

# How to Enroll

## 1 Log on to Workday

Enroll or make changes by logging into Workday from your Okta page between November 6 and 17.

## 2 Enter your dependent and beneficiary information

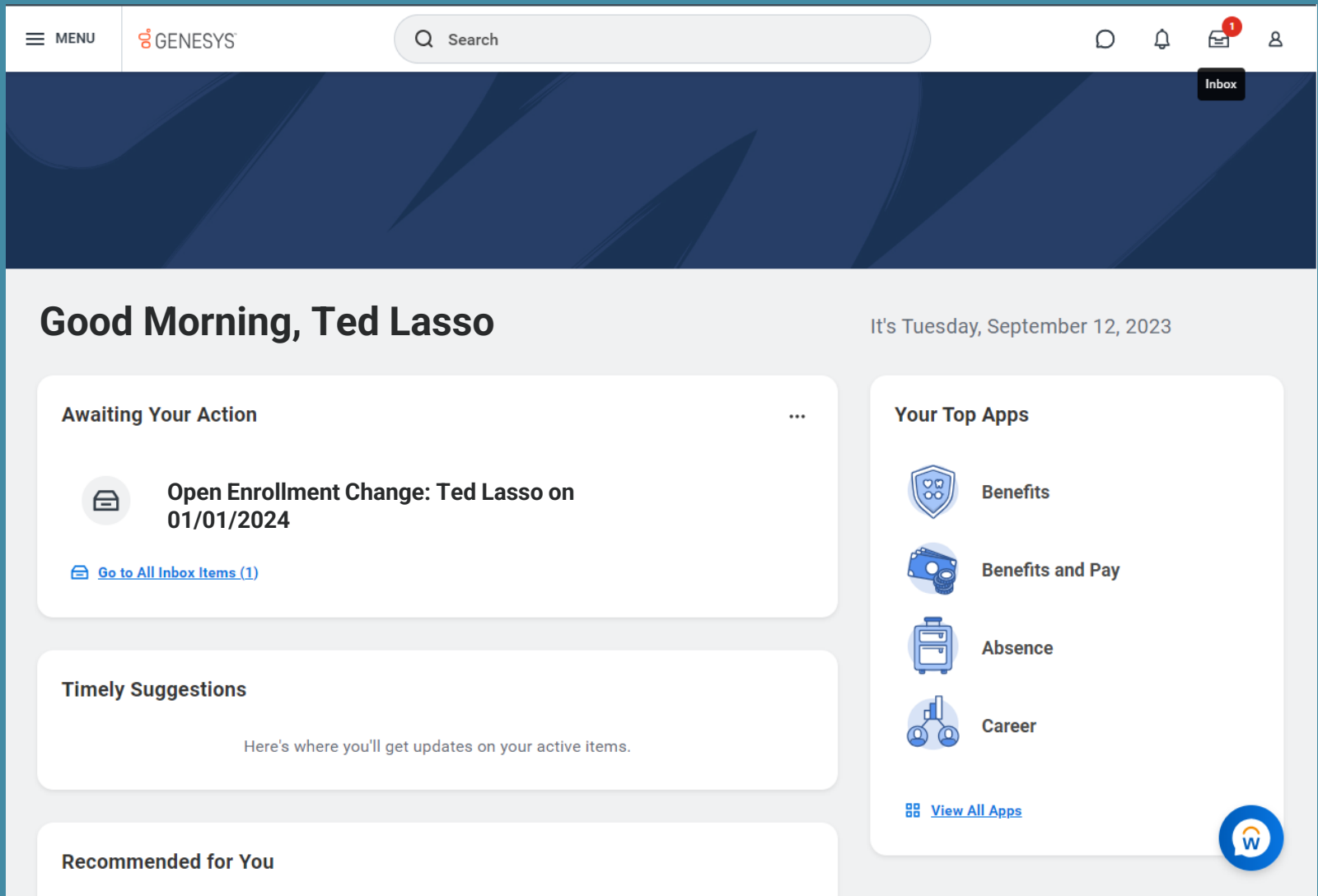
- This is an Active enrollment, so dependent and beneficiary information will need to be entered; have SSNs, date of births, legal names and addresses handy to refer to

## 3 Choose your benefits for 2024

- You must make elections for all of your benefits in 2024, including medical, dental, vision, HSA and FSA. This is different than in past years here at Genesys.
- If you elect one of the HDHP plans through UMR, you will need to also elect the Health Savings Account (HSA) in order to receive the semi-monthly employer HSA contributions, even if you are not making an employee HSA contribution.
- **Review your benefit elections carefully. Once you hit “submit”, you CANNOT go back in and make changes to your 2024 elections.**
- Make sure that when you are finished making your elections that you click “Submit”.

## 4 Print or Save Your Confirmation Statement

- After completing your enrollment, print or save copy of your 2024 elections as a pdf and retain a copy for your records.



## It's time for Open Enrollment!

- You will receive an email instructing you to log into Workday and make your elections.
- Upon logging into Workday, you will see the Open Enrollment task awaiting your action. Click the task followed by the "Let's Get Started" button to begin Open Enrollment.

MENU GENESYS Search

### Update Your Information

#### Health Information

##### Tobacco Use

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

Answer \*  Yes  No

Continue Cancel

New this year - you will first be prompted to provide information on Tobacco use. This answer will affect certain voluntary plan pricing.

Once you have selected the appropriate answer, click continue. You will then move forward to a plan menu screen with all available plan options.

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### Information Updated

Thanks for updating your information.

Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make.

Continue Cancel

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## USA Open Enrollment

Projected Total Cost Per Paycheck  
\$0.00

### Health Care and Accounts

<b>Medical - USA</b> Waived <a href="#">Enroll</a>	<b>Dental - USA</b> Waived <a href="#">Enroll</a>	<b>Vision - USA</b> Waived <a href="#">Enroll</a>
<b>Hospital Indemnity - USA</b> Waived <a href="#">Enroll</a>	<b>Accident Insurance - USA</b> Waived <a href="#">Enroll</a>	<b>Health Savings Account - USA</b> Waived <a href="#">Enroll</a>
<b>FSA - Medical - USA</b> Waived <a href="#">Enroll</a>	<b>FSA - Dependent Care - USA</b> Waived <a href="#">Enroll</a>	

Insurance

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Review the benefit plans available to you.

- Click "Enroll" on each plan to view details and waive or select this coverage.
- Click "Manage" to view coverage on plans you are already enrolled in.

### Insurance

<b>Basic Life - USA</b> NYL (Employee) Cost per paycheck Included Coverage 2 X Salary <a href="#">Manage</a>	<b>Basic AD&amp;D - USA</b> NYL (Employee) Cost per paycheck Included Coverage 2 X Salary <a href="#">Manage</a>	<b>Voluntary Life - USA</b> Waived <a href="#">Enroll</a>
<b>Spouse Voluntary Life - USA</b> Waived <a href="#">Enroll</a>	<b>Child Voluntary Life - USA</b> Waived <a href="#">Enroll</a>	<b>Voluntary AD&amp;D - USA</b> Waived <a href="#">Enroll</a>
<b>Spouse Voluntary AD&amp;D - USA</b> Waived <a href="#">Enroll</a>	<b>Child Voluntary AD&amp;D - USA</b> Waived <a href="#">Enroll</a>	<b>Long Term Disability (LTD) - USA</b> NYL (Employee) Cost per paycheck Included Coverage 66.67% of Salary <a href="#">Manage</a>
<b>Critical Illness - USA</b> Waived <a href="#">Enroll</a>	<b>Critical Illness Spouse or DP - USA</b> Waived <a href="#">Enroll</a>	

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## Medical - USA

Projected Total Cost Per Paycheck  
\$0.00

**Plans Available**

Select a plan or Waive to opt out of Medical - USA. The displayed cost of waived plans assumes coverage for Employee Only.

3 items

*Selection	Benefit Plan Details	You Pay (Semimonthly)	Company Contribution (Semimonthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	<a href="#">UMR HDHP 1</a>	\$21.00	\$164.66
<input type="radio"/> Select <input checked="" type="radio"/> Waive	<a href="#">UMR HDHP 2</a>	\$26.50	\$311.94
<input type="radio"/> Select <input checked="" type="radio"/> Waive	<a href="#">UMR PPO</a>	\$112.50	\$261.90

**Health Care Instructions**

**General Instructions**

When you enroll in a High Deductible Plan (HDHP), you may also enroll in a Health Savings Account.

**Confirm and Continue** **Cancel**

Click the "Select" button next to any plan you wish to enroll in.

To add, review or remove dependents on a plan, click "Confirm and Continue".

View plan rates by clicking on link under "Benefit Plan Details"

MENU GENESYS Search

## Medical - USA

Projected Total Cost Per Paycheck  
\$0.00

**Plans Available**

Select a plan or Waive to opt out of Medical - USA. The displayed cost of waived plans assumes coverage for Employee Only.

3 items

*Selection	Benefit Plan Details	You Pay (Semimonthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	<a href="#">UMR HDHP 1</a>	\$21.00
<input type="radio"/> Select <input checked="" type="radio"/> Waive	<a href="#">UMR HDHP 2</a>	\$26.50
<input type="radio"/> Select <input checked="" type="radio"/> Waive	<a href="#">UMR PPO</a>	\$112.50

**UMR HDHP 1**

**You Pay (Semimonthly)**

- \$21.00 Employee Only
- \$109.50 Employee + Spouse
- \$88.00 Employee + Children
- \$160.00 Employee + Family
- \$109.50 Employee + Domestic Partner
- \$88.00 Employee + Domestic Partner Children
- \$160.00 Employee + Children + Domestic Partner
- \$160.00 Employee + Domestic Partner + DP Children
- \$160.00 Employee + Domestic Partner + Children + DP Children

**Confirm and Continue** **Cancel**

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### Medical - USA - UMR HDHP 1

Projected Total Cost Per Paycheck  
\$21.00

#### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee Only

Plan cost per paycheck \$21.00

**Add New Dependent**

#### Health Care Instructions

##### General Instructions

When you enroll in a High Deductible Plan (HDHP), you may also enroll in a Health Savings Account.

**Save** Cancel

## Add Dependents

- If you do not have dependents, click “save” and continue on.
- To add, click “Add New Dependent” and then enter dependent’s information on next screen.

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### Add My Dependent From Enrollment 01/10/2023

#### Name

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

#### Personal Information

Relationship \*

Date of Birth \*

Age 0 years, 0 months, 12 days

Gender \*  **Male**

Citizenship Status

Tobacco Use Uses Tobacco \*  Yes  No

Full-time Student


Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

**Save** Cancel



### Add My Dependent From Enrollment

**Name**

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

**Personal Information**

Relationship \*

Date of Birth \*

Age 0 years, 0 months, 12 days

Gender \*

Citizenship Status

Tobacco Use Uses Tobacco

\*  Yes  No

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

**Save** **Cancel**

## Add Dependents – continued

- Fill in all required fields including: Legal name, DOB, gender, tobacco use, home address and SSN.
- To enter SSN, click on “Add” under National IDs. If SSN is not available, please state why.

Repeat this process for all dependents. Ensure check box is checked next to all who need to be enrolled within each benefit plan section.

### Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage \* Employee + Children

Plan cost per paycheck \$88.00

**Add New Dependent**

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Test Only	Child	09/01/2023

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.









#### Dependent Social Security Numbers 1 item

Dependent	*Social Security Number
Test Only	<input type="radio"/> Social Security Number (SSN) <input type="text"/> <input checked="" type="radio"/> Reason SSN is Not Available <input type="text"/>

**Save** **Cancel**



## Insurance

<p><b>REVIEWED</b></p> <p> <b>Basic Life - USA</b> NYL (Employee)</p> <p>Cost per paycheck: Included Coverage: 2 X Salary</p> <p><a href="#">Manage</a></p>	<p><b>REVIEWED</b></p> <p> <b>Basic AD&amp;D - USA</b> NYL (Employee)</p> <p>Cost per paycheck: Included Coverage: 2 X Salary</p> <p><a href="#">Manage</a></p>
<p> <b>Voluntary Life - USA</b> Waived</p> <p><a href="#">Enroll</a></p>	<p> <b>Spouse Voluntary Life - USA</b> Waived</p> <p><a href="#">Enroll</a></p>
<p> <b>Child Voluntary Life - USA</b> Waived</p> <p><a href="#">Enroll</a></p>	<p> <b>Voluntary AD&amp;D - USA</b> Waived</p> <p><a href="#">Enroll</a></p>
<p> <b>Spouse Voluntary AD&amp;D - USA</b> Waived</p> <p><a href="#">Enroll</a></p>	<p> <b>Child Voluntary AD&amp;D - USA</b> Waived</p> <p><a href="#">Enroll</a></p>

[Review and Sign](#)

[Save for Later](#)



Automatic Enrollment:  
You are automatically enrolled in the Basic Life, Basic AD&D and disability plans.

Optional Enrollment:  
You can choose to elect additional life and AD&D insurance for yourself, your spouse and your child(ren). You can also enroll in Critical Illness insurance for yourself or spouse.



MENU GENESYS Search

## Basic Life - USA - NYL (Employee)

Projected Total Cost Per Paycheck  
\$88.00

### Coverage

←

Calculated Coverage \$315,000.00

Coverage 2 X Salary

Plan cost per paycheck Included

### 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 0 items

Beneficiary	Percentage
No Data	

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save Cancel



View insurance coverage amount at top of page.

To add a beneficiary, click the (+) icon and select either existing or new.

- If adding a new beneficiary, you will need to enter in their personal information on the next page.

## Basic Life - USA - NYL (Employee)

Projected Total Cost Per Paycheck  
\$88.00

### Coverage

Calculated Coverage \$315,000.00

Coverage 2 X Salary

Plan cost per paycheck Included

### 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" value="Teddy Bear Lasso"/>	<input type="text" value="0"/>

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Save

Cancel



Select percentage desired for each listed beneficiary.

*Note: Total percentage needs to equal 100.*

If you'd like to designate contingent or secondary beneficiaries, add them under the "Second Beneficiaries" section.

*Note: Total percentage needs to equal 100.*

Click "save" or "cancel" to return to main page. Repeat this process for all life and AD&D insurance plans.




Additional Benefits:

You are automatically enrolled in the Lyra Employee Assistance Program, Brightplan Financial Wellness plan and Business Travel Accident Insurance.


You can choose to enroll in Legal Services.

Click “Review and Sign” to move to summary page, or “Save for Later” to save your elections so you can come back to them.


Additional Benefits

 <b>Employee Assistance Program (EAP)</b> Lyra Health EAP Services - USA	 <b>Financial Wellness - USA</b> BrightPlan Financial	 <b>Legal Services - USA</b> Waived
Cost per paycheck: Included Coverage: Employee	Cost per paycheck: Included	
<a href="#">Manage</a>	<a href="#">Manage</a>	<a href="#">Enroll</a>

 <b>Business Travel Accident</b> Chubb	
Cost per paycheck: Included	
<a href="#">Manage</a>	

[Review and Sign](#) [Save for Later](#)



## View Summary

Projected Total Cost Per Paycheck  
\$88.00

Selected Benefits 5 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical - USA UMR HDHP 1	01/01/2024	01/01/2024	Employee + Children	Teddy Bear Lasso		\$88.00
Basic Life - USA NYL (Employee)	01/01/2024	01/01/2024	2 X Salary		Teddy Bear Lasso	Included
Basic AD&D - USA NYL (Employee)	01/01/2024	01/01/2024	2 X Salary			Included
Long Term Disability (LTD) - USA NYL (Employee)	01/01/2024	01/01/2024	66.67% of Salary			Included
Financial Wellness - USA BrightPlan Financial	01/01/2024	01/01/2024				Included

Waived Benefits 16 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost

Submit

Cancel



Make sure to carefully review your enrollments and related costs to ensure they are accurate.

If any changes are needed, click "Cancel" at the bottom of the page to return to the previous screen.

When ready to finalize, click "Submit".  
**IMPORTANT:** Once submitted, you will not be able to make any further changes during Open Enrollment.

**Submit Elections Confirmation** USA Open Enrollment for Ted Lasso

Initiated On 09/08/2023

Submit Elections By 09/15/2023

Event Date 01/01/2024

Total Employee Cost/Credit \$88.00 Semimonthly Cost

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

Once you hit "Submit" you will no longer be able to make changes. You will also not be able to view your elections until Open Enrollment closes. Please print your Benefits Statement for your records.

Elected Coverages 5 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries
Medical - USA - UMR HDHP 1	01/01/2024	01/01/2024	Employee + Children		Teddy Bear Lasso	
Basic Life - USA - NYL (Employee)	01/01/2024	01/01/2024	2 X Salary	\$315,000.00		Teddy Bear Lasso
Basic AD&D - USA - NYL (Employee)	01/01/2024	01/01/2024	2 X Salary	\$315,000.00		
Long Term Disability (LTD) - USA - NYL (Employee)	01/01/2024	01/01/2024	66.67% of Salary	\$8,737.66		
Financial Wellness - USA - NYL (Employee)	01/01/2024	01/01/2024				

Print

It is recommended to download a PDF of your benefits statement for your records. Click the "View 2024 Benefits Statement" button after submitting, then choose "Print" at the bottom of the next page.

You can review your Open Enrollment elections at any time by going to your Workday inbox and clicking on the Archived Open Enrollment Change task.

**Inbox**

Actions **Archive**

Sort By: Newest

From Last 30 Days

Open Enrollment Change: Ted Lasso on 01/01/2024

2 minute(s) ago - Successfully Completed

View Event Open Enrollment Change: Ted Lasso on 01/01/2024

2 minute(s) ago - Successfully Completed

For Ted Lasso

Overall Process Open Enrollment Change: Ted Lasso on 01/01/2024

Overall Status Successfully Completed

Details Process

Change Reason USA Open Enrollment

Initiated On 09/08/2023

Submit Elections By 09/15/2023

Benefit Event Date 01/01/2024

Finalized Date (empty)

Benefit Group USA Active Employees - Regular

Enrollment Status Submitted

Attachments 0 items

Attachment

No items available.

Elected Coverages 5 items

# Let's Get Started

## Awaiting Your Action



Submit Evidence of Insurability - Open Enrollment: Open Enrollment Change  
on 01/15/2024

Inbox - 5 second(s) ago

[Go to All Inbox Items \(1\)](#)

Evidence of Insurability ALERT: EOI Request for



No Reply - Genesys  
To

[Reply](#) [Reply All](#) [Forward](#) [Share](#) [More](#)  
Mon 10/23/2023 8:28 AM

Hi

This Benefit Election ALERT is to notify you that the recent Benefit Election you made for the Benefit Plans listed below requires Evidence of Insurability review and approval by New York Life.

**Benefit Plan(s):**  
**Voluntary Life - USA - NYL (Employee)**

Please use the link: [NYL EOI Portal](#) to securely login to the NYL EOI Portal to continue your process.

Thank you,  
[benefits.team@genesys.com](mailto:benefits.team@genesys.com)

\*This email was sent to your work email.

If your voluntary life insurance election requires Evidence of Insurability (EOI), you will receive an Outlook email as well as a matching task in your Workday inbox after Open Enrollment has ended. Use the link provided in either one to access EOI form to complete.

*Note: Until your EOI is approved, your coverage will remain at the guaranteed issue amount.*

## Inbox

Actions

Archive

View: All Sort By: Newest

Submit Evidence of Insurability - Open Enrollment: Open Enrollment Change: on 01/15/2024  
23 second(s) ago - Effective 01/15/2024

### Complete To Do [Submit Evidence of Insurability - Open Enrollment](#)

23 second(s) ago - Effective 01/15/2024

For

Overall Process [Open Enrollment Change](#) on 01/15/2024

Overall Status Successfully Completed

Instructions You have elected insurance coverage that requires evidence of insurability. You must complete an Evidence of Insurability form and submit it directly to the insurance provider.

At the time the Open Enrollment is finalized by the Benefits Team, your information will be sent to Medical Underwriting and you will receive an email with a link to complete your Evidence of Insurability form for your requested coverage.

Note: Your coverage will remain at the current level while your evidence of insurability is being reviewed.

[NYL EOI SSO Link - IMPL2](#)

enter your comment



Need Help Enrolling in Workday?  
Contact HRIS at [hris@genesys.com](mailto:hris@genesys.com)

Questions about benefits?  
Contact the Benefits team at [benefits.team@genesys.com](mailto:benefits.team@genesys.com)