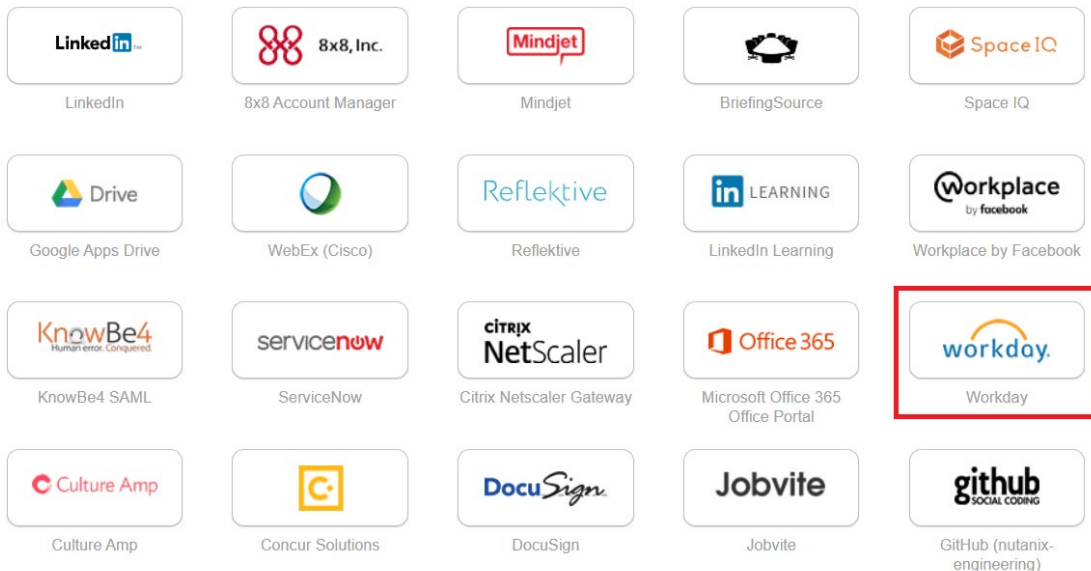




# How to add a Spouse or Domestic Partner in Workday

- You have **30 days** from the date of your Marriage or Domestic Partnership union, to enroll them in your benefits plan.
- Before you start the enrollment process, please review our offerings at [www.NutanixBenefits.com](http://www.NutanixBenefits.com).

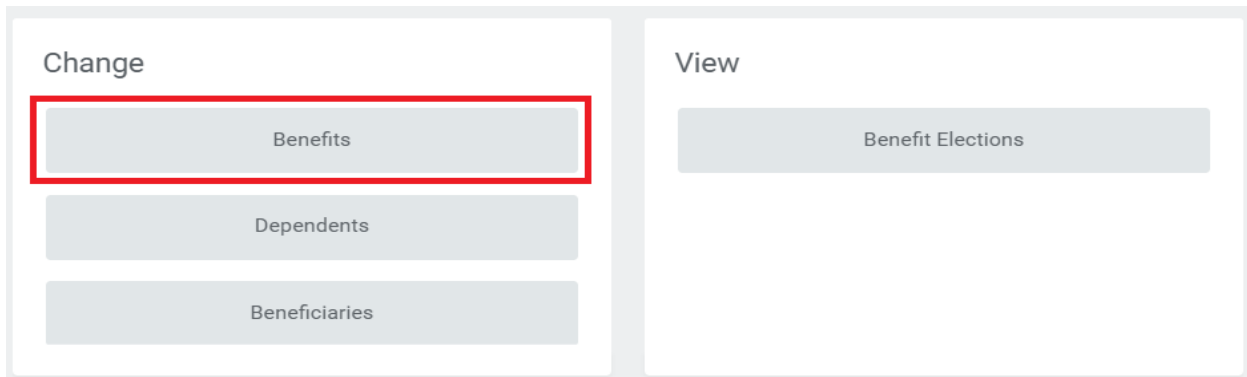
Step 1 – Log into your Workday Account via [Okta](#).



**Step 2 – On the main Workday page, click on the Benefits Icon.**



**Step 3 – Under Change, click on Benefits.**



**Step 4 – Select Marriage from the Benefit event type and enter the Event Date, which is the day you were married, or Domestic Partner union was official. Then click on submit.**

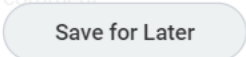
## Change Benefits Brian Jeglum ⋮

- Change Reason \*
- Beneficiary Change
  - Birth/Adoption of Child
  - Death of Dependent
  - Dependent Gains Eligibility to Outside Plans
  - Dependent Loses Eligibility to Outside Plans
  - Divorce/Dissolution of Domestic Partnership
  - Marriage

Benefit Event Date \*  

Submit Elections By (empty)

 Submit

 Save for Later

 Cancel

## Step 5 – Click on Let’s Get Started.

### Change Benefit Elections

1 hour(s) ago - Effective 09/08/2021

Initiated On 09/17/2021

Submit Elections By 10/07/2021

 Let's Get Started

## Step 6 – Update your Tobacco use Information and click on Continue.

### Update Your Information

#### Health Information

**Tobacco Use**

Question Have you used tobacco in any form in the past 12 months?

Answer \*  Yes  
 No

[Continue](#) [Cancel](#)

## Step 7 – Click on Continue.

### Information Updated


Thanks for updating your information.

Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make.

[Continue](#) [Cancel](#)

## Step 8 – Under the Medical Tile, click on Manage.

**Health Care and Accounts**

	<b>Medical</b> United Healthcare POS Select Plus (CA)
Cost (Monthly)	Included
Coverage	EE + Spouse
Dependents	1

[Manage](#)

## Step 9 – Select the medical plan you want to be enrolled in and click on Confirm and Continue.

## Plans Available

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

2 Items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser Permanente HMO NorCal	Included	\$1,336.39
<input checked="" type="radio"/> Select <input type="radio"/> Waive	United Healthcare POS Select Plus (CA)	Included	\$1,769.99

Confirm and Continue

Cancel

## Step 10 – Click on Add New Dependent.

### Dependents

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

Coverage \* EE

Plan cost (Monthly)

Add New Dependent

Save

Cancel

## Step 11 – On the pop-up window, click on OK.

## Add My Dependent From Enrollment

Use as Beneficiary

Eligible dependents of employees include:

- Your legal spouse or domestic partner.
- Your children under age 26 and/or those of a domestic partner.
- Your disabled children who meet certain criteria.

**Step 12 - Update fields with your Spouses or Domestic Partner's personal and contact information. Make sure all starred \* fields are completed.**

### Add My Dependent From Enrollment

#### Name

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

#### Personal Information

Relationship \*

Date of Birth \*

Age (empty)

Gender \*

Primary Nationality

Citizenship Status

Country of Birth

Region of Birth

City of Birth

Full-time Student

Student Status Start Date

Student Status End Date

**Under the address section, you have the choice to use your address or a separate address for your Spouse/Domestic Partner. Then click on Save.**

**Address**

Use Existing Address

Country \*

Address Line 1 \*

Address Line 2

City \*

State \*

Postal Code \*

County

**Step 13 – Confirm the dependents you want enrolled in the plan and make sure there is a check mark next to their name. Then add your Spouse’s/Domestic Partner’s Social Security Number and click on Save.**

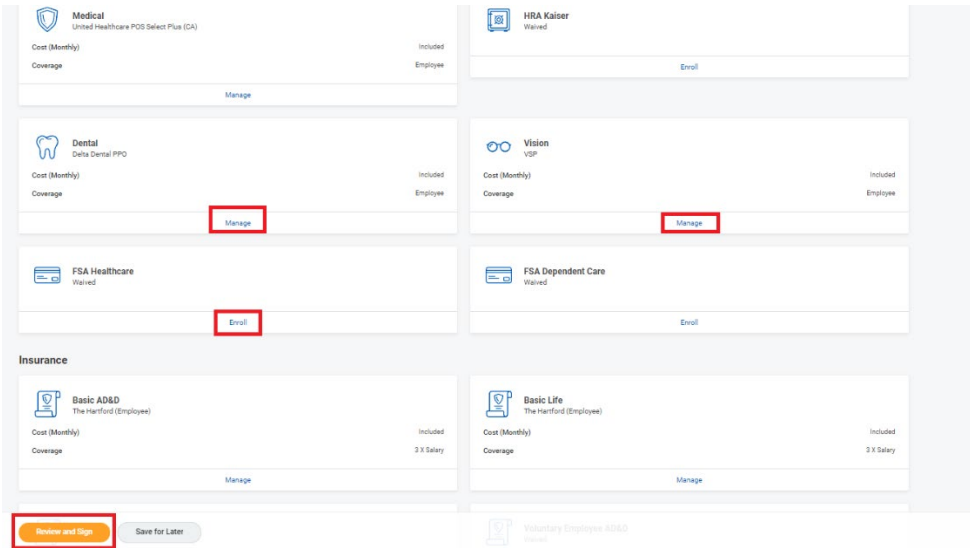
Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Marlon Montillano	Spouse	08/06/1976

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Dependent Social Security Numbers 1 item

Dependent	*Social Security Number
Carl Jeglum	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>

**Step 14 – Repeat this process for all Benefit plans you wish to enroll your spouse, via the Benefits tile. Once complete, click on Review and Sign.**



**Step 15 – The View Summary page, will give you a recap of all your elections. Scroll down to the bottom and click “I Agree” electronically signing your new elections and click on Submit.**

**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" check box, you are certifying that:

- 1. You understand that your benefit elections are legal and binding transactions.
- 2. You understand that all benefits are contingent upon your enrollment and acceptance by your Benefits representative and by your insurance carriers or benefit providers.

I Accept

enter your comment

**Submit** Save for Later Cancel