

Welcome to your New Hire Enrollment!

**Please follow this step-by-step guide to
complete your Enrollment Event.**



Enrollment Instructions

**For Health & Welfare Benefits effective the first of the month following your date of hire
through June 30 of the following year.**

Step 1: Workday Home Page



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

Let's Focus on You

Awaiting Your Action



Benefit Change - New Hire / Rehire : |


My Tasks - 4 day(s) ago

DUE 07/05/2025

Step 2: Workday Inbox



Select the **Benefit Change - New Hire/Rehire** 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 this icon 

A screenshot of the Workday inbox interface. On the left, under 'All Items' (9 items), there is a search bar and a list of tasks. The first task is 'Benefit Change - New Hire / Rehire : 07/01/2025' with a due date of 07/05/2025 and an effective date of 07/01/2025. On the right, the details for this task are shown: 'Change Benefit Elections', 'Initiated On 07/03/2025', and 'Submit Elections By 07/30/2025'. At the bottom of the details section is a blue button labeled 'Let's Get Started', which is pointed to by a red arrow. The top of the details section shows icons for star, settings, and full screen, along with the dates 'Created: 07/03/2025 | Due: 07/05/2025 | Effective: 07/01/2025'.

Step 3: Open Enrollment Health Care and Accounts



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

*Note: If you are waiving Medical, you must **Enroll** in **Decline Medical***

New Hire / Rehire

Projected Total Cost Per Paycheck
\$0.00

Health Care and Accounts

Medical
Anthem HMO Vivity - CA

Cost per paycheck Included
Coverage Employee Only

[Manage](#)

Dental
Anthem DHMO

Cost per paycheck Included
Coverage Employee Only

[Manage](#)

Vision
Anthem VIS

Cost per paycheck Included
Coverage Employee Only

[Manage](#)

Decline Medical
Waived

[Enroll](#)

Healthcare FSA
Waived

[Enroll](#)

Dependent Care FSA
Waived

[Enroll](#)

[Review and Sign](#)

[Save for Later](#)

Step 3: Medical



Click [Enroll](#) or [Manage](#) to review the Medical Worklet. Review the Enrollment Instructions and Helpful Tips on each page of the enrollment process.

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

Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
Anthem EPO (Low) - CA	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$133.11	\$494.44
Anthem HMO Traditional - CA	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$54.86	\$399.41
Anthem HMO Vivity - CA	<input checked="" type="radio"/> Select <input type="radio"/> Waive	Included	\$301.07
Anthem PPO (High) - CA	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$299.79	\$576.02
Kaiser	<input type="radio"/> Select	\$54.86	\$316.90

Health Care Instructions

Important Information

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

General Instructions

Welcome to your New Hire Benefits Elections.

Your elections must be submitted within 30 days of your hire date.

New Hire enrollment is your opportunity to elect medical, dental, vision, Healthcare and Dependent Care flexible spending accounts ("FSA"), and voluntary life insurance benefits offered by Green Dot Public Schools. Please click [here](#) to visit the Green Dot Benefits Website for specific information about your plan options, contribution rates, eligibility, and benefits effective dates.

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 and Required Dependent Documentation](#)) 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.

Please note, if you are adding a new dependent or have yet to submit your dependent verification documentation for any existing dependents on your plan, you MUST [attach your dependent verification documentation on the REVIEW AND SIGN page before submitting your enrollment or email \[ca.hr@greendot.org\]\(mailto:ca.hr@greendot.org\) your documents.](#)

If you are waiving medical coverage, please return to 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.

Confirm and Continue

Cancel

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

Plans Available

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

5 items

Benefit Plan	*Selection	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
	<input type="radio"/> Select <input checked="" type="radio"/> Waive		
	<input type="radio"/> Select <input checked="" type="radio"/> Waive		
	<input type="radio"/> Select <input checked="" type="radio"/> Waive		
	<input type="radio"/> Select <input checked="" type="radio"/> Waive		
	<input checked="" type="radio"/> Select <input type="radio"/> Waive		

Confirm and Continue

Cancel

Step 4: Medical – Add Dependents



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

Dependents

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

Coverage



Plan cost per paycheck

Add New Dependent



Step 4: Medical – Add Dependents



Review the instruction shown on the enrollment screen. If you would like this dependent to also be a beneficiary, check *Use as Beneficiary*. Then click **OK**.

Add My Dependent From Enrollment



Use as Beneficiary ☐

Please review required Dependent Verification Documentation

- [California](#)

To add a dependent onto coverage, follow these steps:

- 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.
- In order to add a new dependent, you must attach your dependent verification documentation on the REVIEW AND SIGN page before submitting your enrollment. Any dependents on your plan that do not have dependent verification documentation submitted via Workday or directly to the People Team by the end of Open Enrollment on May 24 will be ineligible for coverage and will not be covered for the [redacted] benefits year.

Cancel

OK

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
Country *
Prefix
First Name *
Middle Name
Last Name *
Suffix

Personal Information
Relationship *
Date of Birth *
Age (empty)
Gender *
Citizenship Status
Full-time Student ☐
Student Status Start Date
Student Status End Date
Disabled ☐

Save

Cancel

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 *	<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"/>

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

Dependents

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

Coverage

Employee + Spouse

Plan cost per paycheck \$161.41

Add New Dependent

1 item

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

Save

Cancel

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

Health Care Insurance

Plan Description Aetna HMO SBI

Provider Website Aetna.com

General Instructions

The benefits you choose during this [Annual Open Enrollment](#) website to

For technical support in making your [Instructions](#).

Please note: No employee contribution click here to view [Contribution Rates](#)

AFLAC



Open enrollment is your annual opportunity to review and select your AFLAC policies, please contact our / the [Green Dot Website AFLAC Page](#)

To elect Health Care coverage, follow

- In the *Selection column click
- Click the Confirm and Continue
- If you are covering dependent


Step 5: Open Enrollment Health & Welfare Benefits

You will be returned to the enrollment homepage. Follow the steps outlined on slides 4 - 11 to enroll or make changes in the dental, vision, healthcare FSA and dependent care FSA plans.

New Hire / Rehire

Projected Total Cost Per Paycheck
\$0.00


Health Care and Accounts

**Medical**
Anthem HMO Vivity - CA

Cost per paycheck
Included

Coverage
Employee Only


[Manage](#)

**Dental**
Anthem DHMO

Cost per paycheck
Included

Coverage
Employee Only


[Manage](#)

**Vision**
Anthem VIS


Cost per paycheck
Included

Coverage
Employee Only


[Manage](#)

**Decline Medical**
Waived

[Enroll](#)

**Healthcare FSA**
Waived

[Enroll](#)

**Dependent Care FSA**
Waived

[Enroll](#)

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









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) 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 Waived Enroll	 Voluntary Accidental Death and Dismemberment (AD&D) Waived Enroll
 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 6: Basic Employee Life Insurance



There is no action needed on this screen. Click [Confirm and Continue](#).

Basic Employee Life

Projected Total Cost Per Paycheck

Plans Available

1 item

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

Confirm and Continue

Cancel

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)

Projected Total Cost Per Paycheck

Coverage

Calculated Coverage

Coverage1 X Salary

Plan cost per paycheckIncluded

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 Beneficiaries1 item

Beneficiary	Percentage
<div><div>+</div><div></div><div>×</div><div></div><div>...</div></div>	100

Secondary Beneficiaries0 items

Beneficiary	Percentage
No Data	

Save

Cancel

Insurance Instructions

Provider WebsiteLincoln Financial Group

General Instructions

The amount of Voluntary Life insurance you can elect for yourself, and your spouse is subject to proof of good health (also called Evidence of Insurability or EOI) and must be approved by the insurance company. If you elect Voluntary Coverage above \$150,000, you will be required to complete an EOI. Additionally, an increase in your current level of **Employee Life coverage**, in increments of more than \$10,000, will require an EOI. If an EOI is required, instructions will be sent to your Workday Inbox after you complete and submit your Open Enrollment elections. If you fail to submit your EOI, or are denied, you will be covered at the maximum coverage allowed without an EOI. For details about maximum coverage allowances without an EOI, please review the [Lincoln Financial Group Voluntary Life Insurance](#) document.

Helpful Tips

Employees **must** elect employee Voluntary Employee Life coverage in order to be eligible to elect spouse and/or child coverage. Please click **Manage** or **Enroll** on each plan to make changes or to elect coverage.

- Employee Voluntary Life Insurance: You may elect up to 5 times your annual salary in units of \$10,000 **not to exceed** \$500,000.
- Spouse Voluntary Life Insurance: You may elect coverage in \$5,000 increments and the Guarantee Issue amount is \$20,000. You may elect up to half of the employee voluntary life insurance amount not to exceed \$250,000.
- Child Voluntary Life Insurance: Children 15 days up to 6 months of age can be covered for a **\$1,000 benefit**. Children 6 months or older up to age 26 can be covered for a **\$10,000 benefit**.

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%**.

Basic Employee Life - Lincoln Financial Group (Employee)

Projected Total Cost Per Paycheck

Coverage

Calculated Coverage

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 1 item

Beneficiary	Percentage
<div><div>+</div><div>×</div><div></div><div>...</div></div>	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Insurance Instructions

Provider Website [Lincoln Financial Group](#)

General Instructions

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Helpful Tips

Employees **must** elect employee Voluntary Employee Life coverage in order to be eligible to elect spouse and/or child coverage. Please click **Manage** or **Enroll** on each plan to make changes or to elect coverage.

- **Employee Voluntary Life Insurance:** You may elect up to 5 times your annual salary in units of \$10,000 **not to exceed \$500,000**.
- **Spouse Voluntary Life Insurance:** You may elect coverage in \$5,000 increments and the Guarantee Issue amount is \$20,000. You may elect up to half of the employee voluntary life insurance amount not to exceed \$250,000.
- **Child Voluntary Life Insurance:** Children 15 days up to 6 months of age can be covered for a **\$1,000 benefit**. Children 6 months or older up to age 26 can be covered for a **\$10,000 benefit**.

Save

Cancel

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.

The screenshot shows a user interface for managing beneficiaries. On the left, there is a table with two rows. The first row is for a 'Primary Beneficiary' and has a '+' button in its first column. The second row is for an additional beneficiary and has a '-' button in its first column. A red arrow points from the '+' button to a dropdown menu that is open. The dropdown menu contains four options: 'Existing Beneficiary Persons', 'Existing Trusts', 'Add New Beneficiary or Trust', and 'Search'. To the right of the dropdown menu, there is a table with a header row labeled 'Percentage' and a data row with a text input field containing the number '0'. In the top right corner of the interface, there are three icons: a list icon, a table icon, and a window icon.

Primary Beneficiary		Percentage
+	<div>Existing Beneficiary Persons Existing Trusts Add New Beneficiary or Trust Search</div>	<input type="text" value="0"/>

Step 7: Life Insurance - Beneficiaries



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

Click [Continue](#).

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

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

Gender

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

Allow Duplicate Name ☐

Enter Contact
Information by
clicking here.

Legal Name Contact Information National IDs Additional Government IDs

Country *

Prefix

First Name *

Middle Name

OK

Cancel

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.

The form is titled 'Contact Information' and is part of a larger enrollment process. It contains five sections, each with an 'Add' button:

- Phone**: Add
- Address**: Add
- Email**: Add
- Instant Messenger**: Add
- Web Address**: Add

At the bottom of the form, there are two buttons: **OK** (orange) and **Cancel** (gray). A green arrow points to the **OK** button.

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
test Child	30
L	70

Save

Cancel

Insurance

Provider Website

General Information

The amount of insurance coverage without being re

If you elect Vol. Inbox after you details about m

Helpful Tips
Employees must to elect coverage

• Employee

• Spouse

• Child Vc

\$10,000

If you have any

• CA Emp

• TN Emp

Click [Confirm](#)

Beneficiary

Please review & Each plan election









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****
- You may elect child and spouse life insurance ONLY if you elect Voluntary Employee life insurance.

Insurance

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

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

Projected Total Cost Per Paycheck
\$160.67

Plans Available

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

1 item

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

Confirm and Continue

Cancel

Step 8: Voluntary Employee Life Insurance



- Review the **Helpful Tips** for important information on the Guaranteed Issue provision for the Open Enrollment.
- Select the Coverage Amount for the Voluntary Employee Life Insurance plan.

Voluntary Employee Life - Lincoln Financial Group (Employee)

Projected Total Cost Per Paycheck

Coverage

Your guaranteed coverage amount for Voluntary Employee Life - Lincoln Financial Group (Employee) is \$10,000. Submit your Evidence of Insurability to Lincoln

Calculated Coverage \$150,000.00

Coverage *

Plan cost per paycheck

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
-------------	------------

[Save](#) [Cancel](#)

Select your coverage amount

Review the Helpful Tips

Insurance In

[Provider Website](#)

General Instructio

The amount of Volunte
Evidence of Insurabilit
you will be required to
more than \$10,000, wil
submit your Open Enrc
allowed without an EO
[Group Voluntary Life Ir](#)

Helpful Tips

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)

Projected Total Cost Per Paycheck

Coverage

Your guaranteed coverage amount for Voluntary Employee Life - Lincoln Financial Group (Employee) is \$10,000. Submit your Evidence of Insurability to Lincoln Financial Group.

Calculated Coverage \$150,000.00

Coverage

Plan cost per paycheck

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"/>	<input type="text" value="0"/>

Secondary Beneficiaries 1 item

Beneficiary	Percentage
<input type="text"/>	<input type="text" value="0"/>

Enter the percentage benefit of each beneficiary to total 100%

Add/Designate your beneficiaries

Insurance Instructions

Provider Website [Lincoln Financial Group](#)

General Instructions

The amount of Voluntary Life Insurance you will be required to complete more than \$10,000, will require submit your Open Enrollment Evidence of Insurability (EOI). For details, click [Group Voluntary Life Insurance](#).

Helpful Tips

Employees **must** elect employee Voluntary Life Insurance. Please click **Manage** or **Enroll**.









- Employee Voluntary Life Insurance up to \$500,000.
- Spouse Voluntary Life Insurance up to \$500,000.

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.****

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 Enroll	 Voluntary Accidental Death and Dismemberment (AD&D) Enroll
 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 Enroll	 Voluntary Spouse Life 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.

The screenshot shows a web interface for a 'New Hire / Rehire' enrollment. At the top, a green header bar contains the text 'New Hire / Rehire'. Below this, it states 'Projected Total Cost Per Paycheck \$0.00'. The main section is titled 'Health Care and Accounts'. It contains two side-by-side cards for 'Medical' insurance, both showing 'Anthem HMO Vivity - CA'. The left card lists 'Cost per paycheck' as 'Included' and 'Coverage' as 'Employee Only', with a 'Manage' link below. The right card is partially visible. Below these is a card for 'Dependent Care FSA' which is 'Waived'. At the bottom, there are two buttons: a blue 'Review and Sign' button and a grey 'Save for Later' button. A red arrow points from the top right towards the 'Review and Sign' button.

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.
- **If you elected Decline Medical**, you will receive a Waive Attestation Form task in your Workday Inbox to complete. This task must be completed by the end of your 30 day window in order to receive your decline medical incentive for the upcoming benefits year.
- **If you added a new dependent** or have yet to submit your [dependent verification documentation](#) for any existing dependents on your plan, you must attach your dependent verification documentation in the attachments section of this page before submitting your enrollment. You can upload more than one document. Any dependents on your plan that do not have dependent verification documentation submitted via Workday or directly to HR by the end of your 30 day window will be ineligible for coverage and will not be covered for the upcoming benefits year.
- **If you elected Voluntary Life Insurance above the guaranteed amount**, you must visit the [Lincoln Financial Portal](#) and submit an EOI Online. You will be provided life insurance at the guaranteed amount until your EOI is approved.

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

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)						

Attachments

Drop files here

or

Select files

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 _____, all participating providers and vendors are independent contractors and are neither agents nor employees of _____.

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 otherwise, shall be referred to and decided by 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 an alternative dispute resolution method, 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 _____.
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 Benefits Statement**.

Submitted

You've submitted your elections.

You have successfully completed your Annual Open Enrollment.

****STOP - ADDITIONAL TASKS MAY BE REQUIRED IF** - Note: Your elections will NOT be complete**

- If you elected Decline Medical, you are pending an additional step - you will receive a Waive Attestation Form task in your [redacted] benefits year.
- If you added a new dependent or have yet to submit your dependent verification documentation for any existing dependents, you must update your Open Enrollment. Any dependents on your plan that do not have dependent verification submitted via Workday must be updated.
- If you elected Voluntary Life Insurance above \$150,000 or more than \$10,000 above your prior elected amount,
 - You must submit the additional task in your Workday Inbox you receive immediately after submitting your open enrollment.
 - You must visit the [Lincoln Financial Portal](#), following the [EOI Submission Instructions](#), to submit your EOI Online.

****SCROLL DOWN****

Click **View [redacted] Benefits Statement** to generate a downloadable PDF summary of your enrollment. Click Print to download your summary.

****IMPORTANT****

Save a copy of your enrollment summary. This document serves as verification of your open enrollment elections. You will be required to provide this document to your employer.

After you have submitted your open enrollment elections, you can view or continue to make changes through [redacted]

If you have any questions, please contact your applicable People Team at:

- CA.HR@greendot.org, 323-565-3278

Important Dates:

Benefits go into effect [redacted]

Final day to update benefits [redacted]

View [redacted] Benefits Statement



Done

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

New Hire / Rehire for



Initiated On 07/03/2025

Submit Elections By 07/30/2025

Total Employee Cost/Credit
\$0.00 Semi-monthly Credit

Event Date 07/01/2025

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 Enrollment.

****STOP - ADDITIONAL TASKS MAY BE REQUIRED IF****

Note: Your elections will NOT be complete until the additional tasks are submitted

- If you elected Decline Medical, you are pending an additional step - you will receive a Waive Attestation Form task in your Workday Inbox to complete. This task must be completed in order to receive your decline medical incentive for this plan year. Your elections will NOT be complete until this task is completed.
- If you added any dependents to coverage, you are pending an additional step - you will receive a Dependent Verification task in your Workday Inbox to complete. This task must be completed for your dependents to be eligible for coverage. Your elections will NOT be complete until this task is completed.
- If you elected Voluntary Life Insurance above \$150,000, or Voluntary Spousal Insurance above \$20,000:
 - You must submit the additional task in your Workday Inbox you receive immediately after submitting your open enrollment
 - You must visit the [Lincoln Financial Portal](#), following the [EOI Submission Instructions](#), to submit your EOI Online. You will be provided life insurance at the guaranteed amount until your EOI is approved.

Select **PRINT** to launch a printable version of this summary for your records.

****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.

If you have any questions, please contact [ca.hi@lincolncf.com](#)

Print

Page 9 of 10



COMPLETE!