MFB and Covenant Cafe Badge Enrollment in Workday

Please follow the steps below to enroll in the ability to have cafe deductions come out of your paycheck by using your badge in the cafe when checking out. The steps below are for the MFB Cafe and/or Covenant Cafeteria

19 Steps <u>View most recent version</u>

Created by

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Click on Benefits and Pay in 'Your Top Apps' Widget

note you may need to click on 'view all apps' if you don't have 'Benefits and Pay' saved as a top app.



Click on Change Benefits

Q Search	
Tasks and Reports	
Payment Elections Change Benefits	Change Retirement Savings
Overview	
Overview Most Recent Pay	Deductions

STEP 3

Select 'Cafeteria Plan Enrollment' from the Change Reason drop down menu.

Change Reason *	select one
	select one
	Add/Update Beneficiary
	Cafeteria Plan Enrollment
	HSA Enrollment
	Life Event - Birth / Placement of Child
	Life Event - Death of a Dependent
	Life Event - Dependent Gain or loss of Medicare
	Life Event - Divorce
	Life Event - Employee/Dependent Gains or Loses Other Coverage
	Life Event - Employee Gain or loss of Medicare

Select today's date or a future effective date for your enrollment.

	nt	•			
enefit Event Date *	<		Dece	ember 2	2024
	SUN	MON	TUE	WED	THU
ubmit Elections By (empty)	1	2	3	4	5
	8	9	10	11	12
	15	16	17	18	19
	22	23	24	25	26

STEP 5

Click on Submit

enter your comment	
Submit Save for Later Cancel	

<u>A pop up will appear, you can click open, or navigate to your Workday inbox</u> <u>at any time and click 'let's get started' on the enrollment task.</u>



Click on Let's Get Started

Initiated On Submit Elections By	12/03/2024 12/07/2024		
Submit Elections By	12/07/2024		
Let's Get Started	_		

STEP 8

Click on Enroll

(Cafeteria Plan Waived	
E	noll	

You may choose to enroll in Covenant Cafeteria deduction for the Covenant Cafe or Mary Free Bed Cafeteria enrollment for the MFB Cafe. You may enroll in both if you're an employee who travels to both locations.

Select a plan or	Waive to opt out of Cafeteria Plan.		
2 items			= 6
Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Mary Free Bed Mary Free Bed@Covenan Cafeteria Deduction Plar	Select Waive	Included	
Mary Free Bed Mary Free Bed Cafeteria Deduction	SelectWaive	Included	

Select Select

Mary Free Bed MaryIncludedFree Bed CafeteriaWaiveIncludedDeduction PlanIncludedIncluded	Mary Free Bed Mary Free Bed@Covenant Cafeteria Deduction Plan	SelectWaive	Included
	Mary Free Bed Mary Free Bed Cafeteria Deduction Plan	Select Waive	Included

STEP 11

Click on Confirm and Continue

4	4	Mary Free Bed Mary Free Bed Cafeteria Deduction Plan	Select Waive	Included	
		<			

IMPORTANT: always enter 0.00 as the amount for the cafe enrollment, you SHOULD not set up a paycheck deduction. Rather by using your badge in the cafeteria to purchase food/drinks, you will see an equal amount deducted from your paycheck.

Projected Total Cost Per Paycheck \$0.00 Contribute Enter an amount that you will contribute to this plan. Per Paycheck Contribution (\$)		
Contribute Enter an amount that you will contribute to this plan. Per Paycheck Contribution (\$) 0.00	Projected Total Cost Per Paycheo \$0.00	sk
Enter an amount that you will contribute to this plan. Per Paycheck Contribution (\$) 0.00	Contribute	
Per Paycheck Contribution (\$) 0.00	Enter an amount that you will cor	tribute to this plan.
	Per Paycheck Contribution (\$)	0.00

Click on Save

Save Cancel	

Note at this point you have saved your enrollment but you have not submitted yet, you must follow the remaining steps to complete enrollment.

	Q Search	
llment		×
k	Your Cafeteria Plan changes have been updated, but not submitted Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.	
\$0.00		
\$0.00		

Click on Review and Sign

<u>Manage</u>
Review and Sign Save for Later

Review the agreement for the Cafeteria enrollment and click 'I accept', note you are agreeing by using your badge in the cafe, you will allow payroll to withhold equal amounts from your paycheck.

You understand and acknowledge th	
You understand that you will not pay	y income tax or FICA tax on my medical, dental, vision, and Flexible openoing Account contributions. These benefits are paid through the Flexible benefits Plan on a pre-tax basis.
Company-provided life insurance that	at exceeds \$50,000 may be subject to imputed income.
Each year, during the annual enrollm	nent period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
If you decline medical insurance enr vided you request enrollment within pendents, provided you request enro	rollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, pro- 30 days after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your de- ollment within 30 days after the marriage, birth or adoption.
FOR CAFETERIA PLAN ENROLLMEN	NT ONLY
By checking the box below and e-sig	gning you authorize payroll to deduct from your paycheck when purchases are made in the Mary Free Bed or Covenant (MFB@Covenant employees) cafeteria.
By checking below I agree to the foll • I am responsible for all charges ma (which may include accrued charges • In order to use the payroll deductio • If my Badge becomes lost or stoler • Should I choose to discontinue par	llowing terms: ade with my Employee ID Badge and posted to my cafeteria account at the MFB cafeteria, mobile app, or the Covenant cafeteria. I am authorizing a payroll deduction for the following pay period as from previous pay periods as well as a "final" payroll deduction if I am no longer with MFB). on feature, I must present my Badge for each transaction or use an alternate form of payment (look up feature and manual entry is unavailable). n; I am responsible for charges with it is officially reported missing. rticipation in this program, I must notify Payroll payrollaervices@maryfreebed.com
Please Note: It will take two weekday	ays after completing the consent form before your badge will be activated to use at the cafe.
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Please Note: It will take two weekday Accept Process History Change Benefits for Life Event- An	ays after completing the consent form before your badge will be activated to use at the cafe.
Please Note: It will take two weekday I Accept Accept Process History Accuss Brandenburg Change Benefits for Life Event- Aw	ays after completing the consent form before your badge will be activated to use at the cafe.

Click on Submit

\bigcirc	
Proces	ss History Alexus Brandenburg
	Change Benefits for Life Event- Awaiting Action

Optional Steps

2 Steps

Click on View 2024 Benefits Statement to review your elections.



STEP 19

Click on Print to download a printable version of your elections.

Electronic Signature
Benefit Electronic Signature Text
Legal Notice: Please Read
Your name and Password are considered your "Electronic Signature" and will serve as y
You understand and approve the enrollment as indicated above. You hereby authorize t
You understand and acknowledge that under the Internal Revenue Code regulations rule
You understand that you will not pay income tax or FICA tax on my medical, dental, visio
Company-provided life insurance that exceeds \$50,000 may be subject to imputed inco
E Print annual enrollment period, you will have the option to change certa
If you decline medical insurance enrollment for yourself or your dependents, including y