

# Steps to enroll or make changes

Total Rewards gives you your choice of employee benefits, inviting you to personalize your package to reflect how you live and what you value. Choosing your benefits is an important decision. Benefits selection is a self-service process completed entirely in Workday. Whether you're enrolling in benefits as a new hire or making an adjustment to your benefits, you'll do so in Workday. This gives you complete control over your benefits selection.

## Enrolling in benefits (new hires)

### Prepare for enrollment

- 1 Review the Total Rewards Benefits Guide and assess the coverage needs you have for you and your family.
- 2 Gather all the information you'll need to enroll any covered dependents and/or beneficiaries.  
You will need:
  - Full name
  - Date of birth
  - Social Security number
  - Required documents including birth certificates for dependent children and/or a marriage license for your legal spouse
- 3 For any covered dependents or beneficiaries, please add them to your account before you start the enrollment process. You must add them in Workday. **Navigation in Workday: Menu > Personal > Benefits & Pay > Benefits > Select Dependents or Beneficiaries > Add**

### Steps to enroll

- 1 Log in to Workday
- 2 Click on 'Awaiting your Action' on the homepage or click on your tasks in the upper right-hand corner.
- 3 Select the task 'Benefits Change – New Hire,' then click 'Let's get started'
- 4 Follow the prompts to enroll
- 5 At the end of the enrollment process you will be asked to include attachments. This is where you'll attach any required documents to cover your dependents and/or spouse. If you do not attach the required documents at the time of enrollment, you must email them to the PSC at [PSC@LCMHealth.org](mailto:PSC@LCMHealth.org) within 60 days of your hire date. Failure to submit these documents will result in the denial of coverage for your dependents.

## Making changes

A Qualifying Life Event (QLE) is a change in your family that allows you to adjust some of your benefits. If you want to change your benefits due to a QLE, you need to request the change through Workday and provide documentation of the event. See below for details.

### Verify the event

Use the following instructions to upload documentation verifying your QLE. See next page for a list of common QLEs and acceptable forms of documentation.

- 1 Gather the appropriate documents to verify your QLE
- 2 Log in to Workday
- 3 Add/update dependents and/or beneficiaries before you make your change  
**Navigation: Menu > Personal > Benefits & Pay > Benefits > Select Dependents or Beneficiaries > Add**
- 4 Change benefits and submit for review  
**Navigation: Menu > Benefits & Pay > Benefits > Benefit Elections > Change Benefits**

### What happens next?

Upon receipt of your documents, LCMC Health will review and approve your request. If there are any questions about the documents received or additional information is needed, a representative will contact you.

# Making a change: Know the steps to take



## A life event happens

You experience a Qualified Life Event (QLE) and have 30 days to request changes.



## Verify newly added dependents

Add any new dependents in Workday before you request a change. You'll need to add required documents during the QLE enrollment in Workday.



## Request a change

Your changes are approved, or you may be asked for more information.



## Changes are approved

You complete your Life Event Enrollment online in Workday.

What is your QLE?	What documentation should you submit?	What can be changed?	Effective date of benefits
I got married	Copy of marriage license or marriage certificate	Medical, dental, vision, term life and flexible spending accounts	1st of the month following the marriage
I got divorced or annulled a marriage	Copy of a divorce decree or agreement; also called statement/certificate of divorcement or annulment certification	Medical, dental, vision, term life and flexible spending accounts	1st of the month following the divorce or annulment
I had a baby	Copy of birth certificate, hospital certificate of live birth	Medical, dental, vision, term life and flexible spending accounts	Date of birth
I adopted a child or gained legal guardianship of a child	Adoption decree or legal guardianship decree	Medical, dental, vision, term life and flexible spending accounts	Date of the event
One of my covered dependents passed away	Copy of death certificate or obituary	Medical, dental, vision, term life and flexible spending accounts	Date of the event
I or someone covered under my plan had a change of employment or eligibility that affected their eligibility for benefits	A document on company letterhead that verifies the employment status change outlining change in coverage; must include an effective date and HR contact	Medical, dental, vision, term life and flexible spending accounts	1st of the month following the event
I am now legally required to provide benefits for a dependent who was not previously enrolled in coverage	Copy of the judgment, decree, or court order documents stating that the person must be covered	Medical, dental, vision, term life and flexible spending accounts	1st of the month following the event
I or someone covered under my plan is now entitled to receive Medicare / Medicaid or coverage has ended	A letter or form from Medicare or Medicaid outlining change in coverage and effective date of eligibility	Medical, dental, vision, term life and flexible spending accounts	1st of the month following the event
I or someone covered under my plan has had a change in citizenship or residency status	Certificate of citizenship, naturalization, or change in residency	Medical, dental, vision, term life and flexible spending accounts	1st of the month following the event
Health Savings Account (HSA) contribution change	No documentation necessary	HSA	1st of the month following the election change
I am no longer eligible as a dependent on my parent's plan	A document on company letterhead that verifies the eligibility status change outlining change in coverage; must include an effective date	Medical, dental, vision, term life and flexible spending accounts	1st of the month following the event

**For assistance, call the People Service Center Monday-Friday, 8 am-5 pm at 504.702.5525 or [PSC@LCMHealth.org](mailto:PSC@LCMHealth.org)**