



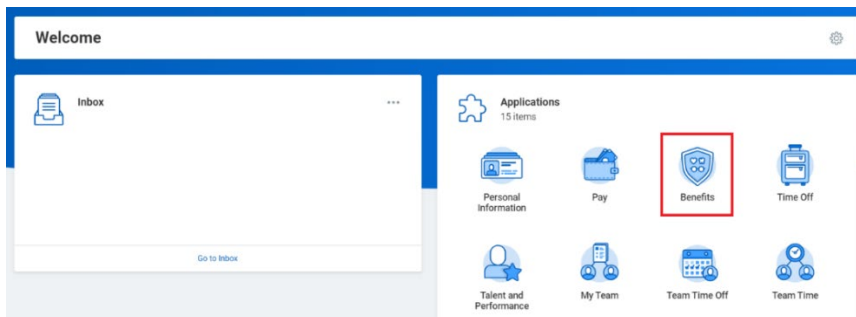
How to remove a Spouse or Domestic Partner

If you need to remove a Spouse due to divorce or remove a Domestic Partner due to a dissolved partnership, you have 30 DAYS from the date of dissolution to remove them from your Nutanix benefits.

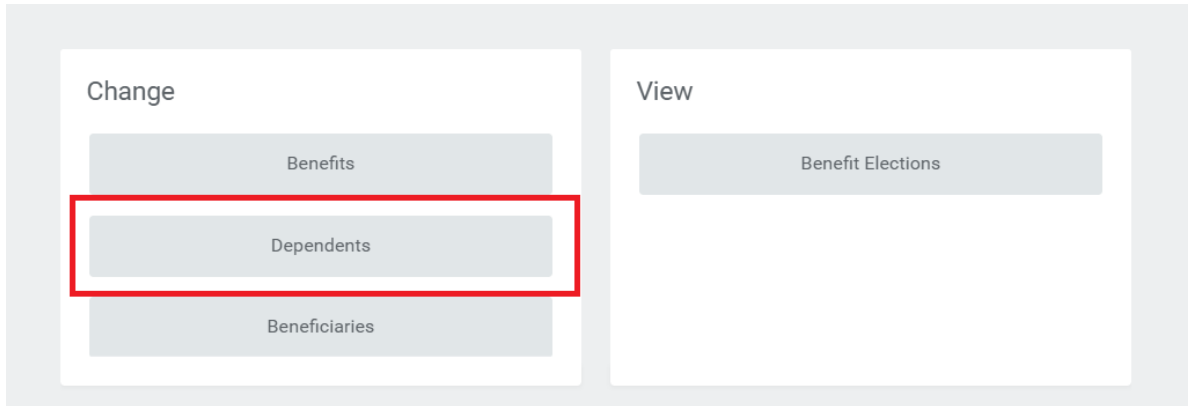
Step 1 - Log into your Workday Account via [Okta](#).



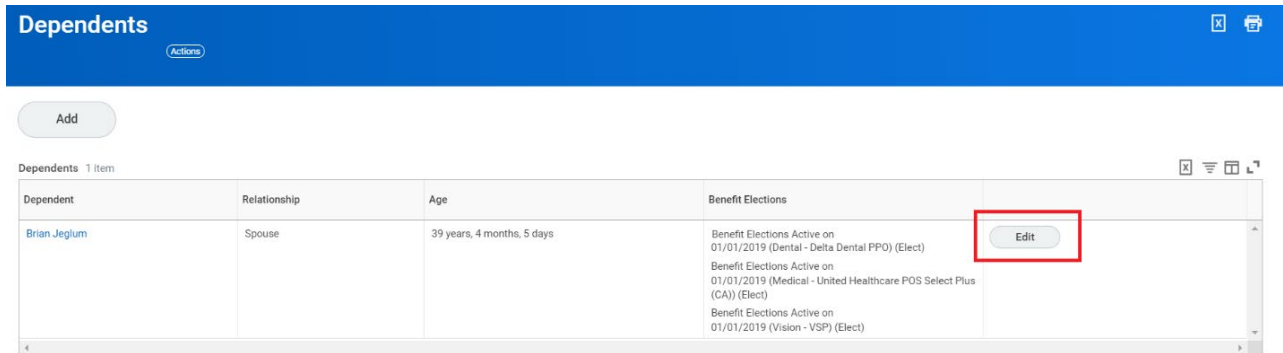
Step 2 - On the main Workday page, click on the Benefit icon.



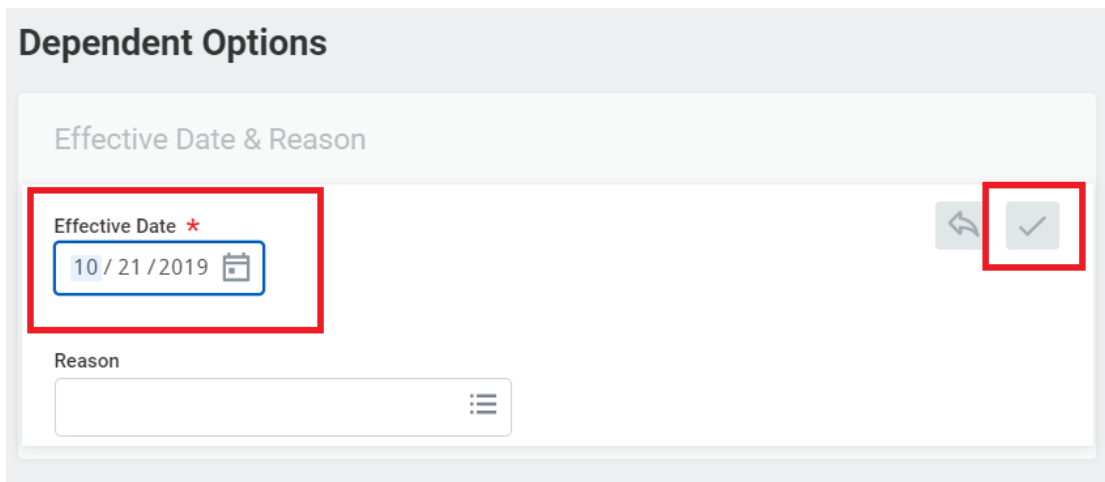
Step 3 – Click on Dependents.



Step 4 – Click on edit next to your Ex-Spouse / Domestic Partners name.



Step 5 – The effective date will be the date of the Divorce or date of the Dissolution of your Domestic Partnership.



Scroll down to the Relationship section and click on the to edit. Select the appropriate relationship status (either Ex-Spouse or Ex-Domestic Partner). The click on submit.

The image shows a web form titled "Relationship" with a dropdown menu open. The dropdown menu lists the following options: Child, Domestic Partner, Domestic Partner Child, Spouse, Ex-Spouse, and Ex-Domestic Partner. The "Ex-Spouse" and "Ex-Domestic Partner" options are highlighted with a red box. To the right of the dropdown menu is an edit icon, also highlighted with a red box. Below the form are three buttons: "Submit" (highlighted with a red box), "Save for Later", and "Cancel".

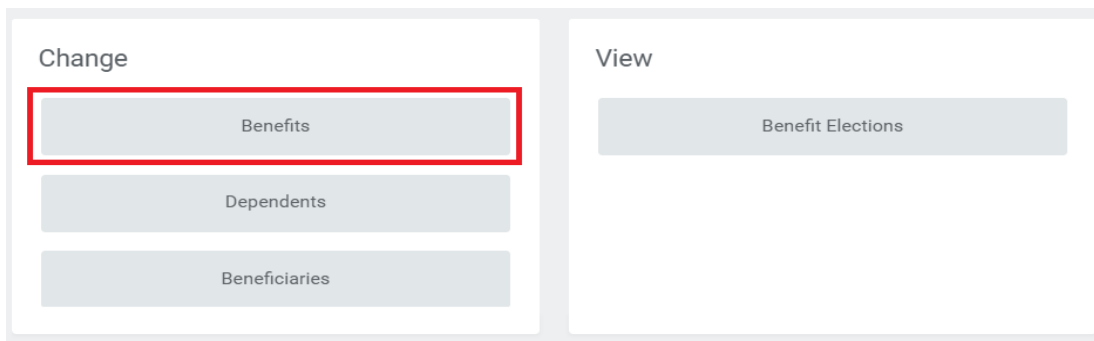
You have now removed your Ex-Spouse or Ex-Domestic Partner from your plans. As part of the qualified life event, you are able to opt out of your health coverage and change your voluntary life insurance.

- **If you wish to waive either Medical, Dental or Vision coverage or enroll in or update your Voluntary Life plan, then go to step 6.**
- **If you do not wish to make any changes, your steps are completed, and your ex-spouse is removed.**

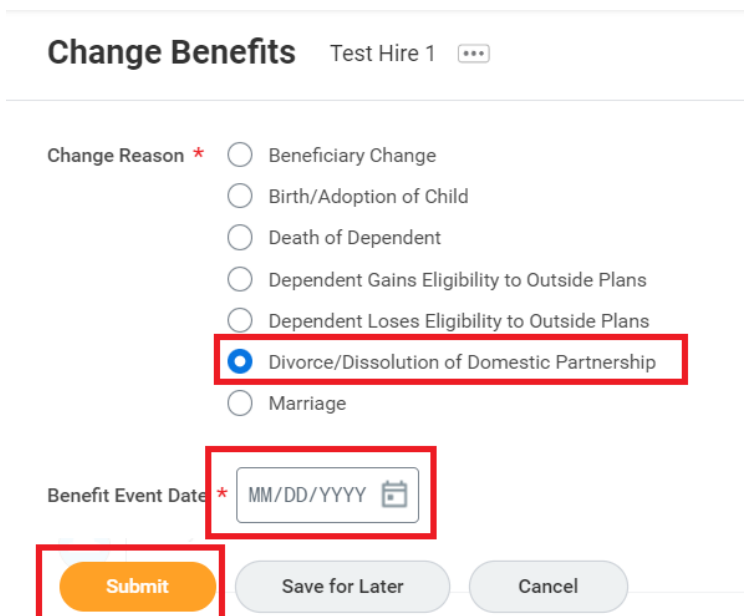
Step 6 – On the main Workday page, click on the Benefits Icon.



Step 7 - Under Change, click on Benefits.



Step 8 – Select Divorce from the Benefit event type and enter the Event Date, which is the day your Divorce or Dissolution of your Domestic Partnership was finalized. Then click on submit.



Step 9 – 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 10 - 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 11 – If you want to change your Medical plan, under the Medical Tile, click on Manage.

Health Care and Accounts

	Medical United Healthcare POS Select Plus (CA)
Cost (Monthly)	Included
Coverage	EE + Spouse
Dependents	1
Manage	

Step 12 – Select Waive and click on Confirm and Continue.

Medical

Projected Total Cost (Monthly)
\$118.55

Plans Available

Select a plan or Waive to opt out of Medical.

1 item

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input type="radio"/> Select	United Healthcare POS Choice Plus (Non-CA)	Included	\$1,308.26
<input checked="" type="radio"/> Waive			

[Confirm and Continue](#) [Cancel](#)

Step 13 – Continue this process for Dental and Vision as well if desired.

Dental
Delta Dental PPO

Cost (Monthly) Included

Coverage EE + Child(ren)

Dependents 1

[Manage](#)

Vision
VSP

Cost (Monthly)

Coverage

Dependents

[Manage](#)

Step 14 – If you want to update or enroll in your Voluntary Employee Life plan, Under the Voluntary Employee Life tile, click on manage.

Voluntary Employee Life
The Hartford (Employee)

Cost (Monthly)

Coverage

[Manage](#)

Step 15 – Either Waive coverage or click on Select. Then click on Confirm and Continue.

Voluntary Employee Life

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)		

Confirm and Continue Cancel

Step 16 - 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"/>	<input type="text" value="0"/>

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save Cancel

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

Continue

Cancel

Step 17 - 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

MM/DD/YYYY

Age

(empty)

Gender

select one

Allow Duplicate Name

Legal Name

Contact Information

National IDs

Additional Government IDs

Other IDs

Country *

United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

OK

Cancel

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

Step 18 – Click on Review and Sign.

The screenshot shows a grid of benefit selection cards. Each card includes an icon, a title, a description, and a 'Manage' button. The cards are: Medical (United Healthcare PPO Select Plan (G)), Dental (Delta Dental PPO), FSA Healthcare (Fidelity), Vision (VSP), HRA Kaiser (Kaiser), FSA Dependent Care (Fidelity), Basic AD&D (The Hartford (Employee)), and Basic Life (The Hartford (Employee)). At the bottom left, there is a red-bordered button labeled 'Review and Sign' and a 'Save for Later' button.

Step 19 - 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

Step 20 – Nutanix provides a \$200 incentive for not enrolling on our Benefits. To process the incentive, return to the main landing page of Workday and click on Go to Inbox.

The screenshot shows a notification in a Workday inbox. The notification title is 'Provide Medical Opt-Out Proof of Coverage:' and it includes the text '25 minute(s) ago - Effective 10/28/2021'. At the bottom of the notification area, there is a red-bordered button labeled 'Go to Inbox'.

Step 21 – Click on the task labeled Provide Medical Opt-Out Coverage - Your Name. Then click on select file, upload your proof of coverage, and then submit.

The screenshot shows a web application interface for providing medical opt-out proof of coverage. The interface is divided into several sections:

- Left Sidebar:** Contains a list of tasks. The task "Provide Medical Opt-Out Proof of Coverage - 27 minute(s) ago - Effective 10/28/2021" is highlighted with a red box.
- Main Content Area:**
 - Header:** "Provide Medical Opt-Out Proof of Coverage" with a breadcrumb "Review Documents for Benefit Change - Divorce/Dissolution of Domestic Partnership".
 - Documents Section:**
 - Document Link:** "Opt-Out Information".
 - Instructions:** "By opting out of Medical coverage provided by Nutanix, you are required to provide proof of your enrollment in other Minimum Essential Coverage (generally, other employer sponsored group health plan coverage). Please attach documentation of this coverage below. By providing this documentation, I attest that I am enrolled in other Minimum Essential Coverage not provided by Nutanix. The document should include your name, coverage period start date and active status. Typically, this documentation can be found on your insurance provider website under View/Print Member ID." Note: "Other Minimum Essential Coverage cannot be individual coverage or coverage obtained through the public marketplace. If you cannot provide reasonable evidence that you are enrolled in other Minimum Essential Coverage, you must enroll in a Nutanix medical plan."
 - File Upload Area:** A dashed box containing the text "Drop file here" and a "Select files" button, which is highlighted with a red box.
 - Comment:** A text input field.
 - Bottom Bar:** Contains three buttons: "Submit" (highlighted with a red box), "Save for Later", and "Cancel".

Once you submit your proof of coverage, your enrollment will be processed and completed.