

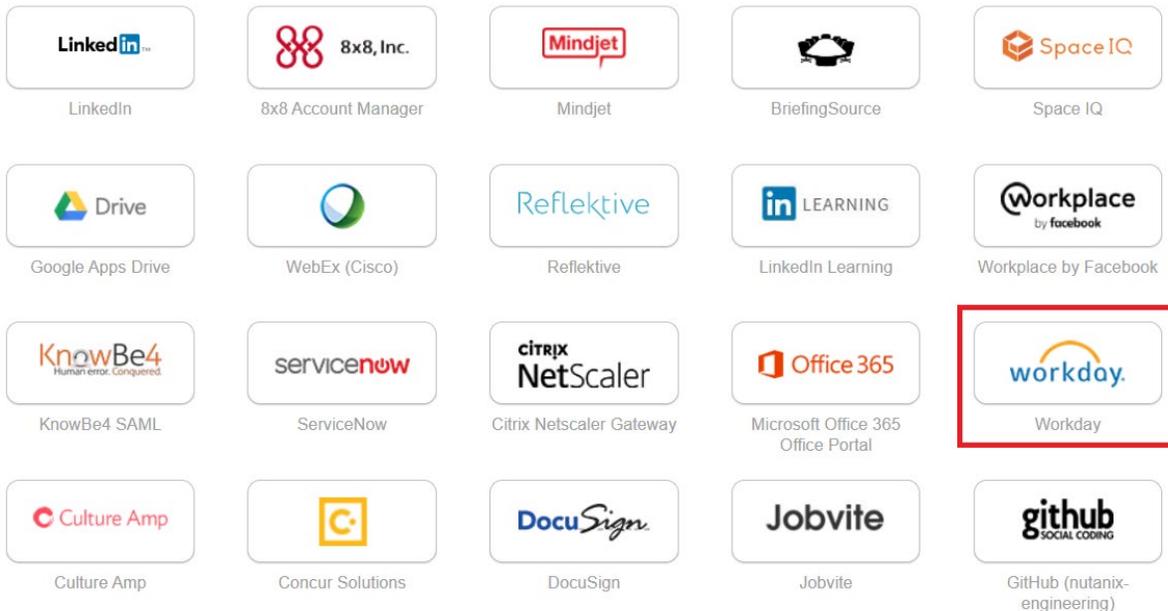


Enrolling in your New Hire Benefits in Workday

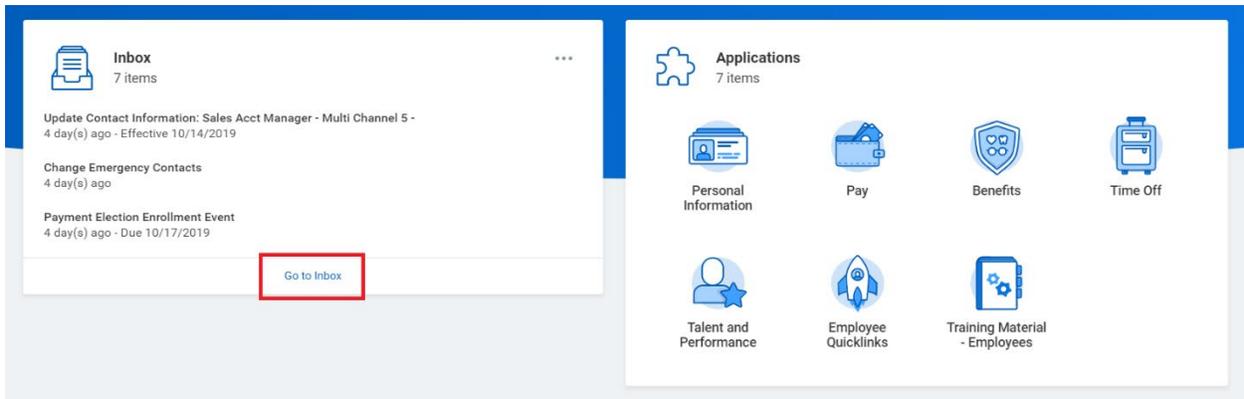
Welcome to Nutanix!

- Benefits are effective on your date of hire.
- You have **30 days** to enroll yourself and any eligible dependents.
- Before you start the enrollment process, please review our offerings at www.NutanixBenefits.com.

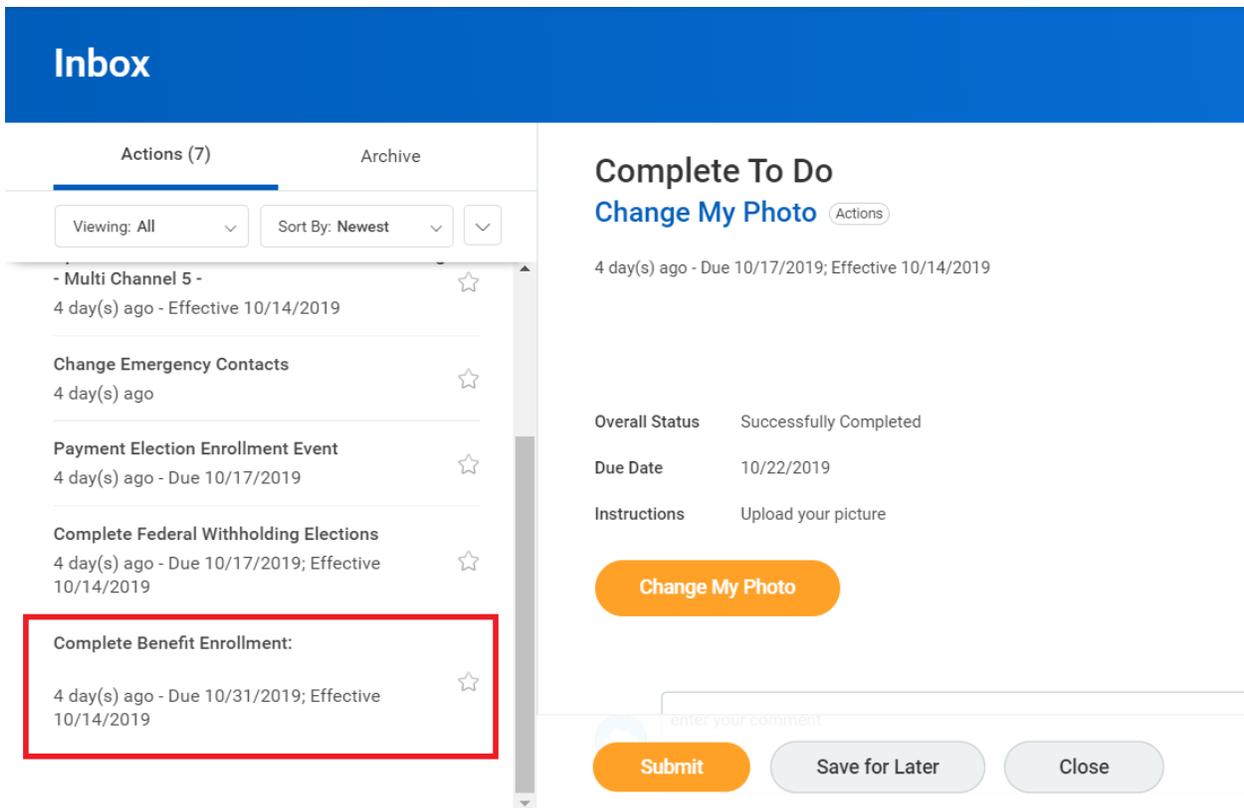
Step 1 – Log into your Workday Account via [Okta](#).



Step 2 - On the main Workday page, click on Go to Inbox.



Using the scroll bar, you want to select “New Hire Benefit Enrollment – Complete Benefit Enrollment: [Your Title – Your Name]” and Submit.



Step 3 – 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



Step 4 – 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



Step 5 – Click on Continue.

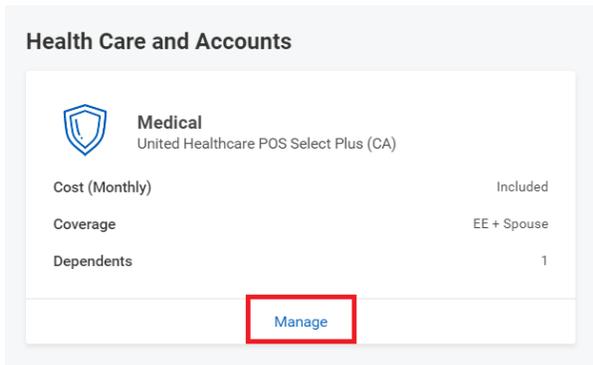
Information Updated

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.



Step 6 – Under the Medical Tile, click on Manage.



Step 7 – 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



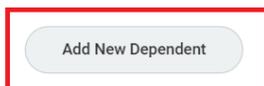
Step 8 – If you need to add a dependent, Click on Add New Dependent. If not, skip to step 13.

Dependents

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

Coverage * EE

Plan cost (Monthly)



Step 9 – 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 10 - Update fields with your dependents 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. Then click on Save.

Address

Use Existing Address

Country *

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Step 11 – Confirm the dependents you want enrolled in the plan and make sure there is a check mark next to their name. Then add their Social Security Numbers and click on Save.

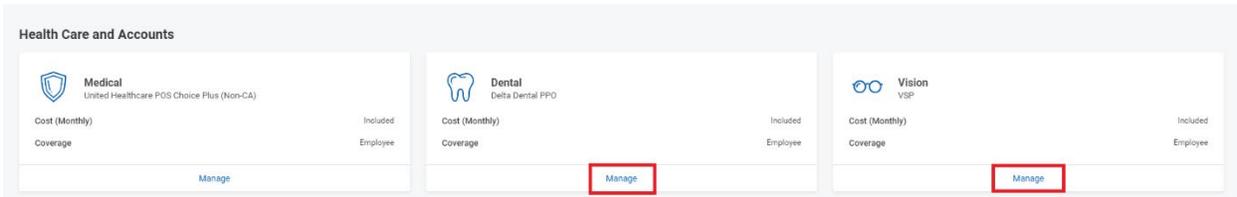
Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Marlon Montillano	Spouse	08/06/1976

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" value=".."/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>

Step 12 – Continue this process for Dental and Vision, by adding yourself and your dependents to all desired plans.

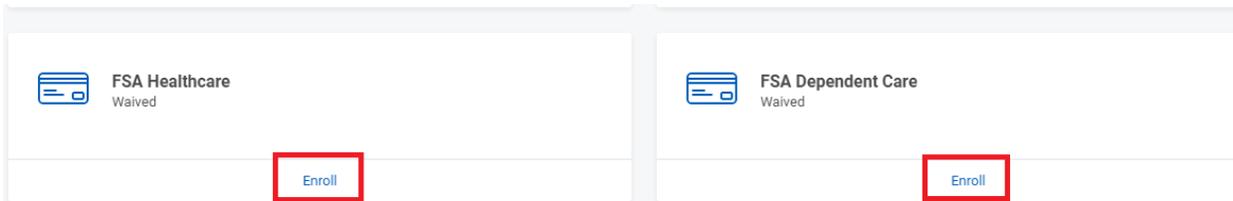


Step 13 - You may choose to enroll in FSA Dependent Care or FSA Healthcare.

HealthCare FSA - Pay for eligible healthcare expenses, such as plan deductibles, copays, coinsurance, vision and dental expenses for you and your eligible dependents.

Dependent Care FSA - Pay for eligible dependent care expenses, such as daycare for a child, that are necessary for you and/or your spouse to work, look for work or attend school full time.

Click on the manage button for the FSA plan you wish to enroll.



Step 14 – Click on Select and then confirm and continue.

FSA Healthcare

Projected Total Cost (Monthly)
\$0.00

Plans Available

Select a plan or Waive to opt out of FSA Healthcare.

1 item

*Selection	Benefit Plan	You Contribute (Monthly)	Company Contribution (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	HealthEquity		

Confirm and Continue

Cancel

Step 15 – Enter a monthly contribution amount or an annual amount. Not both. Then click on Save.

FSA Healthcare - HealthEquity

Projected Total Cost (Monthly)
\$0.00

Contribute

Your estimated contributions made this year 0.00

Contribution (Monthly)

0.00

Annual

0.00

Remaining Paychecks 0

Use Paycheck Override

Minimum Annual Amount: \$100.00

Maximum Annual Amount: \$2,750.00

Summary

Contribution (Monthly) \$0.00

Total Annual Contribution \$0.00

Save

Cancel

Step 16 - You have the option to sign up for Voluntary Life and Voluntary AD&D for yourself, spouse / domestic partner and/or children.

Select the plan you want to enroll in and click on Enroll.

 <p>Long Term Disability The Hartford (Employee)</p> <p>Cost (Monthly) Included Coverage 50% of Salary</p> <p>Manage</p>	 <p>Voluntary Employee Life Waived</p> <p>Enroll</p>	 <p>Voluntary Employee AD&D Waived</p> <p>Enroll</p>
 <p>Voluntary Spouse Life Waived</p> <p>Enroll</p>	 <p>Voluntary Spouse AD&D Waived</p> <p>Enroll</p>	 <p>Voluntary Child Life Waived</p> <p>Enroll</p>

Step 17 – Click on Select and then Confirm and Continue.

Voluntary Employee Life New Hire for Pooja Sathe ...

Projected Total Cost (Monthly)
\$0.00

Plans Available

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

1 item ☰ ☐ ↗

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)	
<input checked="" type="radio"/> Select <input type="radio"/> Waive	The Hartford (Employee)			▲ ▼

Step 18 – Click on the coverage drop down to select the policy amount. Then click on the + sign under primary beneficiaries. Click on add new beneficiary or trust.

Voluntary Employee Life - The Hartford (Employee)

Projected Total Cost (Monthly)
\$0.00

Coverage

Calculated Coverage

Coverage

Plan cost (Monthly)

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"/>	0

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

The popup that appears, you need to select if you want to add a New Beneficiary or add a New Trust. Then click on Continue.

Add New Beneficiary or Trust Pooja Sathe

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

Step 19 – Update all fields with a *. This includes, Relationship, First and Last name. The primary home address must be updated as well under the contact tab and click on OK.

Add New Beneficiary or Trust Pooja Sathe ⋮

Relationship *

Use as Beneficiary

Date of Birth

Age (empty)

Gender

Allow Duplicate Name

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

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Note the percentage amount 1 to 100% for each beneficiary and click on Save.

Step 20 – Repeat this process for all Benefit plans you wish to enroll your spouse, via the Benefit tile. Once complete, click on Review and Sign.

The screenshot displays a grid of benefit selection cards. Each card includes an icon, a title, a description, and a status. At the bottom of each card is a button: 'Manage' or 'Enroll'. The 'Review and Sign' button at the bottom left is also highlighted in red.

- Medical:** United Healthcare POS Select Plus (CA). Status: Included Employee. Button: Manage.
- Dental:** Delta Dental PPO. Status: Included Employee. Button: Manage.
- Vision:** VSP. Status: Included Employee. Button: Manage.
- FSA Healthcare:** Waived. Button: Enroll.
- FSA Dependent Care:** Waived. Button: Enroll.
- Basic AD&D:** The Hartford (Employee). Status: Included 3 X Salary. Button: Manage.
- Basic Life:** The Hartford (Employee). Status: Included 3 X Salary. Button: Manage.
- Voluntary Employee AD&D:** Waived.

Step 21 – 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