



New Hire elections for US Benefits in Workday

Welcome to Nutanix! You have 30 days to enroll yourself and any eligible dependents into your Nutanix benefits. Use the instructions below as a guide and email hr@nutanix.com if you have any questions.

❖ Benefits are effective on your date of hire.

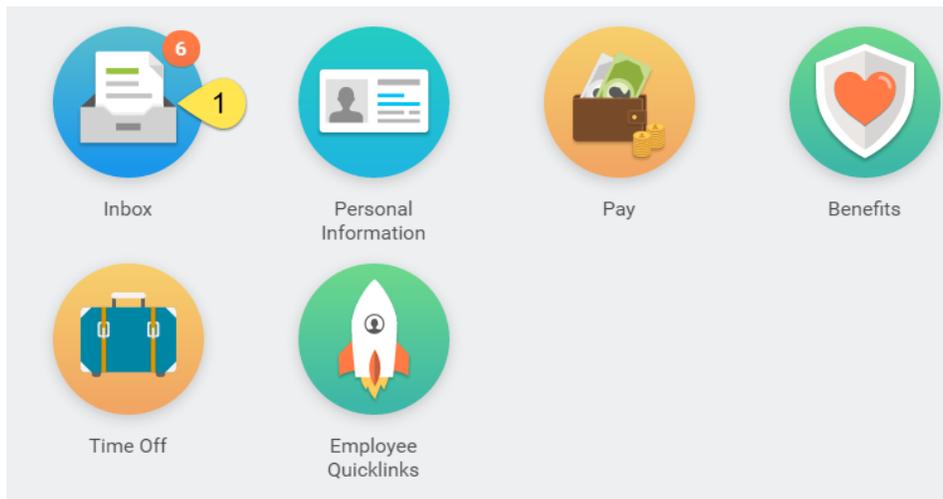
Please refer to <http://nutanixbenefits.com/> to find more information about our benefits.

Log into your Workday account via OKTA: <https://nutanix.okta.com>

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

“Complete Benefit Enrollment: <Title> - <Employee Name>” will be one of the action items in your Workday Inbox after you have completed the following:

- Review Export Policy Statement
- Review Documents (this includes the Employee Handbook, Anti-Harassment policy and several others)



When the Inbox opens up, click on **Complete Benefit Enrollment: <Title> - <Employee Name>** (2)

Change Benefit Elections New Hire for Belle Beauty - Step 1 of 7

Event Date: 01/17/2017
 Initiated On: 01/19/2017
 Submit Elections By: 02/16/2017
 11 second(s) ago - Due 01/31/2017; Effective 01/17/2017

More information about our benefits can be found at: www.nutanixbenefits.com

- United Healthcare POS - Our nationwide health plan!
- Kaiser Permanente HMO - If enrolling, also elect the HRA Kaiser - BRI Medical plan (available to CA residents only).
- Medical Opt-Out - Nutanix - If you would like to waive medical coverage, enroll in the Medical Opt-Out - Nutanix plan. This renders a medical waiver benefit of \$200 per month, paid on a attestation stating that you have coverage elsewhere.
- Delta Dental Premier Plus PPO - Our nationwide dental plan!
- VSP - Vision -Our nationwide vision plan!

Health Care Plan Dependencies

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - Kaiser Permanente HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - United Healthcare POS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee
HRA Kaiser - BRI Medical	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Dental - Delta Dental PPO Premier Plus	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee

Buttons: Continue, Save for Later, Cancel

Step 1 of 7: Health coverage elections (Medical, Dental, Vision or Opt-Out)

***Please note that Medical – Kaiser Permanente HMO is an option available only to CA residents. If you enroll in Medical – Kaiser Permanente HMO, you will also need to Elect the HRA Kaiser – BRI Medical.

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)
Medical - Kaiser Permanente HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical - United Healthcare POS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee		\$275.57
HRA Kaiser - BRI Medical	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
Dental - Delta Dental PPO Premier Plus	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee		\$27.60
Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee		\$6.54
				0	309.71

You will also notice on this screen (and subsequent) that in the upper right corner, it will state “Total Employee Net Cost/Credit”

Change Benefit Elections New Hire for Belle Beauty - Step 1 of 7 



 Total Employee Net Cost/Credit
 \$0.00 Semi-monthly Cost

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- United Healthcare POS - Our nationwide health plan!
- Kaiser Permanente HMO - If enrolling, also elect the HRA Kaiser - BRI Medical plan (available to CA residents only)
- Medical Opt-Out - Nutanix - If you would like to waive medical coverage, enroll in the Medical Opt-Out - Nutanix plan. This renders a medical waiver benefit of \$200 per month, paid on a semi-monthly basis. Please note that you will need to submit an attestation stating that you have coverage elsewhere.
- Delta Dental Premier Plus PPO - Our nationwide dental plan!
- VSP - Vision - Our nationwide vision plan!

This shows you the Employee’s financial responsibility per pay period (semi-monthly).

In this example Belle Beauty will elect Medical – United Healthcare POS, Dental - Delta Dental PPO, and Vision - VSP for herself and her spouse.

She will “Elect” the benefits she wants to enroll in and will “Waive” any she does not want at this time.

- Her next chance to make changes to her benefits will be during Open Enrollment unless she has a Qualifying Life Event. Please contact hr@nutanix.com if you have a Qualifying Life Event or refer to <http://nutanixbenefits.com/>.

Under Coverage, she will select “EE + Spouse” since she wants to include her Spouse in the benefits.

She will click on the line for the benefits she is electing, select the lines (3) under “Coverage” and then select EE + Spouse (4) from the available coverage types.

Health Care Elections 6 items

	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
	Medical - Kaiser Permanente HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - United Healthcare POS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		<div style="border: 1px solid #ccc; padding: 5px;"> <input type="text" value="search"/> 3 </div> <div style="border: 1px solid #ccc; padding: 2px;"> X Employee </div>

- Employee
- EE + Spouse 4
- EE + Child(ren)
- EE + Family
- EE + Domestic Partner
- EE + DP Child(ren)
- EE + DP + Family

✕ EE + Spouse
☰

This opens up a dialogue box under Enroll Dependents (5)

Information about our benefits can be found at: www.nutanixbenefits.com

United Healthcare POS - Our nationwide health plan!
 Kaiser Permanente HMO - If enrolling, also elect the HRA Kaiser - BRI Medical plan (available to
 Medical Opt-Out - Nutanix - If you would like to waive medical coverage, enroll in the Medical Opt-Out
 attestation stating that you have coverage elsewhere.

Delta Dental Premier Plus PPO - Our nationwide dental plan!
 VSP - Vision -Our nationwide vision plan!

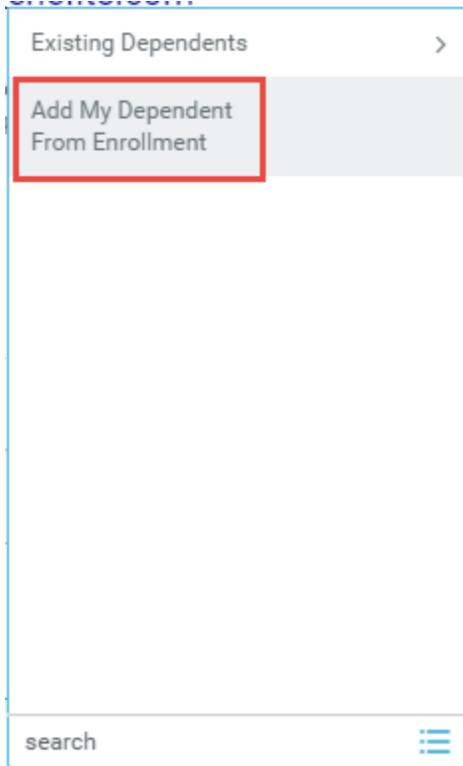
Health Care Plan Dependencies

Care Elections 6 items

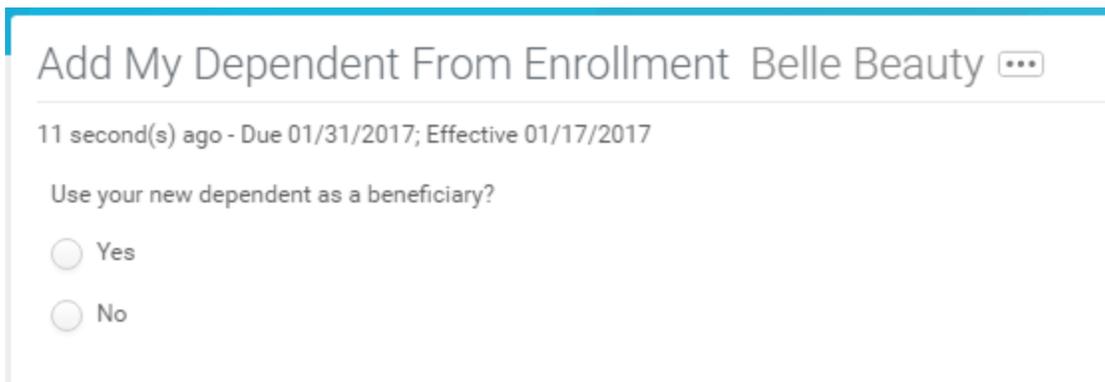
Benefit Plan	*Elect / Waive	Coverage
Medical - Kaiser Permanente HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	
Medical - United Healthcare POS	<input checked="" type="radio"/> Elect 5 <input type="radio"/> Waive	<div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> Existing Dependents > </div> <div style="display: flex; justify-content: space-between; align-items: center;"> Add My Dependent From Enrollment Medical waiver benefit of \$200 per month, paid on a semi </div> </div>
HRA Kaiser - BRI Medical	<input type="radio"/> Elect	

Since she has just started, Belle Beauty does not have any dependents in Workday. She will need to create her Spouse as a Dependent.

Click on “Add My Dependent From Enrollment”



You will have the option of making your new dependent available as a beneficiary as well. This does not mean they are automatically set up, but you will be able to choose them later if you wish to designate them as a beneficiary.



Click "OK"

Next you will enter all of the required information (*)

If you have their SSN, please be sure to add it in under National IDs.

Add My Dependent From Enrollment

11 second(s) ago - Due 01/31/2017; Effective 01/17/2017

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age 26 years, 11 months, 5 days

Gender *

Primary Nationality

Citizenship Status

City of Birth

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Address

Use Existing Address

Country *

Address Line 1

Address Line 2

City

State

Postal Code

County

Phone & Email

Country Phone Code

Area Code

Phone Number

Phone Extension

Email Address

Enter all of the information and click "OK".

Repeat Step 5 above for each Dependent being added to benefits.

For the next election, select your Coverage and under Enroll Dependents, click on Existing Dependents **(6)**

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Existing Dependents	Coverage
Medical - Kaiser Permanente HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Existing Dependents 6 Add My Dependent From Enrollment search	
Medical - United Healthcare POS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		EE + Spouse
HRA Kaiser - BRI Medical	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Dental - Delta Dental PPO Premier Plus	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		X EE + Spouse
Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee

We now see that her Spouse is an Existing Dependent to choose from (7)

Health Care Elections 6 items

Benefit Plan	*Elect / Waive	Existing Dependents	Coverage
Medical - Kaiser Permanente HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Existing Dependents 7 <input type="checkbox"/> Prince Beast search	
Medical - United Healthcare POS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		EE + Spouse
HRA Kaiser - BRI Medical	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Dental - Delta Dental PPO Premier Plus	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		X EE + Spouse
Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		

This completes the first page of the New Hire benefit enrollment. We can see that Belle is requesting to be enrolled in United Healthcare for herself and her spouse, Delta Dental for her and her spouse and VSP vision for her and her spouse.

	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)
	Medical - Kaiser Permanente HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
	Medical - United Healthcare POS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Prince Beast	EE + Spouse		\$633.79
	HRA Kaiser - BRI Medical	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
	Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
	Dental - Delta Dental PPO Premier Plus	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Prince Beast	EE + Spouse		\$54.68
	Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	X Prince Beast	X EE + Spouse		\$13.09
					0	701.56

We can also see that the Employee Cost (Monthly) is currently \$0 while the Nutanix Employer Contribution (Semi-monthly) is \$701.56 because Nutanix pays all of the premiums for our plans.

	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)
	Medical - Kaiser Permanente HMO	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
	Medical - United Healthcare POS	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Prince Beast	EE + Spouse		\$633.79
	HRA Kaiser - BRI Medical	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
	Medical Opt-Out - Nutanix	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				
	Dental - Delta Dental PPO Premier Plus	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Prince Beast	EE + Spouse		\$54.68
	Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	X Prince Beast	X EE + Spouse		\$13.09
					0	701.56

Click "Continue" to go to the next page or click "Save for Later" to come back and make changes later.

Step 2 of 7: Enter a Primary Care Physician (PCP) code and National Identifier/SSN if necessary

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 Initiated On 01/19/2017
 Submit Elections By 02/16/2017
 11 second(s) ago - Due 01/31/2017, Effective 01/17/2017

Kaiser enrollees, you will see this page if you need to add your dependent's Social Security Number.

UHC enrollees, you must add the Provider ID. Additionally, you may need to enter a dependent's Social Security Number. If you have chosen the United Healthcare plan

- Please enter the following number in the Employee Provider ID column: 00003924974001
- (Please enter the same code for yourself and all of your dependents)
- 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.

If you added a dependent, please enter their Social Security Number, or a reason why they do not have one. Social Security Numbers are required by ACA reporting.

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	<input type="text"/>	Prince Beast	<input type="text"/>

You have Dependents covered under your Health Care plans without a Social Security Number. You must enter their Social Security Number or choose Not Available if you do not have access to their SSN at this time. You must follow up with the Benefits Department to update this missing information.

Dependent IDs 1 item

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

Beauty needs to fill in the Primary Care Physician code for herself and her spouse (United Healthcare participants only)

This number is: 00003924974001 (8)

Enter this number for all of the dependents. The same number will be used for all individuals being added to the plan.

Health Care Elections 1 item

Benefit Plan	*Employee Provider ID	Dependents	
Medical - United Healthcare POS	00003924974001 (8)	Dependent	*Dependent Provider ID
		Prince Beast (8)	00003924974001

We can also see that Belle did not enter in a Social Security Number for her dependent when she created him. This is needed for benefits in accordance with the Affordable Care Act.

She can enter his SSN at this time or select Reason ID is Not Available and enter a reason. (9)

Dependent IDs 1 item

Dependent	National ID Type Name	*Identifier ID Entered / Reason ID is Not Available
Prince Beast	Social Security Number (SSN)	<input checked="" type="radio"/> Identifier ID Entered 000-12-3456 (9) <input type="radio"/> Reason ID is Not Available <input type="text"/>

Click Continue

Step 3 of 7: Flexible Spending Account (FSA).

Nutanix offers a Medical FSA as well as a Dependent Care FSA.

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 11 second(s) ago - Due 01/31/2017; Effective 01/17/2017

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 type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 23 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Semi-monthly)? 0.00	Minimum Contribution (Annual) \$1.00 Maximum Contribution (Annual) \$2,600.00
FSA Dependent Care - BRI	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 23 Your estimated contributions made this year 0.00 How much do you want to contribute for the total year? 0.00 How much do you want to contribute per paycheck (Semi-monthly)? 0.00	Minimum Contribution (Annual) \$1.00 Maximum Contribution (Annual) \$5,000.00

Make your election and click Continue.

Step 4 of 7: Voluntary Life Insurance and Accidental Death and Dismemberment (AD&D).

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 and/or children.

Event Date 01/17/2017
Initiated On 01/19/2017
Submit Elections By 02/16/2017

11 second(s) ago - Due 01/31/2017, Effective 01/17/2017

Additional coverage levels for Voluntary Employee Life and Voluntary Spouse Life will require completion of an Evidence of Insurability (EOI) form if above the Guaranteed Issue amount. You will receive more information on the EOI from the Hartford via email.

- Employee Voluntary Life and/or AD&D coverage in \$10,000 increments (maximum will be the lesser of six times your annual earnings or \$1,000,000). The Guaranteed Issue amount for Voluntary Life \$500,000.
- Spouse Voluntary Life and/or AD&D coverage up to 100% of employee coverage amount in \$5,000 increments (maximum will be the lesser of employee's Basic and Voluntary Life/AD&D amount or \$500,000). ‡ The Guaranteed Issue amount for spousal life is \$25,000.
- Child Voluntary Life and/or AD&D coverage up to 100% of employee coverage amount in \$2,000 increments (maximum will be \$10,000).

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 10 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Employee Cost (Semi-monthly)	Employer Contribution (Semi-monthly)
Basic AD&D - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	3 X Salary		\$150,000.00		\$1.13
Basic Life - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	3 X Salary		\$150,000.00		\$3.00
Voluntary Employee Life - The Hartford (Employee)	<input type="radio"/> Elect					
Voluntary Employee AD&D - The Hartford (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					
Voluntary Spouse Life - The Hartford (Spouse/Domestic Partner)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					
Voluntary Spouse AD&D - The Hartford (Spouse/Domestic Partner)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					
Voluntary Child Life - The Hartford (Child)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					
Voluntary Child AD&D - The Hartford (Child)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive					
Short Term Disability - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	60% of Salary		\$576.92		\$1.45
Long Term Disability - The Hartford (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	60% of Salary		\$2,500.00		\$2.50
					0	8.08

Step 5 of 7: Beneficiary delegations for your life and AD&D insurance

Beneficiary Designations 2 items

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

Click the + sign to create a new row

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 2 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"/>		

You have the opportunity to choose a Beneficiary Persons, Trusts or Create a New Beneficiary.

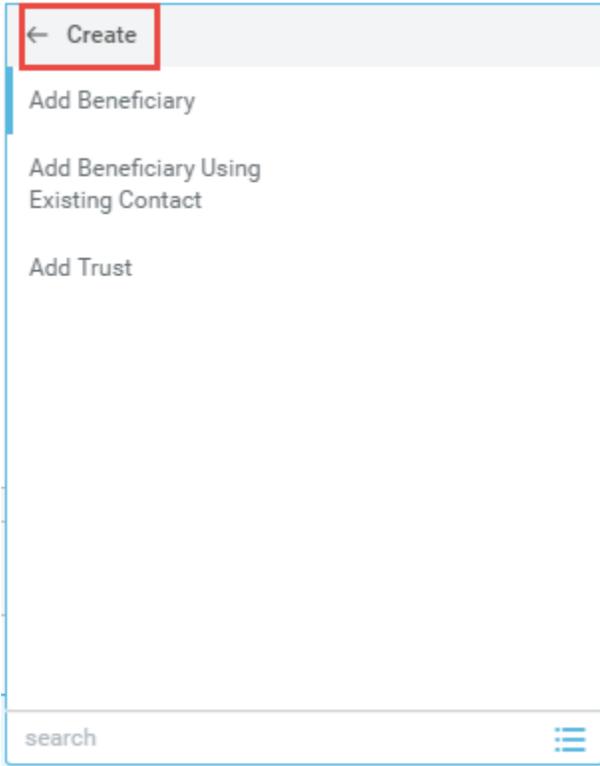
Beneficiary Persons >

Trusts >

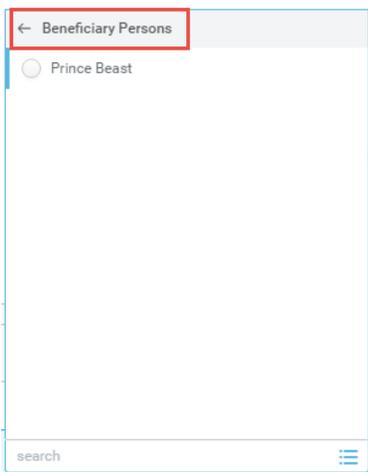
Create >

search 

Create allows you to Add Beneficiary, Add Beneficiary Using Existing Contact or Add Trust.



If you chose to make a Dependent a Beneficiary when you created them in (5) above, they will show in the Beneficiary Person list and you can choose them.



Beneficiary Designations 2 Items

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

For each category, the Primary Percentage must add up to 100% (per benefit). If you have a Contingent beneficiary, they must also add up to 100% (per benefit).

Beneficiary Designations 2 Items

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

Step 6 of 7: Commuter Benefit Program (CBP)

Additional Benefits Elections 3 Items

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

- Commuter Benefits – BRI Parking (Pre-Tax): used for parking costs associated with Work (Please refer to our vendor to determine what is eligible: [Parking CBP](#)).
- Commuter Benefits – BRI Transit/Parking (Post-Tax): elected in addition to the Parking and/or Transit pre-tax options. 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 – BRI Transit (Pre-Tax): used for bus, van pools, train, subway, ferry costs associated with getting to work.

Click Continue.

Step 7 of 7: Review your Elected Coverages, Waived Coverages and Beneficiary Designations

Details

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.

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.
http://www.nutanixbenefits.com/docs/legal/Statement_of_Domestic_Partnership_Revised_10-2016.pdf

Elected Coverages 7 items

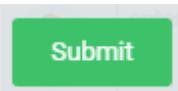
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employer Contribution (Semi-monthly)
Medical - United Healthcare POS	01/17/2017	01/17/2017	EE + Spouse		Prince Beast		\$633.79
Dental - Delta Dental PPO Premier Plus	01/17/2017	01/17/2017	EE + Spouse		Prince Beast		\$54.68
Vision - VSP	01/17/2017	01/17/2017	EE + Spouse		Prince Beast		\$13.09
Basic AD&D - The Hartford (Employee)	01/17/2017	01/17/2017	3 X Salary	\$150,000.00		Prince Beast	\$1.13
Basic Life - The Hartford (Employee)	01/17/2017	01/17/2017	3 X Salary	\$150,000.00		Prince Beast	\$3.00
Short Term Disability - The Hartford (Employee)	01/17/2017	01/17/2017	60% of Salary	\$576.92			\$1.45
Long Term Disability - The Hartford (Employee)	01/17/2017	01/17/2017	60% of Salary	\$2,500.00			\$2.50
Total:							709.64

The Waived Coverages are the items that Belle Beauty did not enroll in at this time:

Waived Coverages

Waived Coverages 11 items

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



Before clicking **Submit**, you will need to read the Legal Notice and click the box next to “I Agree”.

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

Congratulations; you have submitted your benefit elections. You should receive your insurance ID cards in about 10 – 14 business days. If you have any questions, please email hr@nutanix.com.