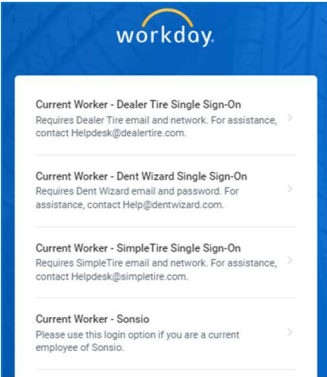## Title: Life Event – "Associate or Dependent Gains or Loses Other Coverage"
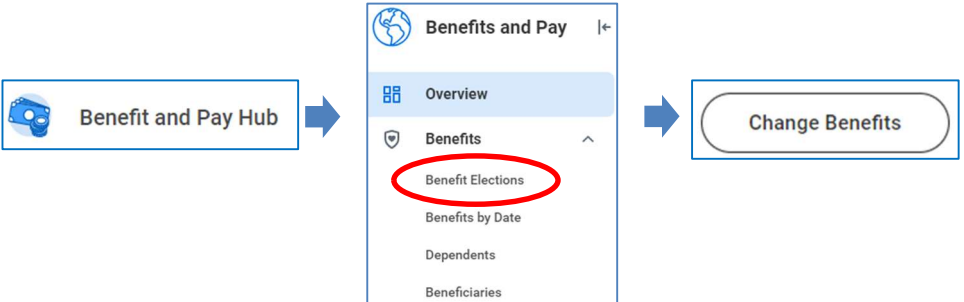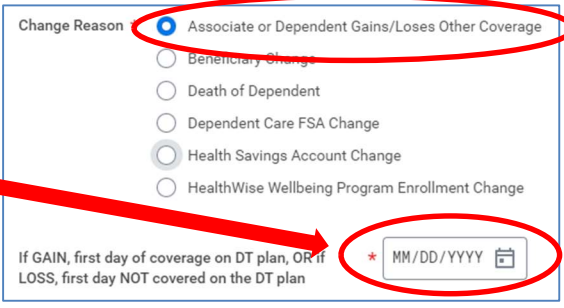Last Update Date: 03/13/2024
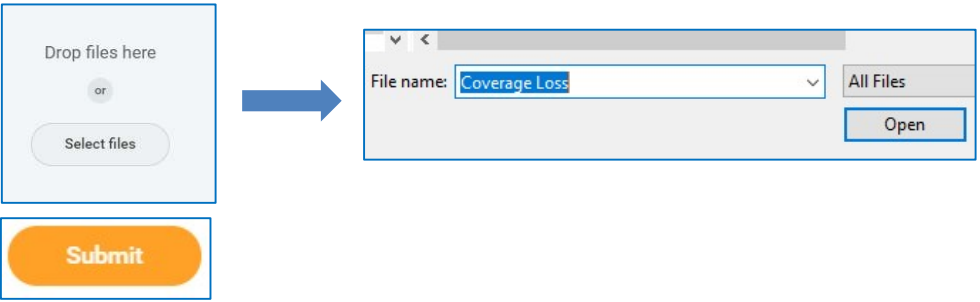
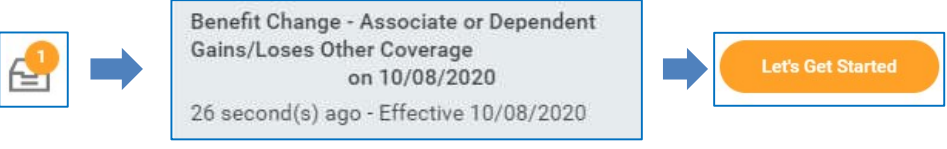| Life Event - Associate or Dependent Gains or Loses Other Coverage |
|---|
| **SECTION 1 – LOGGING IN** |

Log into to your Workday Account. **Workday username and password are the same as your computer login you use every day.**	https://wd5.myworkday.com/wday/authgwy/dealertire/login.htmld

To begin a new Life Event. - Click on **Benefit and Pay Hub.** - Under Benefits, click **Benefit Elections.** - Click **Change Benefits** button.	
Select **Associate or Dependent Gains/Loses Other Coverage.** **Enter the Benefit Event Date:** - If coverage GAIN, enter first date of coverage on DT plan. - If coverage LOSS, enter first day *NOT* covered on the DT plan.	
You must attach supporting documentation showing the gain or loss of coverage. - Click **Select files.** - Select the document saved on your hard drive. - Click **Open** to attach document. - Click **Submit.**	
ATTENTION: YOU ARE **NOT** FINISHED - The Benefits Team will review your documentation and Approve ONCE APPROVED, you will have Benefit Change To Do in your **WORKDAY INBOX**.	
Once approved, a **Benefit Change TO DO** will appear in your Workday Inbox. Click **Let's Get Started**.	

Instructions Continued - Life Event - Associate or Dependent Gains or Loses Other Coverage

You must select your new dependent for each plan to be covered:

Pay careful attention to each screen.

1. Click **Manage** to begin.

2. The next screen shows your current enrollment - click **Confirm and Continue.**

3. Check the box next to each dependent you wish to cover, or un-check box next to each dependent you wish to remove.

4. Click **Save.**

Repeat steps 1 - 3 for each plan: (Medical, Dental and Vision)

See steps below to Add New Dependents.

Medical
Cigna PPO Co-Pay Plan 2

Cost per paycheck $78.79

Coverage   Associate Only

Manage

Confirm and Continue

1 item

Select	Dependent	Relationship	Date of Birth
☐	Jane Doe	Spouse	01/01/1970

Save

To Add a New Dependent:
1. Click **Add New Dependent.**
2. Click **OK** to continue.

Add New Dependent

Enter Dependent's Name required fields:
- First name
- Last Name

Name

Country *   X United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Enter Dependent's Personal Information required fields:
- Relationship
- Date of Birth
- Gender

Personal Information

Relationship   *

Date of Birth   *   MM/DD/YYYY

Age   (empty)

Gender   *   Select one

Citizenship Status

Full-time Student   ☐

Student Status Start Date

Student Status End Date

Disabled   ☐

Instructions Continued - Life Event - Associate or Dependent Gains or Loses Other Coverage

Enter Dependent's National IDs (SSN):

1. Click **Add.**
2. Country: click **Frequently Used** by, select **United State of America.**
3. National ID Type: select **Social Security Number (SSN).**
4. Add/Edit ID: enter **SSN number**
5. Click **Save.**

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

Country ⭘ *	Search ☰
National ID Type *	☰
Current ID	(empty)
Add/Edit ID *	

Save

Note: Social security numbers are required for all covered spouse and children. If you do not have the SSN at the time of enrollment, you must enter the "Reason SSN is Not Available" to continue. Once you have obtained the SSN, you can update your dependent's record later.

*Social Security Number

⭘ Social Security Number (SSN)

___-__-____

◉ Reason SSN is Not Available

Check the box next to each dependent you wish to cover, then click **Save.**

1 item

Select	Dependent	Relationship	Date of Birth
☐	Jane Doe	Spouse	01/01/1970

Reminder! Repeat steps for each plan your dependent(s) will be covered: (Medical, Dental and Vision)

Health Care and Accounts

Medical	Dental	Vision
Aetna PPO Plan 2	Metlife DPPO Low Plan	VSP VIS
Cost per paycheck $84.00	Cost per paycheck $4.53	Cost per paycheck $3.95
Coverage Associate Only	Coverage Associate Only	Coverage Associate Only
Manage	Manage	Manage

At the bottom of the page, click **Review and Sign** to continue.

Review your changes. Scroll to the bottom of the page and check the box **I Accept.**

Click **Submit** to complete your enrollment.

Review and Sign

I Accept ✅ ➡ Submit

You **MUST** submit for your changes to take place

Click **View 20YY Benefits Statement** to view, print or save a summary of your benefits.

View 2024 Benefits Statement

Your Benefit Changes are now complete.
If your coverage was effective in the past, you will be charged for changes retroactively in your next paycheck.