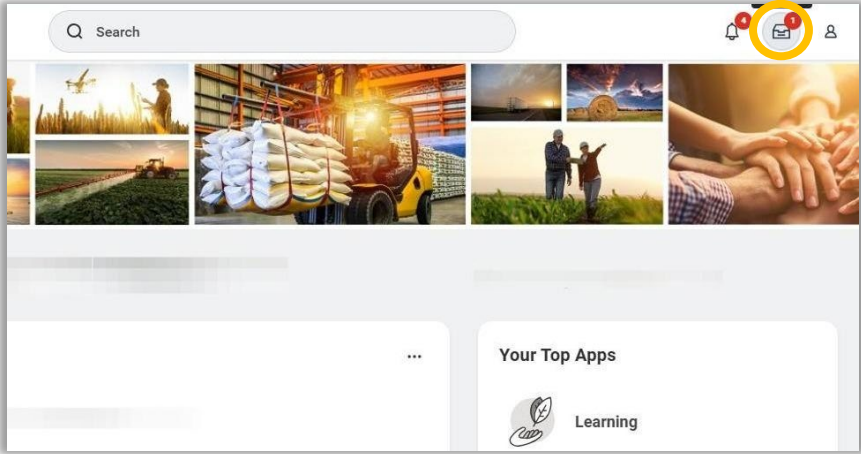


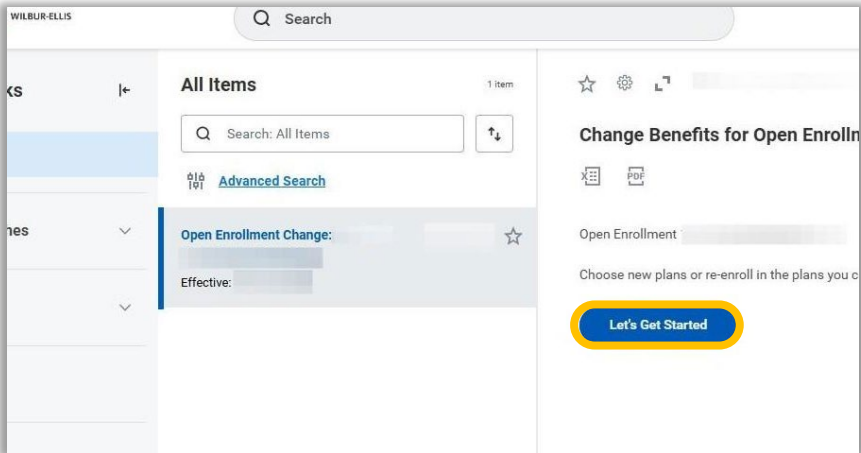
# NEW HIRE ENROLLMENT PROCESS

1.



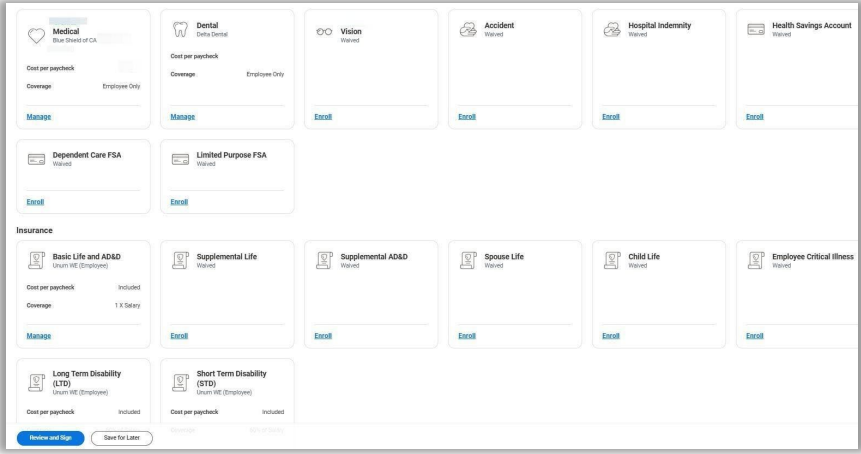
From your Workday homepage, click **My Tasks** (Workday inbox).

2.



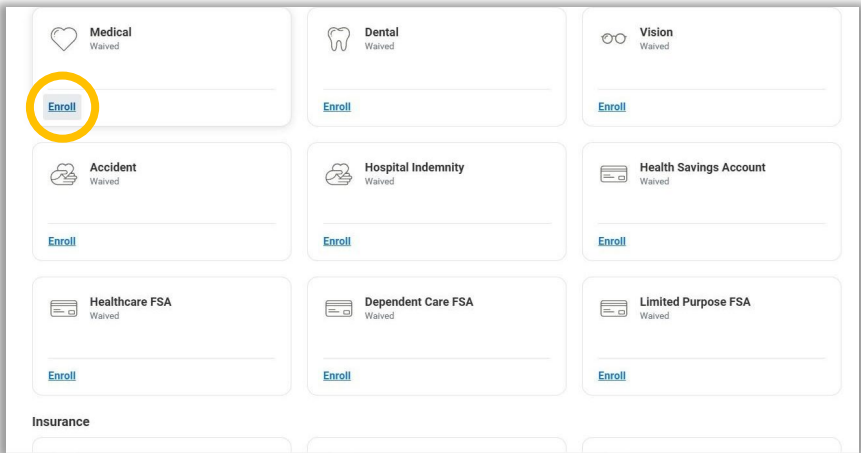
Click **Let's Get Started**.

3.



Go through all benefit options and select your level of coverage or choose the option to waive coverage.

4.



Click the **Enroll**.

# NEW HIRE ENROLLMENT PROCESS

5.

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Blue Shield of CA HDHP HSA Black	<input checked="" type="radio"/> Select <input type="radio"/> Waive		
Blue Shield of CA HDHP HSA Yellow	<input type="radio"/> Select <input checked="" type="radio"/> Waive		
Blue Shield of CA PPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive		

Click **Confirm and Continue**.

7.

Medical - Blue Shield of CA

Projected Total Cost Per Paycheck

Dependents

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

Coverage \* Employee Only

Plan cost per paycheck

Add New Dependent

Health Care Instructions

General Instructions

For Open Enrollment, the pay period cost is based on your Salary Band as of  
Otherwise, the cost is based on your current salary upon date of hire. Please click on the below  
links to view the Summary of Benefits and Coverage for each plan.

Once you are done adding any dependents, click **Save**.

6.

Medical - Blue Shield of CA

Projected Total Cost Per Paycheck

Dependents

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

Coverage \* Employee Only

Plan cost per paycheck

Add New Dependent

Health Care Instructions

General Instructions

For Open Enrollment, the pay period cost is based on your Salary Band as of  
Otherwise, the cost is based on your current salary upon date of hire. Please click on the below  
links to view the Summary of Benefits and Coverage for each plan.

If you would like to do anything other than the employee only plan, Click **Add New Dependent** and add everyone, in your immediate family, who you want to be covered.

8.

Cost per paycheck Included Cost per paycheck

Coverage 60% of Salary Coverage

Enroll Manage Manage

Additional Benefits

I Agree to Electronic Disclosure Agreements  
Wilbur Ellis Waive to Opt Out  
Manage

Employee Assistance Program  
Magellan Health  
Cost per paycheck Included  
Manage

HSA Waived  
Enroll

Review and Sign Save for Later

Once you opted to either enroll or waive each benefit option, click **Review and Sign**.

# NEW HIRE ENROLLMENT PROCESS

9.

10. Electronic Consent—by clicking "Submit", I hereby consent to the use of Electronic Signatures as my formal acceptance of all electronic records of National Commerce Act of 2000 ("ESIGN") which includes: documents, forms, account applications, electronic trade confirmations, statements, agreements, and certain employee benefit plan information through electronic media, and/or directed to my work or personal email address as currently on file with Wilbur-Ellie and have an active work email address, that email will be used for these communications to me unless I elect otherwise. I understand that I may request a paper version of the enrollment form by emailing [HRSS@wilburellis.com](mailto:HRSS@wilburellis.com) if my email address changes or if I prefer to receive the communication at a different email address. I also understand that I am providing a similar form stating that I no longer consent to electronic communication. In addition, I understand that I may request a paper version of the enrollment form by emailing [HRSS@wilburellis.com](mailto:HRSS@wilburellis.com).

I Accept  **1**

enter your comment

Process History

**2**

Submit Cancel

Review all changes, check **I Accept**, and click **Submit**. You will then receive a confirmation when this request has been processed by the benefits department.