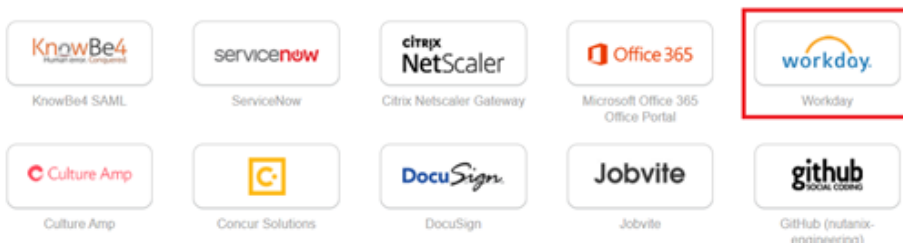


Add a New Baby or Child to Your Benefits

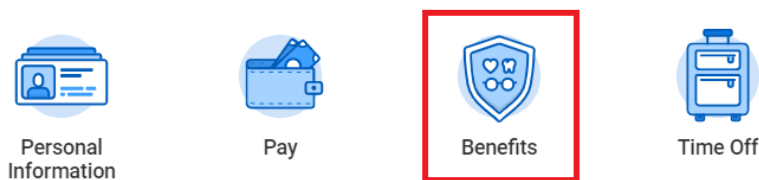
Congratulations on the addition to your family!

- You have **30 days** from the date your baby is born or date of adoption to enroll the child in health insurance.
- Before you start the enrollment process, please review the benefits offerings at www.NutanixBenefits.com.

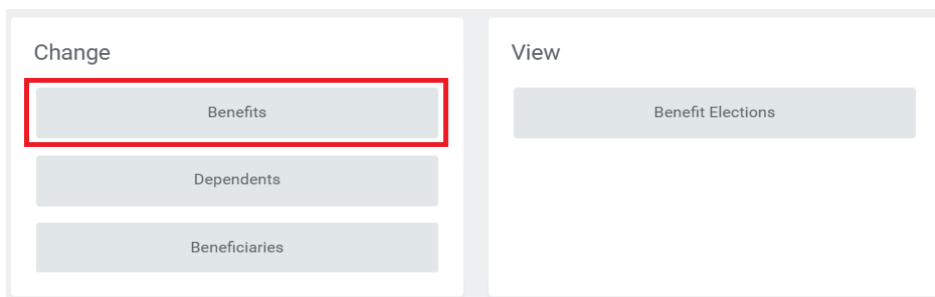
Step 1 – Log into your Workday Account (<https://nutanix.okta.com>).



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




Step 3 – Under Change, click on “Benefits”.



Step 4 – Select “Birth/Adoption of Child” from the Benefit event type and enter the “Event Date”.

Benefit Event Type * Beneficiary Change
 Birth/Adoption of Child
 Change Commuter Benefits
 Change Dependent Care FSA
 Death of Dependent
 Dependent Gains Eligibility to Outside Plans
 Dependent Loses Eligibility to Outside Plans
 Divorce/Dissolution of Domestic Partnership
 Marriage

Benefit Event Date * 

Note: The “Benefits Event Date” is the date of birth or adoption of your child.

Step 5 – Click on “Open” in the change Benefits Elections screen.

Up Next

Change Benefit Elections

> Details and Process

Step 6 – Use the drop-down under the “Enroll Dependents” column to open the Dependent Dialogue box. Click “Add My Dependent from Enrollment” if you have not previously created your child as a dependent in Workday.

Health Care Elections 4 items

Benefit Plan	*Elect / Waive		Coverage
Medical - United Healthcare POS Choice Plus (Non-CA)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<div style="border: 2px solid red; padding: 5px;"> Existing Dependents > Add My Dependent From Enrollment Search </div>	Employee
Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Dental - Delta Dental PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee
Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee

Step 7 - You will have the option of making your new child available as a life insurance beneficiary later in the enrollment process. If you would like to do so, select “Yes”.

Add My Dependent From Enrollment

Use your new dependent as a beneficiary?

Yes
 No

Step 8 – Update fields with your child’s personal and contact information. Make sure all starred “*” fields are completed.

Add My Dependent From Enrollment
 25 minute(s) ago - Effective 10/01/2019

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

Address

Use Existing Address

Country *

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Phone & Email

Country Phone Code

Phone Number

Phone Extension

Email Address

OK
Cancel

Under the address section, you have the choice to use your address or a separate address for your dependent. Please note if you select different addresses for you and your dependent, you will need to make sure to update addresses separately when there are changes.

Step 9 – Next, you will be taken back to your enrollment form. Your child is now listed in the “Enroll Dependents” column. Please make sure your child is added to each desired plan (e.g., medical, dental and vision). The coverage tier will change automatically to “EE + Family or EE + Child” based on your benefit elections.

Health Care Elections 4 Items 🏠 ↗

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)
Medical - United Healthcare POS Choice Plus (Non-CA)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input style="border: 2px solid red;" type="text" value="X Baby Test"/>	<input style="border: 2px solid red;" type="text" value="EE + Child(ren)"/>	
Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Dental - Delta Dental PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Employee	
Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Employee	

Step 10 – The following screen asks for your child’s social security number. If the child does not have a social security number yet, select “Reason ID is Not Available” and note in the box “don’t have yet”. When you receive the social security number, update it in the “Dependent Information” section found in the Benefits section in Workday.

Dependent IDs 1 item

Dependent	National ID Type Name	*Identifier ID Entered / Reason ID is Not Available
Baby Test	Social Security Number (SSN)	<input type="radio"/> Identifier ID Entered -- <input type="radio"/> Reason ID is Not Available

Step 11 – You may elect to enroll your baby in Voluntary Life Insurance and Voluntary AD&D Insurance. Under the coverage level, select the amount of insurance you would like and click on “Continue”.

Insurance Elections 8 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Er (N)
Voluntary Spouse Life - The Hartford (Spouse/Domestic Partner)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Voluntary Spouse AD&D - The Hartford (Spouse/Domestic Partner)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Voluntary Child Life - The Hartford (Child/DP Child)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="x \$20,000"/>	<input type="text" value="x Baby Test ..."/>	\$20,000.00	
Voluntary Child AD&D - The Hartford (Child/DP Child)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				

Use the pop-up menu to select your beneficiary. Select if the beneficiary is Primary or Contingent and enter a percentage. Do this for all Life Insurance and AD&D coverages you elect.

The Primary Percentage must add up to 100% (same for Contingent, if applicable) otherwise you will receive an error message. After entering, click on “Continue”.

Beneficiary Designations 2 items

Benefit Plan	Requires Beneficiary	Beneficiaries	
			*Primary Percentage / Contingent Percentage
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	+	<div style="border: 1px solid red; padding: 2px;">Beneficiary Persons ></div> <div style="border: 1px solid red; padding: 2px;">Trusts ></div> <div style="border: 1px solid red; padding: 2px;">Create ></div> <div style="border: 1px solid red; padding: 2px;">search ☰</div>
		-	<input type="radio"/> Primary Percentage <input type="text" value="0"/>
			<input type="radio"/> Contingent Percentage <input type="text" value="0"/>
Basic AD&D - The Hartford (Employee)	<input checked="" type="checkbox"/>	+	

Step 12 – Review your Elected Coverages, Waived Coverages and Beneficiary Designations. You will electronically sign by clicking the “I Agree” box and then click on **“SUBMIT”**. HR will review and approve the form. If there are any issues or questions, HR will contact you.

Elected Coverages 6 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employer Contribution (Monthly)
Medical - United Healthcare POS Choice Plus (Non-CA)	10/01/2019	10/16/2019	EE + Spouse		Test Testee		\$1,536.83
Dental - Delta Dental PPO	10/01/2019	10/16/2019	EE + Spouse		Test Testee		\$107.42
Vision - VSP	10/01/2019	10/16/2019	EE + Spouse		Test Testee		\$33.39
Basic AD&D - The Hartford (Employee)	04/09/2018	04/09/2018	3 X Salary	\$276,000.00			\$4.14
Basic Life - The Hartford (Employee)	04/09/2018	04/09/2018	3 X Salary	\$276,000.00			\$13.80
EAP - Optum	01/01/2019	01/01/2019					\$2.07
Total:							\$1,697.65

Waived Coverages

10 items



Plan Type
HRA Kaiser
Medical Opt-Out
FSA Healthcare
FSA Dependent Care
Voluntary Employee AD&D
Voluntary Spouse Life
Voluntary Spouse AD&D
Voluntary Child Life
Voluntary Child AD&D
Commuter Benefits

Beneficiary Designations

3 items

Benefit Plan	Requires Beneficiary	Beneficiaries	
		*Beneficiary	*Primary Percentage / Contingent Percentage
Voluntary Employee Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	Billy Test	<input checked="" type="radio"/> Primary Percentage 100 <input type="radio"/> Contingent Percentage
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	Billy Test	<input checked="" type="radio"/> Primary Percentage 100 <input type="radio"/> Contingent Percentage
Basic AD&D - The Hartford (Employee)	<input checked="" type="checkbox"/>	Billy Test	<input checked="" type="radio"/> Primary Percentage 100 <input type="radio"/> Contingent Percentage

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 HR representative and by your insurance carriers or benefit providers.

I Agree