



Removing a Spouse or Domestic Partner from your US Benefits in Workday

If you need to remove a Spouse due to divorce or remove a Domestic Partner due to a dissolved partnership, you have 30 days to remove them from your Nutanix benefits. Use the instructions below as a guide and open a ServiceNow ticket if you have any questions.

You can also look over our benefit offerings at: <http://nutanixbenefits.com/>

Log into your Workday account (Nutanix.okta.com)

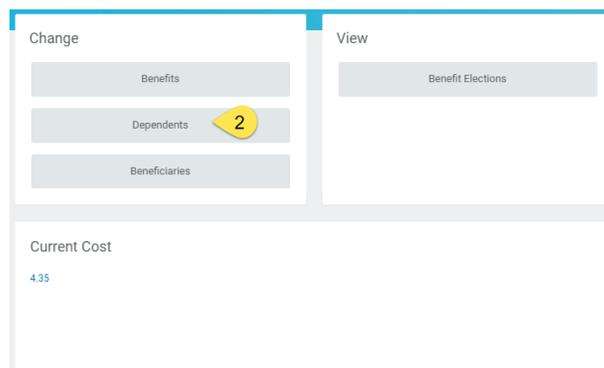
STEP 1

Before removing them from Benefits, you will need to change their status to Ex-Spouse or Ex-Domestic Partner

On your Home page, click on the Benefits icon **(1)**



When the Benefits icon opens, under Change, click on Dependents **(2)**



Click Edit next to the Spouse/Domestic Partner's name

Dependent	Relationship	Age	Full-time Student	Benefit Elections	
Helen Parr	Spouse	38 years, 1 months, 22 days		Bob Parr Benefit Elections Active on 01/01/2018 (Dental - Delta Dental PPO) (Elect) Bob Parr Benefit Elections Active on 01/01/2018 (Medical - United Healthcare POS Choice Plus (Non-CA)) (Elect) Bob Parr Benefit Elections Active on 01/01/2018 (Vision - VSP) (Elect)	Edit
Violet Parr	Child	15 years, 6 months, 16 days	Yes	Bob Parr Benefit Elections Active on 01/01/2018 (Dental - Delta Dental PPO) (Elect) Bob Parr Benefit Elections Active on 01/01/2018 (Medical - United Healthcare POS Choice Plus (Non-CA)) (Elect) Bob Parr Benefit Elections Active on 01/01/2018 (Vision - VSP) (Elect)	Edit

The Effective Date should be the date of the Divorce/Dissolution of Domestic Partnership

Dependent Options

Effective Date & Reason

Effective Date * 

06/01/2018

Reason

Scroll down to the Relationship section (just above Contact Information) and select the appropriate code (either Ex-Spouse or Ex-Domestic Partner)

- Child
- Domestic Partner
- Domestic Partner Child
- Spouse
- Ex-Spouse
- Ex-Domestic Partner

Search: X Spouse

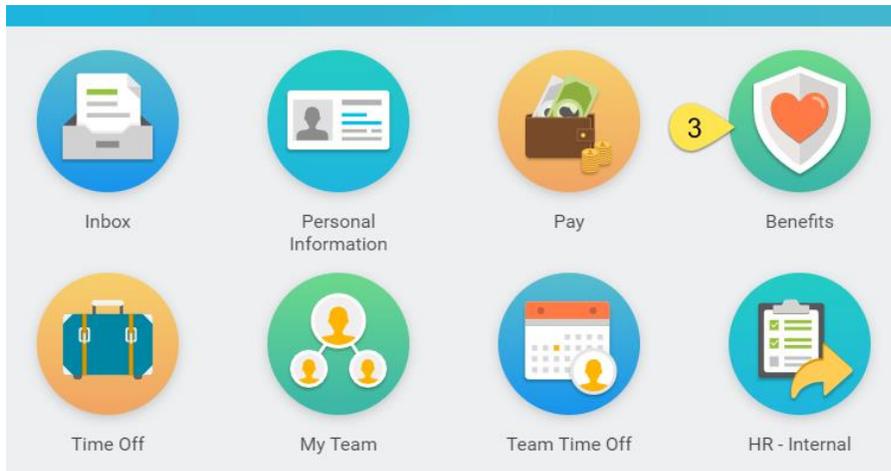
 

Make any other changes as needed (example: contact information so their COBRA packet goes to the correct address)

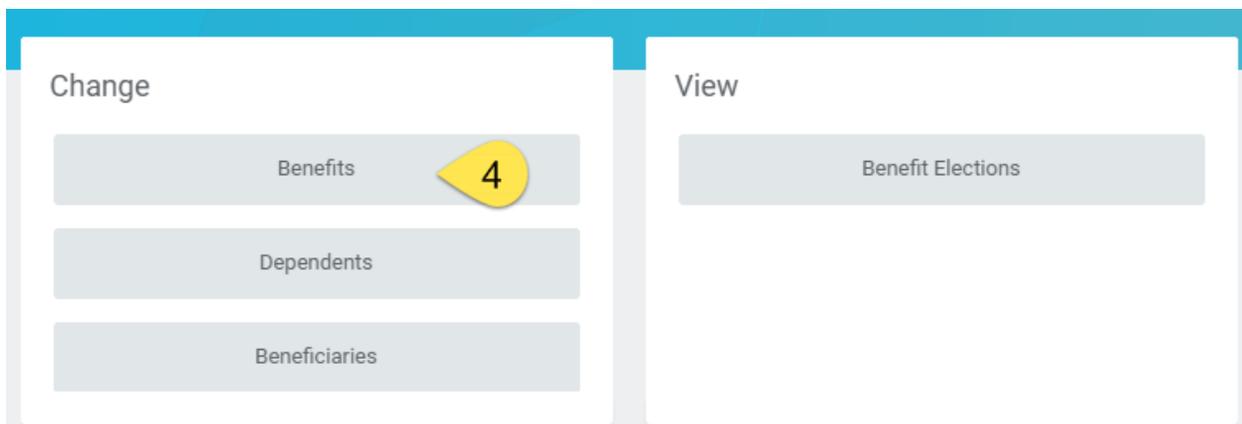
Click Submit

STEP 2

On your Home page, click on the Benefits icon (3).



Under Change, click on Benefits (4).



Select the Benefit Event Type (5); Divorce/Dissolution of Domestic Partnership

The Benefit Event Date (6) is the date the divorce is finalized or the partnership is dissolved.

If you would like to submit documentation, you can add it to the Attachments (7) section, but it is not required.

Click Submit

Change Benefits Bob Parr Actions

All newly hired employees must enroll within 31 days of their hire date to receive benefits coverage. After 31 days, you will not be able to enroll or make changes to your benefits until [Qualifying Life Event](#). If you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status that affects your benefits eligibility, you will

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 **5**
- Marriage

Benefit Event Date * **6**

Submit Elections By 07/04/2018

Enrollment Offering Types

- Voluntary Spouse Life
- Voluntary Spouse AD&D
- Voluntary Employee Life
- Voluntary Employee AD&D
- Voluntary Child Life
- [+ More \(9\)](#)

Attachments **7**

Drop files here

or

Select files

You have completed Step 2. To continue and remove your spouse from your benefits, click Open (8)

STEP 3

To continue and remove the dependents from your benefits, click Open **(8)**

You have submitted Benefit Event: Bob Parr on 06/04/2018 Actions

Up Next

Bob Parr

Change Benefit Elections

Open 8

> Details and Process

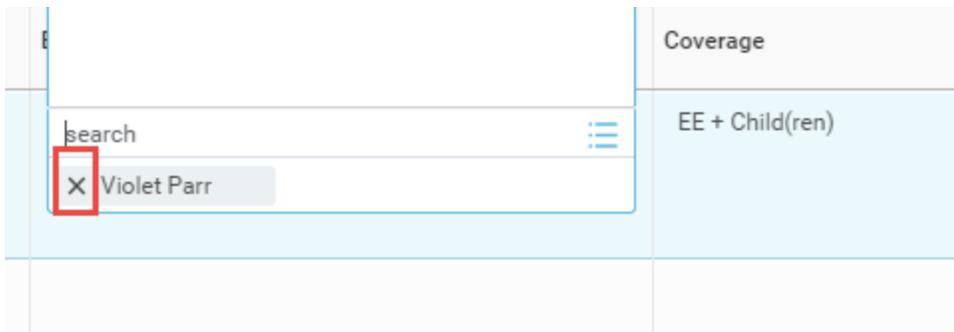
If you missed **(8) above (or closed out of it), go to your Workday inbox. You will find the action waiting for you there to complete.

Your current elections will show on the screen. You will see that your Ex-Spouse/Ex-Domestic Partner is already removed from the benefits and that the Coverage level has changed (in Bob's example, he now shows as EE + Child(ren) since his daughter Violet is still on his benefits). Remove any other dependents by clicking in the box **(9)** and then clicking the X next to their name.

Health Care Plan Dependencies

Health Care Elections 4 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - United Healthcare POS Choice Plus (Non-CA)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<div style="border: 1px solid #ccc; padding: 2px;"><input type="text" value="search"/> 9</div> <div style="background-color: #eee; padding: 2px; margin-top: 2px;">X Violet Parr</div>	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" value="Violet Parr"/>	EE + Child(ren)
Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="Violet Parr"/>	EE + Child(ren)



Repeat for all benefits (medical, dental and vision) as necessary. Bob Parr will continue to have Violet on his benefits.

Click “Continue”

Since Bob and his daughter are enrolled in the United Healthcare plan, Step 2 of 6 is a review of the Provider ID page.

Both UHC and Kaiser enrollees must provide Social Security Numbers for your dependents.
Social Security Numbers are required for ACA reporting.

UHC enrollees, you must add the Provider ID.

- Please enter the following number in the Employee Provider ID column: 00003924974001
- Please enter the same code for your dependents under Dependent Provider ID: 00003924974001
- (This provides UHC with a generic Primary Care Physician code to place on your ID cards. You may still use the Primary Care Physician of your choice.)

Designate the Provider ID (Primary Care Physician) for yourself and any covered dependents based on your health care elections. Select the Provider Website link to find your doctor's Provider ID.

Health Care Elections 1 item

Benefit Plan	*Employee Provider ID	Dependents	
		Dependent	*Dependent Provider ID
Medical - United Healthcare POS Choice Plus (Non-CA)	00003924974001	Violet Parr	00003924974001

Click “Continue”

You have the chance to modify enrollment in Healthcare (medical) FSA for the remainder of the calendar year.

This is your chance to put aside pre-tax to use for medical expenses not covered by our plans or to pay for dependent care.

- Medical Flex Spending Account (FSA)- An annual pre-tax election used for eligible medical expenses such as: co-pays, co-insurance, certain over-the-counter medical devices and supplies.
- Dependent Care Flex Spending Account (FSA)- An annual pre-tax election used for eligible dependent care expenses such as: child-care, pre-k, after-school care and adult dependent care.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
FSA Healthcare - BRI	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 15 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? <input type="text" value="1,500.00"/> How much do you want to contribute per paycheck (Semi-monthly)? <input type="text" value="100.00"/>	Minimum Contribution (Annual) \$1.00 Maximum Contribution (Annual) \$2,600.00

Click “Continue”

You may elect to enroll in Voluntary Life Insurance or Voluntary Accidental Death & Dismemberment Insurance at this time.

Health Information

1 item

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

- Yes
- No

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 8 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage
Basic AD&D - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	3 X Salary		\$469,000.00
Basic Life - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	3 X Salary		\$469,000.00
Voluntary Employee Life - The Hartford (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Voluntary Employee AD&D - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="\$300,000"/>		\$300,000.00
Voluntary Spouse Life - The Hartford (Spouse/Domestic Partner)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

Click Continue

You can update your beneficiaries and percentages for Life and Accidental Death & Dismemberment (AD&D insurances).

To remove a beneficiary (either Primary or Contingent), click on the minus sign (red box). This will remove the line.

Please enter your Beneficiaries for your Life and AD&D insurance as well as Voluntary Life and AD&D, if applicable.

Primary Beneficiary: The individual, or trust, that is first in line to receive named benefits.

Contingent Beneficiary: The individual, or trust, that will receive benefits if the primary is no longer living.

Beneficiary Designations 3 items

Benefit Plan	Requires Beneficiary	Beneficiaries	
		*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	+	
		-	Helen Parr <input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>
Basic AD&D - The Hartford (Employee)	<input checked="" type="checkbox"/>	+	
		-	Helen Parr <input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>
Voluntary Employee AD&D - The Hartford (Employee)	<input checked="" type="checkbox"/>	+	
		-	Helen Parr <input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

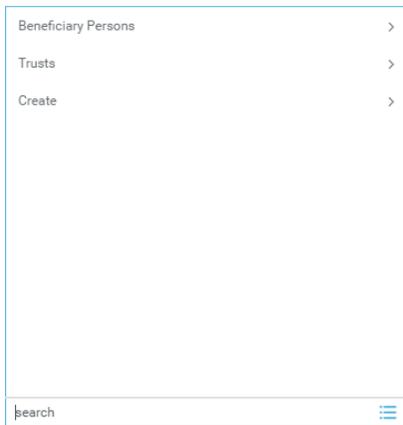
To add a new beneficiary (either Primary or Contingent), click on the plus sign (red box). This will create a new line

Beneficiary Designations 3 items

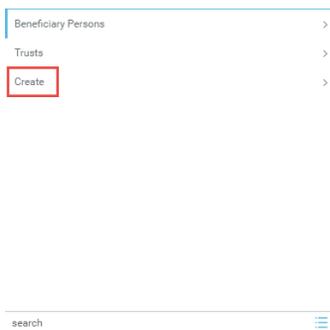
Benefit Plan	Requires Beneficiary	Beneficiaries	
		*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	+	
Basic AD&D - The Hartford (Employee)	<input checked="" type="checkbox"/>	+	
		-	Helen Parr <input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

Click on the lines (10) to see your options

Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	+	
		-	<input type="text" value=""/> <input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

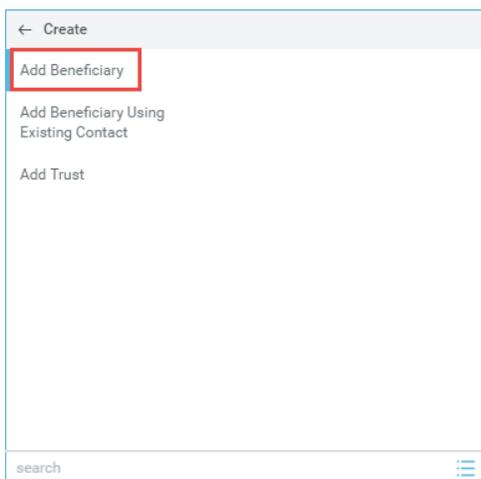


Bob Parr wants to designate his friend as a beneficiary, but he is not in Workday. Bob will click on **Create**



Bob can either Add a Beneficiary, a Trust, or if the person he wants is already a contact in Workday, he can convert them to a Beneficiary.

Bob wants to make Frozone a Beneficiary, and he is not currently in Workday. Bob will click **Add Beneficiary**



This will open up a new page. Please complete any section with a (*). At least one address is needed for this new Beneficiary.

Add Beneficiary Bob Parr Actions

Enter your beneficiary information.

Relationship *

Use as Beneficiary

Date of Birth

Age 37 years, 11 months, 27 days

Gender

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

Legal Name | Contact Information | National IDs | Additional Government IDs

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Once completed, click "Submit/Done/OK"

Now, your newly created Beneficiary will appear in the list and is available for choosing.

Beneficiary Persons

- Helen Parr
- Lucius Best**

search

search

X Lucius Best

You may only select one person per line.

The Primary Percentage must add up to 100% otherwise you will receive an error.

Beneficiary Designations 3 items

Benefit Plan	Requires Beneficiary	Beneficiaries		
			*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	+		
		-	Lucius Best	<input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>
Basic AD&D - The Hartford (Employee)	<input checked="" type="checkbox"/>	+		
		-	Lucius Best	<input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>
Voluntary Employee AD&D - The Hartford (Employee)	<input checked="" type="checkbox"/>	+		
		-	X Lucius Best	<input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

Click "Continue"

Review your elections.

Please review your elections

Not enrolling in the UHC or Kaiser Plan?

If you have decided to not participate in one of our medical plans, please be sure to elect the Medical Opt-Out plan (first page). HR will request that you attest to having coverage elsewhere. This will be a task to complete in Workday.

Adding a Domestic Partner?

If you are enrolling a Domestic Partner, you will need to submit a Domestic Partnership Affidavit; please complete the following form and return it to hr@nutanix.com.

https://nutanixbenefits.com/-/media/Mercer/Nutanix/Documents/Statement_Domestic_Partnership.ashx?la=en

**Please note that this will need to be notarized and submitted within 30 days of the event date.

Elected Coverages 6 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	
Medical - United Healthcare POS Choice Plus (Non-GA)	07/01/2018	07/01/2018	EE + Child(yen)		Violet Parr			\$539.89	
Dental - Delta Dental PPO	07/01/2018	07/01/2018	EE + Child(yen)		Violet Parr			\$61.65	
Vision - VSP	07/01/2018	07/01/2018	EE + Child(yen)		Violet Parr			\$16.98	
Basic AD&D - The Hartford (Employee)	01/01/2016	01/01/2016	3 X Salary	\$469,000.00		Lucius Best		\$3.52	
Basic Life - The Hartford (Employee)	01/01/2016	01/01/2016	3 X Salary	\$469,000.00		Lucius Best		\$9.38	
Voluntary Employee AD&D - The Hartford (Employee)	01/01/2016	01/01/2016	\$300,000	\$300,000.00		Lucius Best	\$4.35		
Total							11	\$4.35	\$631.42

We can see that Bob Parr has an Employee Cost (11) of \$4.35 per pay period because he had enrolled in Voluntary Employee AD&D during a previous enrollment period and is continuing it.

Once reviewed, click on Submit. HR will reach out with any questions.

Other things to consider can be found on our site under the Getting Divorced heading: <https://www.nutanixbenefits.com/en/Life-Events>