



Enrollment Through Workday

Workday Enrollment

- To enroll in benefits or waive a coverage select **Manage** or **Enroll** in the applicable benefit “box” on this main screen

The screenshot displays the 'Health Care and Accounts' and 'Insurance' sections of the Workday Enrollment interface. Each benefit is presented in a card format with an icon, name, provider, cost, coverage details, and a 'Manage' or 'Enroll' button. A blue arrow points to the 'Manage' button for the Medical benefit.

Section	Benefit Name	Provider	Cost per paycheck	Coverage	Dependents	Action
Health Care and Accounts	Medical	Blue Cross Blue Shield of North Carolina HDHP	\$71.88	Employee + Spouse	1	Manage
	Dental	Delta Dental of North Carolina DPO	\$9.74	Employee + Spouse	1	Manage
	Vision		Waived			Enroll
	Health Savings Account	HealthEquity	\$3,500.00			Manage
Insurance	Medical FSA		Waived			Enroll
	Dependent Care FSA		Waived			Enroll
	Short Term Disability (STD)	Lincoln (Employee)	Included	66.67% of Salary		Manage
	Long Term Disability (LTD)	Lincoln (Employee)	Included	66.67% of Salary		Manage
	Voluntary Life	Lincoln (Employee)	\$14.88	\$375,000		Manage
	Voluntary Spouse Life		Waived			
Voluntary Child(ren) Life		Waived				
Voluntary AD&D		Lincoln 50% of Coverage is Spouse, 10% of Coverage is Child (Family)				

Workday Enrollment

- Once you select Manage/Enroll on the main screen, you will advance to the applicable benefit screen where you can enter elections
- Once you've entered them, select Confirm and Continue

Medical

Projected Total Cost Per Paycheck
\$3,602.04

Plans Available

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

3 items

*Selection	Benefit Plan	You Pay (Biweekly)	Company Contribution (Biweekly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Blue Cross Blue Shield of North Carolina HDHP	\$71.88	\$508.94
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross Blue Shield of North Carolina PPO 2	\$277.08	\$517.09
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross Blue Shield of North Carolina PPO Plan A	\$124.87	\$513.65



Confirm and Continue

Cancel

Workday Enrollment

- On the following screen you can enter new dependents or remove existing dependents from the coverage
- To add, select Add New Dependent
- To remove, unselect the checkbox on the applicable dependent
- Once you are finished, click Save and you will be taken back to the main screen

Medical - Blue Cross Blue Shield of North Carolina HDHP

Projected Total Cost Per Paycheck
\$3,602.04

Dependents

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

Coverage * Employee + Spouse

Plan cost per paycheck \$71.88

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	[REDACTED]	Spouse	[REDACTED]

Save

Cancel

Workday Enrollment

- For Voluntary Employee Life coverage, the system will only allow you to enroll in \$25k increments up to a maximum maximum of 5x salary
- Voluntary Spouse Life will also be in \$25k increments
- Voluntary Child Life will be in \$10k increments
- You must elect Voluntary Employee Life in order to elect Voluntary Spouse and/or Child life
 - The amount of Voluntary Spouse and/or Child Life cannot exceed 50% of your Voluntary Employee Life amount

Voluntary Life - Lincoln (Employee)

Search

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$125,000
- \$150,000
- \$175,000
- \$200,000
- \$225,000
- \$250,000
- \$275,000
- \$300,000
- \$325,000

Voluntary Spouse Life - Lincoln (Spouse)

Search

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$125,000
- \$150,000
- \$175,000
- \$200,000
- \$225,000
- \$250,000
- \$275,000
- \$300,000
- \$325,000

Voluntary Child(ren) Life - Lincoln (Child(ren))

Search

- \$10,000
- \$20,000
- \$30,000
- \$40,000
- \$50,000

Workday Enrollment - Beneficiaries

- Beneficiaries are required for Basic (employer-paid) Life and AD&D coverages and for Voluntary Employee Life and/or Voluntary Employee (and Family) AD&D coverages

Voluntary Life - Lincoln (Employee)

Projected Total Cost Per Paycheck
\$3,591.13

Coverage

Calculated Coverage \$100,000.00

Coverage *

Plan cost per paycheck \$3.97

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		

Error

1. Page Error

Select a Primary beneficiary (required).

Workday Enrollment - Beneficiaries

— You are required to complete all required (*) fields

Add New Beneficiary or Trust Evan C Sizemore ⋮

Relationship *

Use as Beneficiary

Date of Birth

Age (empty)

Gender

Allow Duplicate Name

Legal Name [Contact Information](#) [National IDs](#) [Additional Government IDs](#) [Other IDs](#)

Country *

First Name *

Middle Name

Last Name *

Suffix

Workday Enrollment - Beneficiaries

- An address is required for the beneficiary. You enter this on the second tab
- You are able to select “Existing Address” from the drop down if you would like to use your own address

Legal Name **Contact Information** National IDs Additional Governmen

Phone

Address

Use Existing Address

Country *

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Usage

Type *

Workday Enrollment

- Once you are finished with your enrollments, select Review and Sign at the bottom of the main screen

The screenshot displays the Workday Enrollment interface. It is divided into two main sections: "Insurance" and "Additional Benefits".

Insurance Section:

- Short Term Disability (STD)**: Lincoln (Employee). Status: Included. Cost per paycheck: Included. Coverage: 66.67% of Salary. Action: [Manage](#).
- Voluntary Spouse Life**: Waived. Action: [Enroll](#).

Additional Benefits Section:

- Legal & Identity**: Waived. Action: [Enroll](#).

On the right side of the interface, there are vertical navigation icons for "Cost" and "Cover".



Review and Sign

Save for Later

Workday Enrollment – Review and Confirmation

— You will be taken to your enrollment summary page. Please review carefully. Once you've reviewed and are ready to submit your enrollments, you must review the legal notice at the bottom of the screen and select the I Agree check box. Then select submit

- Please note: if you are adding a new dependent, backup documentation is required (marriage certificate for a spouse and birth certificate for a child). Please upload these in the attachment section

View Summary

Projected Total Cost Per Paycheck
\$3,602.04

You are almost done!

Please review your elections and select the check box at the bottom of the screen and hit Submit. If you do not, you

Selected Benefits 7 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage
Medical	04/01/2021	04/01/2021	Employee
Blue Cross Blue Shield of North Carolina HDHP			
Dental	04/01/2021	04/01/2021	Employee
Delta Dental of North Carolina DPO			
Health Savings Account	01/01/2022	01/01/2022	\$3,500.00
HealthEquity			
Short Term Disability (STD)	01/01/2020	01/01/2020	66.67% of

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 provided.

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your pay for the cost of the enrollment.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your enrollment during the annual enrollment period.
- You understand that you will not pay income tax or FICA tax on your medical, dental, vision, and Flexible Spending Account contributions.
- 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 are currently enrolled.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of a change in marital status, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll.

I Accept



enter your comment

Process History



Meghan E Black

Change Benefits for Open Enrollment– Step Completed



Change Benefits for Open Enrollment– Not Required



Evan C Sizemore

Change Benefits for Open Enrollment– Awaiting Action



Submit

Cancel

Attachments

Drop files here

or

Select files



Workday Enrollment - EOI

- If your election requires EOI, you will receive a task in your Workday inbox that takes you to the Lincoln online portal where you can complete the EOI form



My Lincoln Portal


[En Español](#)

New Login Experience We have rolled out a more secure My Lincoln Portal experience. All users will be prompted to review and update their login credentials to meet Lincoln's security standards and register for two-factor authentication. [Learn more here.](#)

Upcoming Planned Maintenance: Please note that due to scheduled maintenance periods, My Lincoln Portal will be unavailable during the following time periods:

- Sunday, October 6th from 6am to 8am ET
- Saturday, October 12th through Tuesday, Oct 15th

New user? [Register for an account](#)

 **Log In**

Username

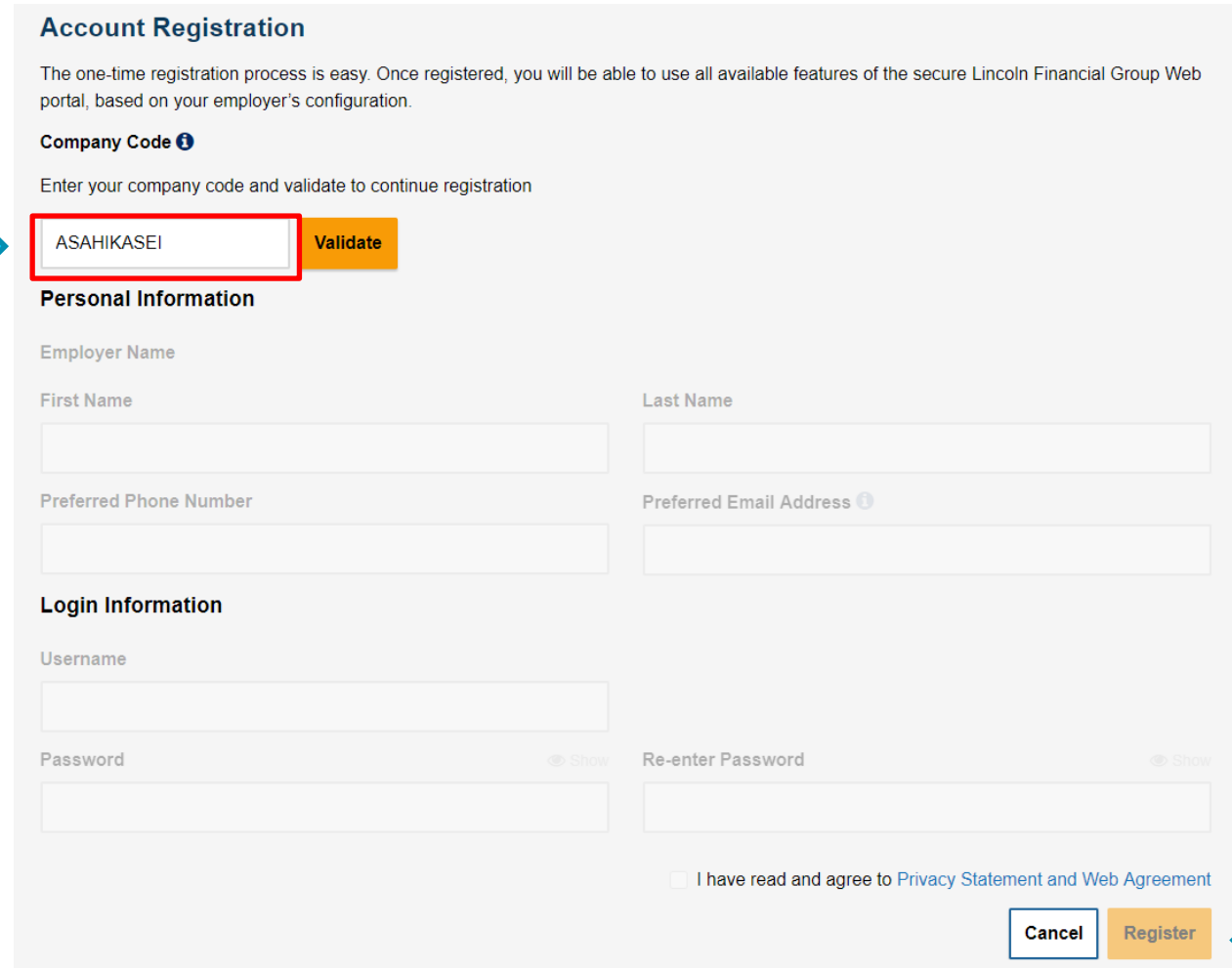
Password

Log In

[Forgot username or password?](#)

Workday Enrollment - EOI

- If you have not registered for an account with Lincoln yet, you will first need to do so
- Company Code is ASAHIKASEI all one word and in ALL Caps
- Select Register to advance to next screen



Account Registration

The one-time registration process is easy. Once registered, you will be able to use all available features of the secure Lincoln Financial Group Web portal, based on your employer's configuration.

Company Code ⓘ

Enter your company code and validate to continue registration

ASAHIKASEI **Validate**

Personal Information

Employer Name

First Name

Last Name

Preferred Phone Number

Preferred Email Address ⓘ

Login Information

Username

Password Show

Re-enter Password Show

I have read and agree to [Privacy Statement and Web Agreement](#)

Cancel **Register**