

# Enrolling in Your New Hire Benefits

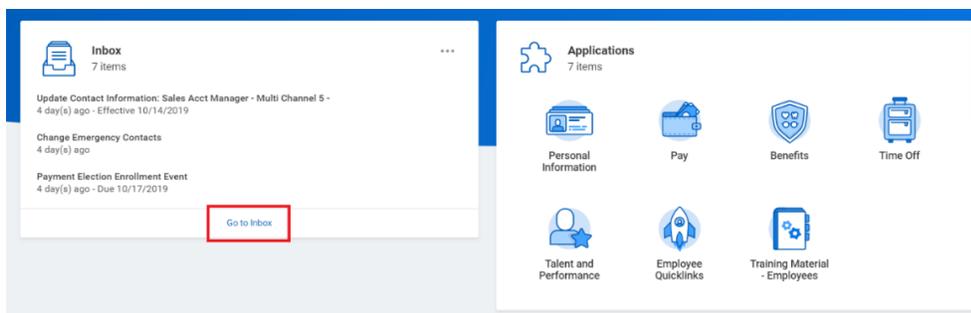
## Welcome to Nutanix!

- **Full-time Employees:** benefits are effective on your date of hire.
- **Part-time, Interns, Returnships and Apprenticeships:** health benefits are effective first of the month following **60 days** of employment.
- You have **30 days** to enroll yourself and your eligible dependents.
- Before you start the enrollment process, please review our benefit offerings at [www.NutanixBenefits.com](http://www.NutanixBenefits.com).

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



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



Using the scroll bar, you will select “Complete Benefit Enrollment”.

**Inbox**

Actions (7) Archive

Viewing: All Sort By: Newest

- Multi Channel 5 -  
4 day(s) ago - Effective 10/14/2019
- Change Emergency Contacts  
4 day(s) ago
- Payment Election Enrollment Event  
4 day(s) ago - Due 10/17/2019
- Complete Federal Withholding Elections  
4 day(s) ago - Due 10/17/2019; Effective 10/14/2019
- Complete Benefit Enrollment:**  
4 day(s) ago - Due 10/31/2019; Effective 10/14/2019

**Complete To Do**  
Change My Photo (Actions)

4 day(s) ago - Due 10/17/2019; Effective 10/14/2019

Overall Status: Successfully Completed  
Due Date: 10/22/2019  
Instructions: Upload your picture

Change My Photo

enter your comment

Submit Save for Later Close

**Step 3 – From here you will elect your healthcare coverage: Medical, Dental, Vision or Medical Opt-Out.**

Health Care Elections  
4 Items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - United Healthcare POS Choice Plus (Non-CA)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value=""/>	Employee		\$668.20
Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	<input type="text" value=""/>			
Dental - Delta Dental PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value=""/>	Employee		\$54.22
Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value=""/>	Employee		\$16.68
				0	739.10

Use the drop-down under the “Enroll Dependents” column (select “:=”) to open the Dependent Dialogue box. Click “Add My Dependent from Enrollment”.

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 &gt;            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

From here, select “Create Dependent” and click on “OK”.

## Add My Dependent From Enrollment

Nicholas Flohn Actions

9 hour(s) ago - Due 10/31/2019; Effective 10/21/2019

Use an Existing Beneficiary or Emergency Contact

Create Dependent

Use as Beneficiary

Instructional Text  
Click OK to add dependents.

Existing Dependents 0 items

Dependent	Relationship
No Data	

OK

Cancel

Update fields with your dependent’s personal and contact information. Make sure all starred “\*” fields are filled in. Once complete, click on “OK”.

## Add My Dependent From Enrollment

10 hour(s) ago - Due 10/31/2019; Effective 10/21/2019

### Name

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

### Personal Information

Relationship \*

Date of Birth \*

Age 13 years, 0 months, 11 days

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

### 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

**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 4 - This screen will ask you for your dependent’s social security number. You want to input the info and click on “Continue”.**

Dependent IDs 1 item

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

**You will be taken back to your enrollment form. You will see your dependent(s) listed in the Enroll Dependents column. Please make sure you add your dependent(s) to all desired plans (medical, dental and vision). Once done, click on “Continue”.**

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (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 checked="" type="checkbox"/> Ronnie Test	EE + Child(ren)	
HRA Kaiser - Vita Medical	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			
Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive			

**Step 5 - You may choose to enroll in FSA Dependent Care or FSA Healthcare. Make your selection(s) and click on “Continue”.**

**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 under age 13, while you and/or your spouse work, look for work or attend school full time.

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
FSA Healthcare - Vita	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Your number of remaining payroll deductions for the year 4  Your estimated contributions made this year 0.00  How much do you want to contribute for the total year? <input type="text" value="0.00"/>  How much do you want to contribute per paycheck (Semi-monthly)? <input type="text" value="0.00"/>	Minimum Contribution (Annual) \$100.00  Maximum Contribution (Annual) \$2,700.00

**Step 6 - Nutanix employees are automatically enrolled in Basic Life and AD&D insurance. You have the option to sign up for Voluntary Life and Voluntary AD&D for yourself, spouse/domestic partner and/or children.**

**First, 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

Then using the menu, select the plan you want to enroll, the coverage levels and “Covers Dependents” field, if requested. Once complete, click on “Continue”.

Insurance Elections 11 Items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Er (A)
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	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 7 - To add a beneficiary for your Life and AD&D, you will click on the “+” button.

Beneficiary Designations 2 Items

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

Here you have the option of selecting a dependent that has already been created as a beneficiary, create a beneficiary or a personal trust.

Beneficiary Designations 3 Items

Benefit Plan	Requires Beneficiary	Beneficiaries		
			*Beneficiary	*Primary Percentage / Contingent Percentage
Voluntary Employee Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	<input type="button" value="+"/>		
		<input type="button" value="-"/>	<input type="text" value="search"/> <ul style="list-style-type: none"> <li>Beneficiary Persons &gt;</li> <li>Trusts &gt;</li> <li>Create &gt;</li> </ul>	<input type="radio"/> Primary Percentage <input type="text" value="0"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	<input type="button" value="+"/>		
		<input type="button" value="-"/>	<input type="text" value=""/>	<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"/>	<input type="button" value="+"/>		

Use the pop-up menu and select a beneficiary for your plan. Use the option on the right to select a Primary or Contingent and select percentage. Do this for all coverages you have elected.

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

Beneficiary Designations 2 Items

Benefit Plan	Requires Beneficiary	Beneficiaries		
			*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life - The Hartford (Employee)	<input checked="" type="checkbox"/>	+		
		-	<div style="border: 1px solid red; padding: 2px;"> <span>×</span> Billy Test ...         </div>	<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"/>	+		
		-	<div style="border: 1px solid red; padding: 2px;"> <span>×</span> Billy Test ...         </div>	<input checked="" type="radio"/> Primary Percentage <input type="text" value="100"/> <input type="radio"/> Contingent Percentage <input type="text" value="0"/>

### Step 8 - On this screen you have the option of enrolling in Commuter Benefits (CBP).

- Commuter Benefits – Vitaflex Parking (Pre-Tax): used for parking costs associated with work
- Commuter Benefits – Vitaflex Transit (Pre-Tax): used for bus, van pools, train, subway, ferry costs associated with getting to work
- Commuter Benefits – Vitaflex Transit (Post-Tax): elected in addition to the Transit pre-tax option. Elect this if you want to contribute above and beyond the pre-tax benefit amount. \*\*\*One of the Pre-Tax options must be elected first\*\*\*
- Commuter Benefits – Vitaflex Parking (Post-Tax): Elected in addition to the Parking pre-tax option. Elect this if you want to contribute above and beyond the pre-tax benefit amount. \*\*\*One of the Pre-Tax options must be elected first\*\*\*

For more information about eligible commuter benefits, please call Vitaflex at 1.800.424.3052. Elect your desired coverage or to skip, click on “Continue”.

> Additional Benefits Plan Dependencies

Additional Benefits Elections 5 items

Benefit Plan	*Elect / Waive	Coverage	Amount (Monthly)	Percent	Employee Cost (Monthly)	Employer Contribution (Month)
Commuter Benefits - Vita Parking (Post-Tax)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		0.00	0		
Commuter Benefits - Vita Parking (Pre-Tax)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text" value=""/>	0.00	0		
Commuter Benefits - Vita Transit (Post-Tax)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		0.00	0		
Commuter Benefits - Vita Transit (Pre-Tax)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		0.00	0		

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

Elected Coverages 9 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)	10/21/2019	11/01/2019	EE + Child(ren)		Ronnie Test			\$1,135.92
Dental - Delta Dental PPO	10/21/2019	11/01/2019	EE + Child(ren)		Ronnie Test			\$121.11
Vision - VSP	10/21/2019	11/01/2019	EE + Child(ren)		Ronnie Test			\$35.71
Basic AD&D - The Hartford (Employee)	10/21/2019	11/01/2019	3 X Salary	\$294,000.00		Billy Test		\$4.41
Basic Life - The Hartford (Employee)	10/21/2019	11/01/2019	3 X Salary	\$294,000.00		Billy Test		\$14.70
Short Term Disability - The Hartford - Premium Imputed (Benefit is Tax Free) (Employee)	10/21/2019	11/01/2019	60% of Salary	\$1,127.89				\$7.91
Long Term Disability - The Hartford (Employee)	10/21/2019	11/01/2019	60% of Salary	\$4,887.50				\$7.09
Voluntary Employee Life - The Hartford (Employee)	10/21/2019	11/01/2019	\$100,000	\$100,000.00		Billy Test	\$5.20	
EAP - Optum	10/21/2019	11/01/2019						\$2.07
<b>Total:</b>							\$5.20	\$1,328.92

### 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