Health Savings Account (HSA) Enrollment and/or Contribution Changes in Workday

20 Steps View most recent version

Created by	Creation Date	Last Updated
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STEP 1

Click on Benefits and Pay from "Your Top Apps" widget.

Note: you may need to click 'view all apps' to find the Benefits and Pay app if you don't have it saved as one of your top apps.

STEP 2

Click on Change Benefits

STEP 3

Click on Change Reason and select HSA Enrollment

STEP 4

Select the day in which you'd like this benefit change to take place.

STEP 5

Click on Submit

STEP 6

A window will pop up, Click on Open OR Navigate to your workday inbox and click 'Let's Get Started' on the enrollment task.

STEP 7

Click on Let's Get Started

STEP 8

Click on Manage

STEP 9

Select the HSA benefit

STEP 10

Click on Confirm and Continue

STEP 11

Enter your per paycheck amount or annual amount, the other will automatically calculate.

STEP 12

Note your estimated annual contributions will appear at the top of the enrollment window.

STEP 13

The Summary section will also show the annualized company contribution and a calculation of your total annual HSA contribution.

STEP 14

Note the total Maximum Annual Amount allowed by the IRS, which is based on your tier of enrollment in the HDHP 2000 plan.

STEP 15

Click on Save

STEP 16

Note you have saved, but you have NOT submitted your enrollment changes yet.

STEP 17

Click on Review and Sign

STEP 18

Click on I Accept...

Select files

Electronic Signature

Benefit Electronic Signature Text

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" checkbox, you are certifying that:

You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.

You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.

You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.

Company-provided life insurance that exceeds $50,000 may be subject to imputed income.

Each year, during the annual enrollment 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 enrollment 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, provided you request enrollment within 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 dependents, provided you request enrollment within 30 days after the marriage, birth or adoption.

FOR CAFETERIA PLAN ENROLLMENT ONLY

By checking the box below and e-signing 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 following terms:
• I am responsible for all charges made 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 (which may include accrued charges from previous pay periods as well as a "final" payroll deduction if I am no longer with MFB).
• In order to use the payroll deduction feature, I must present my Badge for each transaction or use an alternate form of payment (look up feature and manual entry is unavailable).
• If my Badge becomes lost or stolen, I am responsible for charges until it is officially reported missing.
• Should I choose to discontinue participation in this program, I must notify Payroll payrollservices@maryfreebed.com

Please Note: It will take two weekdays after completing the consent form before your badge will be activated to use at the cafe.

I Accept

Submit | Save for Later | Cancel

STEP 19

Click on Submit

enter your comment

Process History

Alexus Brandenburg

Change Benefits for Life Event– Awaiting Action

Submit | Save for Later | Cancel

STEP 20

Click on View 20XX Benefits Statement to view or print your elections.