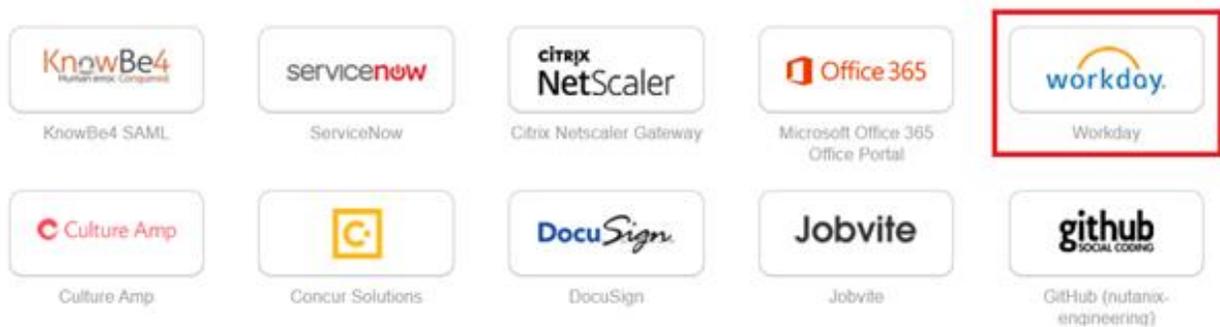


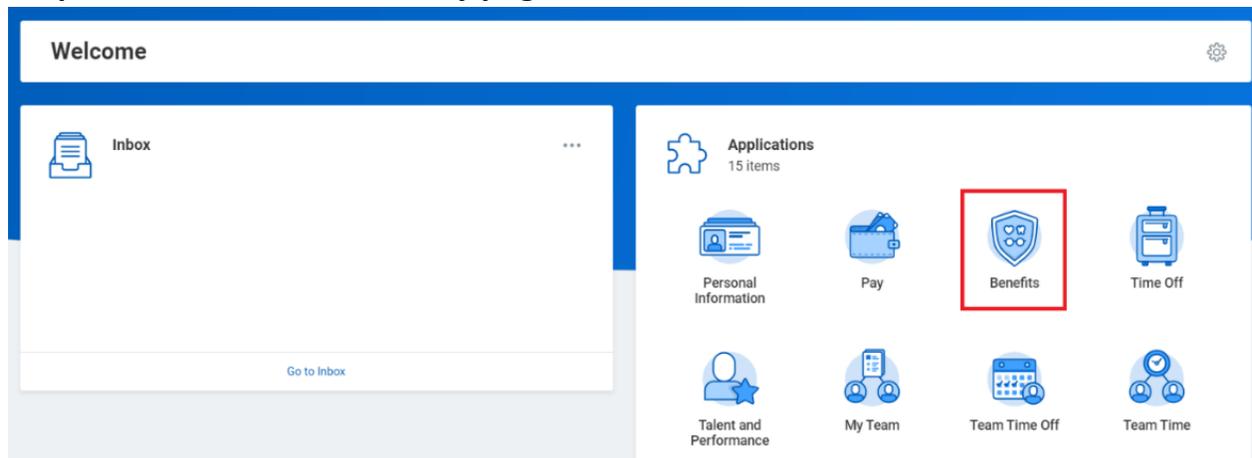
Removing a Spouse or Domestic Partner from your health insurance

You have **30 DAYS** from the date of dissolution to remove a Spouse or Domestic Partner due to divorce/dissolved partnership from your Nutanix benefits.

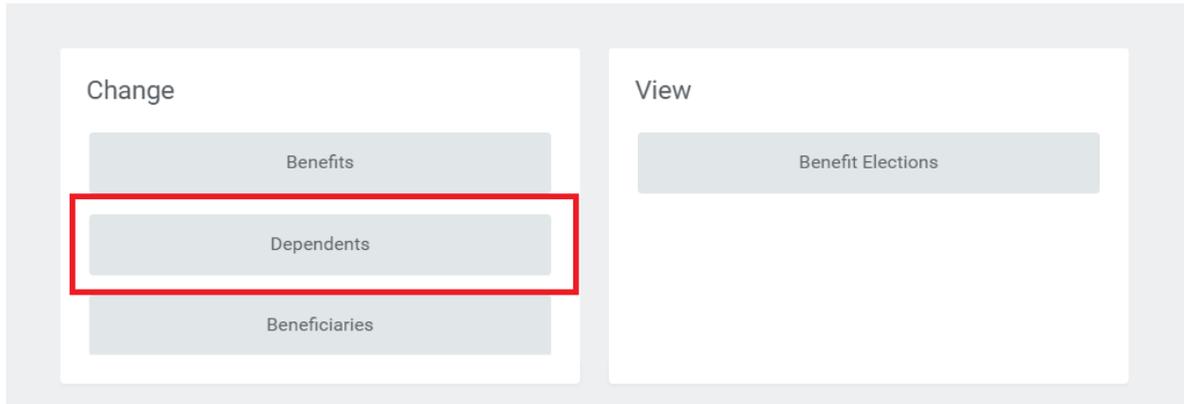
Step 1 - Log into your Workday Account (Okta.Nutanix.com).



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



Then under change, you want to click on “Dependents”.



On this page, you will click on “Edit” next to your Spouse or Domestic Partner’s name.

Dependents Actions

Add

Dependents 1 item

Dependent	Relationship	Age	Benefit Elections	
Brian Jeglum	Spouse	39 years, 4 months, 5 days	Benefit Elections Active on 01/01/2019 (Dental - Delta Dental PPO) (Elect) Benefit Elections Active on 01/01/2019 (Medical - United Healthcare POS Select Plus (CA)) (Elect) Benefit Elections Active on 01/01/2019 (Vision - VSP) (Elect)	<input type="button" value="Edit"/>

The effective date will be the date of the Divorce or date of the Dissolution of Domestic Partnership. Then click on the “Check Mark”.

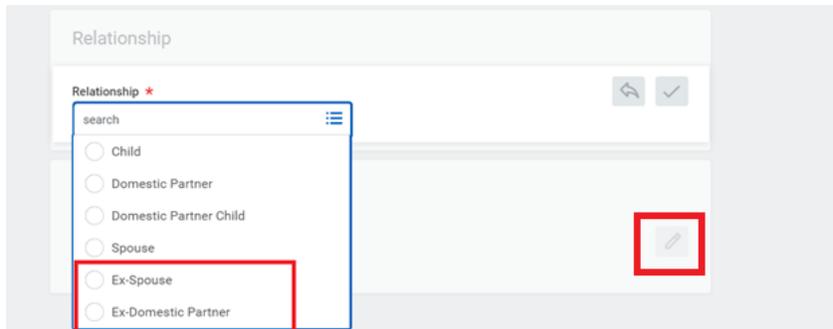
Dependent Options

Effective Date & Reason

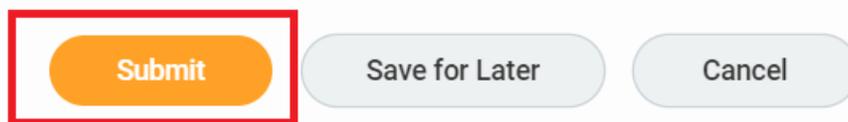
Effective Date *

Reason

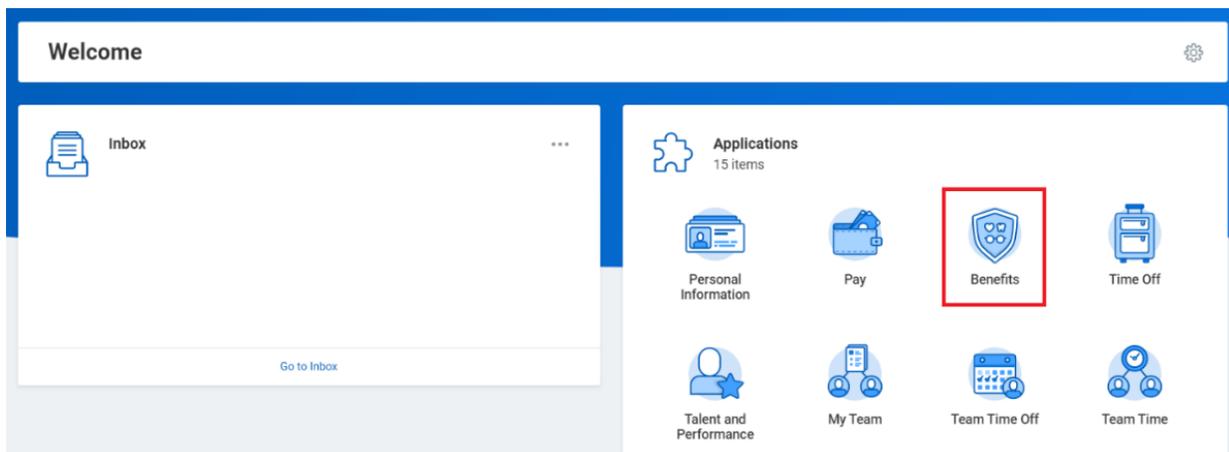
Scroll down to the Relationship section and click on the “Pencil” to edit. Select the appropriate code (either Ex-Spouse or Ex-Domestic Partner).



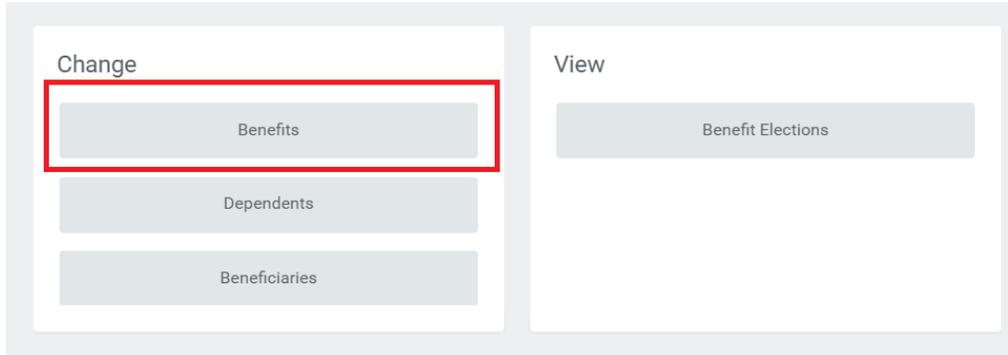
Make any other changes as needed (example: contact information so that the COBRA packet is mailed to the correct address). Click “Submit”.



Step 3 – On the Workday home page, click on the Benefits Icon.



Step 4 - Then under change, click on “Benefits”.



Step 5 - Select the Benefit Event Type of “Divorce/Dissolution of Domestic Partnership”. The Benefit Event Date is the actual date the Divorce (by law, court order) is finalized or the partnership is dissolved. Click “Submit”.

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 *

Submit Elections By 11/19/2019

Enrollment Offering Types

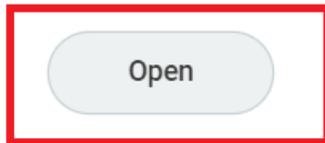
- Basic AD&D
- Basic Life
- Dental
- EAP
- FSA Dependent Care
- More (11)

Step 6 - On the next page you want to select “Open”.

Up Next



Change Benefit Elections



Your current elections will show on the screen. You will see that your Ex-Spouse/Ex-Domestic Partner is already removed from your benefits. You also have the option of removing any other dependent(s) that you no longer want on the plan, by clicking on the “X” next to their name (example: Domestic Partner Child(ren)). Once you are done, click on “Continue”.

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - Kaiser Permanente HMO NorCal	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - United Healthcare POS Select Plus (CA)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Employee		\$668.20
HRA Kaiser - Vita Medical	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Employee		\$125.00
Medical Opt-Out - Nutanix	<input type="radio"/> Elect				

Step 7 - You may elect to make changes to Voluntary Life Insurance or Voluntary Accidental Death & Dismemberment Insurance at this time.

First you need to answer the question, if you are a tobacco user or not. The response to this question determines your rates for Voluntary Life Insurance.

Health Information

Tobacco Use

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

Answer * Yes
 No

Using the menu below, select the plan you want to change, the Coverage Levels and Covers Dependents fields (if requested). Once complete, click on "Continue".

Insurance Elections 11 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Er (M)
Long Term Disability - The Hartford (Employee)	<input type="radio"/> Elect <input type="radio"/> Waive	60% of Salary		\$4,887.50	
Voluntary Employee Life - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value="x \$100,000"/>		\$100,000.00	
Voluntary Employee AD&D - The Hartford (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Voluntary Spouse Life - The Hartford (Spouse/Domestic)	<input type="radio"/> Elect				

Step 8 - You have the opportunity to update your beneficiaries and percentages for Life Insurance Plans. To remove a beneficiary, click on the “-” sign next to their name.

Beneficiary Designations 2 items

Benefit Plan	Requires Beneficiary		*Beneficiary	Beneficiaries
				*Primary Percentage / Contingent Percentage
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	+ -	X Brian Jeglum ...	<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"/>	+ -	X Brian Jeglum ...	<input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

Continue Save for Later Go Back Cancel

To add a new beneficiary, click on the plus “+” sign.

Beneficiary Designations 2 items

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

Continue Save for Later Go Back Cancel

A pop-up window will appear, and you may select Trusts or Create a new beneficiary.

Beneficiary Designations 2 items

Benefit Plan	Requires Beneficiary		*Beneficiary	Beneficiaries
				*Primary Percentage / Contingent Percentage
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	+ -		<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"/>	+ -		

Continue Save for Later Go Back Cancel

Click on Add Beneficiary.

Beneficiary Designations 2 items

Benefit Plan	Requires Beneficiary		*Beneficiary	Beneficiaries
				*Primary Percentage / Contingent Percentage
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	+ -		<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"/>	+ -		

Continue Save for Later Go Back Cancel

Input your new beneficiaries' information. Make sure all starred "*" fields are entered, including the address field on the contact information tab. Click on "OK" when done.

Relationship *

Use as Beneficiary

Date of Birth

Age 36 years, 5 months, 2 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

Now your newly listed beneficiaries will be an option in the drop-down box. Elect them and click on “Continue”. The Primary Percentage (same for Contingent, if applicable) must add up to 100%.

Beneficiary Designations 2 items

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

Step 9 - Review your Elected Coverages, Waived Coverages and Beneficiary Designations. You will electronically sign by clicking on “I Agree” and then “SUBMIT”. HR will review and approve your changes. If there are any issues or questions, HR will contact you.

Elected Coverages 7 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - United Healthcare POS Select Plus (CA)	11/01/2019	11/01/2019	Employee					\$668.20
Dental - Delta Dental PPO	11/01/2019	11/01/2019	Employee					\$54.22
Vision - VSP	11/01/2019	11/01/2019	Employee					\$16.68
FSA Healthcare - Vita	01/01/2019	01/01/2019	\$1,200.00 Annual				\$100.00	
Basic AD&D - The Hartford (Employee)	01/04/2016	01/04/2016	3 X Salary	\$537,000.00		Hollie Test		\$8.06
Basic Life - The Hartford (Employee)	01/04/2016	01/04/2016	3 X Salary	\$537,000.00		Hollie Test		\$26.85
EAP - Optum	01/01/2018	01/01/2018						\$2.07
Total:							\$100.00	\$776.08

Waived Coverages 9 items

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

Beneficiary Designations

2 items

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