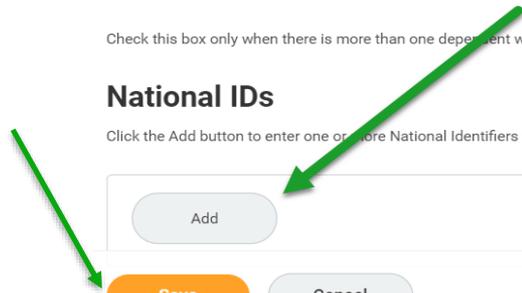
Click “Add” under National IDs to enter the dependent’s SSN or Taxpayer ID Number. When all fields are complete, click **Save**.

Prefix	<input type="text"/>	Date of Birth	<input type="text" value="MM / DD / YYYY"/>
First Name *	<input type="text"/>	Age	(empty)
Middle Name	<input type="text"/>	Gender *	select one
Last Name *	<input type="text"/>	Citizenship Status	<input type="text"/>
Suffix	<input type="text"/>	Full-time Student	<input type="checkbox"/>
		Student Status Start Date	
		Student Status End Date	
		Disabled	<input type="checkbox"/>

Allow 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 Identifiers for this dependent.



Step 4: Medical – Add Dependents



Your coverage will automatically update based on the relationship type of the dependents entered in the previous step.

Review the enrolled dependents here and click **Save**.

← Medical - Aetna HMO

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

Coverage **Employee + Spouse**

Plan cost per paycheck \$10.00

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>		Spouse	05/01/1972

Save **Cancel**

Your coverage will automatically update based on the dependents you entered in the previous step.

Step 5: Open Enrollment Health & Welfare Benefits

You will be returned to the enrollment home page. Follow the steps outlined on slides 4 - 11 to enroll or make changes in the dental and vision plans.

Open Enrollment - Health & Welfare Benefits

Health Care

 Medical	 Dental
Cost per paycheck: \$86.04	Cost per paycheck: \$10.87
Coverage: Employee Only	Coverage: Employee Only
Manage	Manage

 Vision VSP VIS	 Decline Medical Waived
Cost per paycheck: Included	
Coverage: Employee Only	
Manage	Enroll

Step 6: Basic Life and AD&D Insurance



Click [Manage](#) on the **Basic Employee Life Insurance**, and **Basic AD&D** plans to review and update your beneficiaries.

- Basic Employee Life and AD&D insurance is provided by Green Dot at NO cost to you.

Insurance

 Basic Employee Life Lincoln Financial Group (Employee)	 Basic Accidental Death and Dismemberment (AD&D) Lincoln Financial Group (Employee)	 Voluntary Employee Life Lincoln Financial Group (Employee)
Cost per paycheck Included	Cost per paycheck Included	Cost per paycheck \$13.05
Coverage 1 X Salary	Coverage 1 X Salary	Coverage \$150,000
Manage	Manage	Manage
 Voluntary Accidental Death and Dismemberment (AD&D) Lincoln Financial Group (Employee)	 Short Term Disability (STD) Lincoln Financial Group (Employee)	 Long Term Disability (LTD) Lincoln Financial Group (Employee)
Cost per paycheck \$1.27	Cost per paycheck Included	Cost per paycheck Included
Coverage 1 X Salary	Coverage 60% of Salary	Coverage 60% of Salary
Manage	Manage	Manage

Step 6: Basic Employee Life Insurance



There is no action needed on this screen.
Click **Confirm and Continue**.

Basic Employee Life

Plans Available

1 item

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Lincoln Financial Group (Employee)	Included	\$1.59

Confirm and Continue

Cancel

Insurance Information

General Instructions

The amount of Voluntary Life called Evidence of Insurability **period only**, you have an opportunity amounts shown below, with

If you elect Voluntary Coverage process. If an EOI is required Enrollment elections. If you do without an EOI. For details at [Voluntary Life Insurance doc](#)

Helpful Tips

Employees **must** elect employer coverage. Please click **More**

- Employee Voluntary to exceed \$500,000.

Step 6: Basic Employee Life Insurance



Next, you may designate Primary and Secondary Beneficiaries. Review the help text on the screen for information on Primary and Secondary beneficiaries

Basic Employee Life - Lincoln Financial Group (Employee)

Coverage

Coverage 1 X Salary
Calculated Coverage \$90,875.00
Plan cost per paycheck Included

Dependents

0 items

Select	Dependent	Relationship	Date of Birth	Provider ID
No Data				

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
<input type="text"/>	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Insurance Instructions

Provider Website [Lincoln Financial Group](#)

General Instructions

The amount of Voluntary Life Insurance you can elect is based on your salary. During this open enrollment without being required to provide EOI.

If you elect Voluntary Coverage above the Guaranteed Issue Limit, you will receive a letter in your Open Enrollment details about maximum coverage allowances with

Helpful Tips

Employees **must** elect employee Voluntary Life Insurance to elect coverage.

- Employee Voluntary Life Insurance: You may elect up to 100% of your salary.
 - Guaranteed issue limit (Employee): \$10,000 benefit.
- Spouse Voluntary Life Insurance: You may elect up to 100% of your salary.
 - Guaranteed issue limit (Spouse): \$10,000 benefit.
- Child Voluntary Life Insurance: Children 18 and under may elect up to \$10,000 benefit.

If you have any questions:

- CA Employees please email hr@greendot.com
- TN Employees, please email tn.benefits@greendot.com

Click [Confirm and Continue](#) to move to the next page.

Beneficiary Designation

Please review and update your beneficiary(ies) as your life insurance policy. Each plan shown must have beneficiary information.

Helpful Tips

A **Primary Beneficiary** is the first person who you name on your life insurance policy.

You may have one Primary Beneficiary that receives the death benefit.

OR

Step 7: Life Insurance - Beneficiaries



Click “+” to add a beneficiary. You may add multiple beneficiaries by clicking “+”. Please ensure that the percentage of the benefit totals 100%.

Click **Confirm and Continue**.

Basic Employee Life - Lincoln Financial Group (Employee)

Coverage

Coverage 1 X Salary
Calculated Coverage
Plan cost per paycheck Included

Dependents

0 items

Select	Dependent	Relationship	Date of Birth	Provider ID
No Data				

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
<input type="text"/>	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save Cancel

Insurance Instructions

Provider Website [Lincoln Financial Group](#)

General Instructions

The amount of Voluntary Life insurance you can elect is based on your salary. **During this open enrollment** without being required to provide EOI.

If you elect Voluntary Coverage above the Guaranteed Issue Limit, you must complete and submit your Open Enrollment Form to elect coverage.

Helpful Tips

Employees **must** elect employee Voluntary Life Insurance to elect coverage.

- Employee Voluntary Life Insurance: You may elect up to 100% of your salary.
- Spouse Voluntary Life Insurance: You may elect up to 100% of your salary.
- Child Voluntary Life Insurance: Children 18 and under may elect up to \$10,000 benefit.

If you have any questions:

- CA Employees please email hr@greendot.com
- TN Employees, please email tn_benefits@greendot.com

Click **Confirm and Continue** to move to the next page.

Beneficiary Designation

Please review and update your beneficiary(ies) as soon as possible. Each plan shown must have beneficiary information.

Helpful Tips

A **Primary Beneficiary** is the first person who you name on your life insurance policy.

You may have one Primary Beneficiary that receives the benefit.

OR

Step 7: Life Insurance - Beneficiaries



After clicking “+”, please select the applicable option from the drop down menu.

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 2 items

	Beneficiary	Percentage
	<div style="border: 1px solid blue; padding: 2px;"><input type="text" value="Search"/></div>	<input type="text" value="0"/>
	Existing Beneficiary Persons >	<input type="text" value="100"/>
	Existing Trusts >	
	Add New Beneficiary or Trust	

Secondary Beneficiaries 0 items

	Beneficiary	Percentage
No Data		

Step 7: Life Insurance - Beneficiaries



Select the button to Add a New Beneficiary or to Add a New Trust.

Click **Continue**.

A screenshot of a web form titled "Insurance Instructions" with a sub-header "Add New Beneficiary or Trust". Below the sub-header is a button labeled "Actions". The main text explains that a beneficiary is the person or entity named in a life insurance policy to receive the benefit, and a trust is an arrangement for a third party to hold assets on behalf of beneficiaries. It then asks, "Would you like to add a new beneficiary or trust?". There are two radio button options: "Add New Beneficiary" (which is selected) and "Add New Trust". At the bottom of the form are two buttons: "Continue" (orange) and "Cancel" (grey). A green arrow points from the left side of the page to the "Continue" button. At the bottom of the screenshot, there is a small note: "each beneficiary." and another note: "Spouse Voluntary Life Insurance: You may elect up to half of the emp".

Step 7: Life Insurance - Beneficiaries



Enter the information in all required fields (*) for your beneficiaries.

Use the scroll bar to scroll down to enter the remaining fields.

Click Contact Information to enter the address, phone, and email information for your beneficiary.

Click **OK** to continue with your enrollment.

Add New Beneficiary or Trust

[Actions](#)

Relationship *

Use as Beneficiary

Date of Birth

Age (empty)

Gender

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

Legal Name **Contact Information** National IDs Additional Government IDs

Country *

Prefix

First Name *

Middle Name

OK Cancel

Enter Contact Information by clicking here.

Step 7: Life Insurance - Beneficiaries



Click “Add” to open the fields under Phone and Address.

Enter the information in all required fields (*) in each section for your beneficiaries.

Click **OK** to continue with your enrollment.

Legal Name **Contact Information** National IDs Additional Government IDs

Phone

Add

Address

Add

Email

Add

Instant Messenger

Add

Web Address

Add

OK Cancel

A green arrow points from the left side of the page towards the orange 'OK' button at the bottom of the form.

Step 7: Life Insurance - Beneficiaries



Enter the percentage of the benefit for each beneficiary. The percentages should total 100% for your Primary Beneficiaries and separately total 100% for Secondary Beneficiaries.

Click **Save** to continue with your enrollment.

Basic Employee Life - Lincoln Financial Group (Employee)

Coverage

Coverage 1 X Salary
Calculated Coverage
Plan cost per paycheck Included

Dependents

0 items

Select	Dependent	Relationship	Date of Birth	Provider ID
No Data				

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 2 items

Beneficiary	Percentage
<input type="text" value="test Child"/>	<input type="text" value="30"/>
<input type="text" value="L"/>	<input type="text" value="70"/>

Save

Insur

Provider Websit

General I

The amount of insurance comp without being re

If you elect Volt Inbox after you details about m

Helpful Tips
Employees **must** to elect coverag

- Employ
- Spouse
- Child Vc \$10,000

If you have any

- CA Emp
- TN Emp

Click **Confirm**

Beneficia

Please review a Each plan show

Step 8: Voluntary Employee Life Insurance



Click [Manage](#) or [Enroll](#) on the **Voluntary Employee Life Insurance**, and **Voluntary AD&D** plans to elect and designate your beneficiaries.

- You may elect optional Voluntary Employee Life insurance. ****Please see the Helpful Tips on the enrollment screen for important information on the Guaranteed Issue provision for the 2021-2022 Open Enrollment.****
- You may elect child and spouse life insurance ONLY if you elect Voluntary Employee life insurance.

Insurance

 Basic Employee Life Lincoln Financial Group (Employee)	 Basic Accidental Death and Dismemberment (AD&D) Lincoln Financial Group (Employee)	 Voluntary Employee Life Lincoln Financial Group (Employee)
Cost per paycheck Included	Cost per paycheck Included	Cost per paycheck Included
Coverage 1 X Salary	Coverage 1 X Salary	Coverage 1 X Salary
Manage	Manage	Manage
 Voluntary Accidental Death and Dismemberment (AD&D) Lincoln Financial Group (Employee)	 Short Term Disability (STD) Lincoln Financial Group (Employee)	 Long Term Disability (LTD) Lincoln Financial Group (Employee)
Cost per paycheck \$1.27	Cost per paycheck Included	Cost per paycheck Included
Coverage 1 X Salary	Coverage 60% of Salary	Coverage 60% of Salary
Manage	Manage	Manage
 Voluntary Child Life Waived	 Voluntary Spouse Life Waived	
Enroll	Enroll	

Step 8: Voluntary Employee Life Insurance



Click “Select” to enroll in Voluntary Employee Life Insurance.
Click **Confirm and Continue** to proceed to the next page of the enrollment.

Voluntary Employee Life

Plans Available

Select a plan or Waive to opt out of Voluntary Employee Life.

1 item



*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Lincoln Financial Group (Employee)	\$13.05	

Insurance In

Important Informa

When you select Voluntary En
Financial Group (Spouse). If
Financial Group (Child), Volun
The maximum coverage amo

General Instructio

The amount of Voluntary Life
insurance company. **During t**
without being required to prov

If you elect Voluntary Coverag
inbox after you complete and
details about maximum cover

Helpful Tips

Employees **must** elect emplo
or to elect coverage.

- Employee Voluntary L
 - Guaranteed
- Spouse Voluntary Life
 - Guaranteed
- Child Voluntary Life In
\$10,000 benefit.

If you have any questions:

- CA Employees please
- TN Employees, please

Click [Confirm and Continue](#)

Confirm and Continue Cancel

Step 8: Voluntary Employee Life Insurance



Review the **Helpful Tips** for important information on the Guaranteed Issue provision for the 2021-2022 Open Enrollment.

Select the Coverage Amount for the Voluntary Employee Life Insurance plan.

Voluntary Employee Life - Lincoln Financial Group (Employee)

Coverage

Coverage *

Calculated Coverage \$150,000.00

Plan cost per paycheck \$13.05

Select your coverage amount



Review the Helpful Tips



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
<input type="text" value="x"/>	<input type="text" value="100"/>

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Insurance Instructions

Provider Website [Lincoln Financial Group](#)

General Instructions

The amount of Voluntary Life insurance you can elect for your insurance company. **During this open enrollment period only**, you without being required to provide EOI.

If you elect Voluntary Coverage above the Guaranteed Issue (GI) Inbox after you complete and submit your Open Enrollment elect details about maximum coverage allowances without an EOI, please

Helpful Tips

Employees **must** elect employee Voluntary Employee Life coverage to elect coverage.

- Employee Voluntary Life Insurance: You may elect up to
 - Guaranteed issue limit (Employee): \$150,000
- Spouse Voluntary Life Insurance: You may elect up to ha
 - Guaranteed issue limit (Spouse): \$20,000
- Child Voluntary Life Insurance: Children 15 days up to 6 [\\$10,000 benefit](#).

If you have any questions:

- CA Employees please email hr@greendot.org or call 323-
- TN Employees, please email tn.benefits@greendot.org or

Click [Confirm and Continue](#) to move to the next page of your ben

Beneficiary Designation

Please review and update your beneficiary(ies) as needed on each plan. Each plan shown must have beneficiary information listed.

Step 8: Voluntary Employee Life Insurance



Enter or Update your Primary (and optional Secondary) beneficiaries.
Enter the percentage benefit for the beneficiary or beneficiaries.

Click **Save** to proceed to the next page of the enrollment.

Voluntary Employee Life - Lincoln Financial Group (Employee)

Coverage

Coverage *

Calculated Coverage \$150,000.00

Plan cost per paycheck \$13.05

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
<input type="text" value="x"/>	<input type="text" value="100"/>

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save Cancel

Add/Designate your beneficiaries

Enter the percentage benefit each beneficiary to total 100%

Insurance Instructions

Provider Website [Lincoln Financial Group](#)

General Instructions

The amount of Voluntary Life insurance you can elect for your insurance company. **During this open enrollment period only**, you without being required to provide EOI.

If you elect Voluntary Coverage above the Guaranteed Issue (GI) - Inbox after you complete and submit your Open Enrollment election details about maximum coverage allowances without an EOI, please

Helpful Tips

Employees **must** elect employee Voluntary Employee Life coverage to elect coverage.

- Employee Voluntary Life Insurance: You may elect up to
 - Guaranteed issue limit (Employee): \$150,000
- Spouse Voluntary Life Insurance: You may elect up to have
 - Guaranteed issue limit (Spouse): \$20,000
- Child Voluntary Life Insurance: Children 15 days up to 6 **\$10,000 benefit**.

If you have any questions:

- CA Employees please email hr@greendot.org or call 323-
- TN Employees, please email tn.benefits@greendot.org or

Click **Confirm and Continue** to move to the next page of your benefit

Beneficiary Designation

Please review and update your beneficiary(ies) as needed on each plan shown. Each plan shown must have beneficiary information listed.

Step 9: Voluntary Spouse and Child Life Insurance

Click [Manage](#) or [Enroll](#) on the **Voluntary Spouse Life Insurance**, and/or **Voluntary Child Life Insurance** plans to elect coverage.

You may elect child and spouse life insurance **ONLY** if you elect Voluntary Employee life insurance. ****Please see the Helpful Tips on the enrollment screen for important information on the Guaranteed Issue provision for the 2021-2022 Open Enrollment.****

Insurance

 Basic Employee Life Lincoln Financial Group (Employee) Cost per paycheck: Included Coverage: 1 X Salary Manage	 Basic Accidental Death and Dismemberment (AD&D) Lincoln Financial Group (Employee) Cost per paycheck: Included Coverage: 1 X Salary Manage	 Voluntary Employee Life Lincoln Financial Group (Employee) Cost per paycheck: \$13.05 Coverage: \$150,000 Manage
 Voluntary Accidental Death and Dismemberment (AD&D) Lincoln Financial Group (Employee) Cost per paycheck: \$1.27 Coverage: 1 X Salary Manage	 Short Term Disability (STD) Lincoln Financial Group (Employee) Cost per paycheck: Included Coverage: 60% of Salary Manage	 Long Term Disability (LTD) Lincoln Financial Group (Employee) Cost per paycheck: Included Coverage: 60% of Salary Manage
 Voluntary Child Life Waived Enroll	 Voluntary Spouse Life Waived Enroll	

Step 10: Review and Confirm Enrollment



Upon completing your life insurance elections and beneficiary designations, you will return to the overview screen.

Click **Review and Sign** to proceed to the next steps of your enrollment.

Open Enrollment - Health & Welfare Benefits

Health Care

Benefit	Cost per paycheck	Coverage	Dependents	Action
Medical	\$161.41	Employee + Spouse	1	Manage
Dental	\$10.87	Employee Only		Manage
Decline Medical Waived				Enroll

Insurance

Benefit	Action
Basic Accidental Death and Dismemberment (AD&D)	Enroll

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

Step 10: View Summary



Carefully review your benefit enrollment.

Use the interior scroll bar to view all of your selected benefits.

Use the exterior scroll bar to scroll down to the Legal Notices and Electronic Signature.

View Summary

Projected Total Cost Per Paycheck \$186.60
Projected Total Credits \$0.00

Please carefully review your benefit elections and beneficiary designations shown below. Once you have reviewed your elections, please review and acknowledge the Legal Notice.

If you have any questions:

- CA Employees please email hr@orendot.org or call 323-565-1608.
- TN Employees, please email tn_benefits@orendot.org or call 323-565-3261

****IMPORTANT****

Do not forget to check the **AGREE** button at the bottom of the page.

Finally, click **SUBMIT** to submit your open enrollment elections.

Selected Benefits 10 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	07/01/2020	07/01/2020	Employee + Spouse	test husband		\$161.41
Dental	07/01/2017	07/01/2017	Employee Only			\$10.87
Vision	07/01/2017	07/01/2017	Employee Only			Included
VSP VIS						Included
Basic Employee Life	10/01/2017	10/01/2017	1 X Salary			Included
Lincoln Financial Group (Employee)						
Basic Accidental Death and Dismemberment (AD&D)	10/01/2017	10/01/2017	1 X Salary			Included
Lincoln Financial Group (Employee)						
Voluntary Employee Life	10/01/2017	10/01/2017	\$150,000			\$13.05
Lincoln Financial Group (Employee)						
Voluntary Accidental Death and Dismemberment (AD&D)	10/01/2017	10/01/2017	1 X Salary			\$1.27
Lincoln Financial Group (Employee)						
	10/01/2017	10/01/2017	80% of Salary			Included

Submit Save for Later Cancel

Step 11: Electronic Signature and Submit



Review the Legal Notices.
Click the “I Accept” box.
Click **Submit**.

Legal Notice: Please Read

Applicant Acknowledgements and Agreements

On behalf of myself and the dependents listed, I agree to or with the following:

1. I acknowledge that by enrolling in the following plans, coverage is underwritten or administered by _____ Insurance Company (referred to as _____).
2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.
3. The plan documents will determine the rights and responsibilities of the employee and dependents and will govern in the event they conflict with any benefit comparison, summary or other description of the plan.
4. I understand and agree that, with the exception of _____ Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

DISPUTE RESOLUTION

Any controversy, dispute or claim between HMO on the one hand and one or more Interested Parties on the other hand arising out of or relating to the Group Agreement or Group Policy, whether stated in tort, contract, statute, claim for benefits, bad faith, or Association (“AAA”) before one or three arbitrators (“Arbitrator”). Judgment on the award rendered by the Arbitrator (“Award”) may be entered by any court having jurisdiction thereof. If the AAA declines to administer the case and the parties do not agree on a third party, the parties hereby give up their rights to have Claims decided in a court before a jury.

Any Claim alleging wrongful acts or omissions of Participating or non-participating Providers shall not include HMO. A Member must exhaust all Complaint, Appeal and independent external review procedures prior to the commencement of an arbitration hearing beyond payment of or coverage for the benefit or coverage where (i) HMO has made available independent external review and (ii) HMO has followed the reviewer’s decision. Punitive damages may not be recovered as part of a Claim under any circumstances related to the Group Agreement or Group Policy. This agreement to arbitrate shall be specifically enforced even if a party to the arbitration is also a party to another proceeding with a third party arising out of the same matter.

Legal Notice: Please Read

Applicant Acknowledgements and Agreements

On behalf of myself and the dependents listed, I agree to or with the following:

1. I acknowledge that by enrolling in the following plans, coverage is underwritten or administered by the following entities (collectively referred to as “Aetna”): _____
2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.
3. The plan documents (Schedule of Benefits, Group Agreement, Evidence of Coverage, amendments, riders or endorsements) will determine the rights and responsibilities of the employee and dependents and will govern in the event they conflict with any benefit comparison, summary or other description of the plan.
4. I understand and agree that, with the exception of _____, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. Notice of the change shall be provided in accordance with applicable state law.
5. I understand and agree that, with certain exceptions described in the plan documents, DMO plans only provide coverage for referred benefits, and that, in order to be covered, services must be performed either by a participating primary care dentist or by a participating specialist dentist.

I Accept

Submit

Save for Later

Cancel

Step 11: Submitted



Click **View 2021 Benefits Statement**.

Submitted

Success, You're Enrolled

You have successfully completed your 2021 Open Enrollment.

****SCROLL DOWN****

Click [View 2021 Benefits Statement](#) to generate a downloadable PDF summary of your enrollment. Click Print to download your summary to save on your computer.

****IMPORTANT****

Save a copy of your enrollment summary. This document serves as verification of your open enrollment elections. You will be required to produce this document as proof of your elections in the event of a discrepancy.

After you have submitted your open enrollment elections, you can view or continue to make changes through May 25. Please review these [instructions](#) for details on how to view your Open Enrollment elections or to make changes after you have submitted your elections.

If you have any questions:

- CA/NA/UPAS Employees: please email hr@greendot.org or call 323-565-1608
- TN Employees: please email tn.benefits@greendot.org or call 323-565-3261

Important Dates:

Benefits go into effect 07/01/2021

Final day to update benefits 05/31/2021

[View 2021 Benefits Statement](#)



Step 12: Print Confirmation Statement



Click Print to download and print confirmation statement and keep for your records. This document will serve as verification of your open enrollment elections.

Submit Elections Confirmation Open Enrollment - Health & Welfare Benefits for

Initiated On	05/08/2021	
Submit Elections By	05/31/2021	Total Employee Cost/Credit \$112.18 Semi-monthly Cost
Event Date	07/01/2021	

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

You have successfully completed your 2021 Open Enrollment.

****SCROLL DOWN****

Click [View 2021 Benefits Statement](#) to generate a downloadable PDF summary of your enrollment. Click Print to download your summary to save on your computer.

****IMPORTANT****

Save a copy of your enrollment summary. This document serves as verification of your open enrollment elections. You will be required to produce this document as proof of your elections in the event of a discrepancy.

After you have submitted your open enrollment elections, you can view or continue to make changes through May 25. Please review these [instructions](#) for details on how to view your Open Enrollment elections or to make changes after you have submitted your elections.

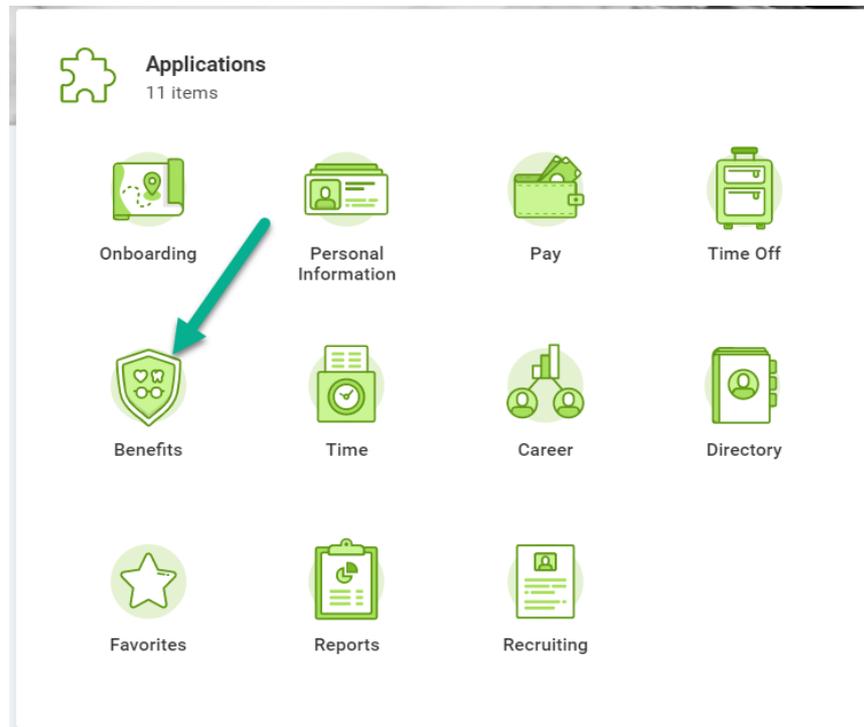
If you have any questions:

- CA/NA/UPAS Employees: please email hr@greendot.org or call 323-565-1608
- TN Employees: please email tn.benefits@greendot.org or call 323-565-3261

Making changes to Open Enrollment Elections



Employees may make changes to their open enrollment elections until the close of the enrollment period. To make changes to your elections after submitting, navigate to the Benefits Worklet in Workday.



Step 1: Making changes to Open Enrollment Elections



Click on “Change Open Enrollment.”

The screenshot displays a user interface with three main sections. The top section is divided into two columns: 'Change' and 'View'. The 'Change' column contains two buttons: 'Benefits' and 'Beneficiaries'. The 'View' column contains two buttons: 'Benefit Elections' and 'Benefit Elections as of Date'. Below these columns is a section titled 'Current Cost' which shows the value '259.57'. At the bottom of this section is a large, rounded button labeled 'Change Open Enrollment', which is highlighted with a green arrow pointing to it from the upper right.

Step 2: Making changes to Open Enrollment Elections



Click on **Let's Get Started** to return to the to the first page of your Open Enrollment task.

Change Open Enrollment

Open Enrollment - Health & Welfare Benefits 05/08/2021-05/31/2021

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

Let's Get Started ←

COMPLETE!