

This guide provides guidance to employees who need to make changes to their benefits in Workday due to a divorce or termination of domestic partner relationship.

1. From your home screen, select Menu.

MABATHON		Q Search				Q	¢	e
Good /	Afternoon, On Behal	f of:		It's Wednes	sday, Octobe	[.] 19, 2022		
Awaitin	g Your Action			Quick Ta	isks			
	Case Resolution Satisfaction Survey	y: CASE10647: Test		Find J My Pa	Jobs			
	Development Plan: - E Inbox - 6 month(s) ago	mployee Plan		My Go	pals			
🖻 <u>Go to</u>	<u>All Inbox Items (2)</u>			BR View	All Apps			
Timely	Suggestions							$\textcircled{\begin{tabular}{ c c c c } \hline \hline$





2. Select the Benefits and Pay app.



3. Select "Dependents" under the Benefits menu and update the relationship of your **spouse** to **ex-spouse** (or domestic partner to ex-domestic partner) **prior** to selecting Change Benefits.

			Q Search	
S	Benefits and Pay	←	Payment Elections Change Benefits	
88	Overview		Overview	
0	Benefits	^		
	Benefit Elections		Most Recent Pay Your next pay day is September 23, 2022.	Current Benefit Costs
	Benefits by Date			
- [Dependents			
	Beneficiaries		Take Home Pay	
	ACA Forms		Gross Pay	





4. Locate your ex-spouse / domestic partner's name, then click Edit.

			Q 5	Search			
S	Benefits and Pay	←	Dependents Melissa E	Bucher 🚥			XIII POF
88	Overview		Add				
۲	Benefits	^	Dependents 2 items				a 🖩 🖻 🖬 🖿
	Benefit Elections		Dependent	Relationship	Age	Benefit Elections	^
	Benefits by Date		Andrew	Spouse	38 years, 8 months, 4 days		Edit
	Dependents	~					
	Beneficiaries						
	ACA Forms						
ß	Pay	~					
Ξ	Compensation	~				(11601)	

5. A new page will appear, scroll down and click the **pencil** icon next to the Relationship field.







6. Click in the **Search** field and select the **Ex-Spouse** relationship status (or **Ex-Domestic Partner** if applicable).

Relationship *	\sim \approx
Şearch :≡	
Domestic Partner Child	
Step Child	
C Legal Guardian Child	
Ex-Spouse	P
Ex-Domestic Partner	
Domestic Partner	

7. Scroll down and click **Submit.** You will be prompted to upload attachments but are not required to do so at this point. You will be required to upload documentation later in the process. (Note: If you do add an attachment here, it will be saved to your Workday profile, but it will not be applied to your request to change benefits)

Attachments	
Drop files here or Select files	
Submit Save for Later Cancel	





8. You may now begin to change your benefits. Select **Overview** on the lefthand side of the screen, then select **Change Benefits**. You can also find the **Change Benefits** icon by clicking on **Benefit Elections** under the Benefits menu.

			Q Search	
S	Benefits and Pay	←	Payment Elections Change Benefits	
88	Overview		Overview	
۲	Benefits	^		
	Benefit Elections		Most Recent Pay Your next pay day is September 23, 2022.	Current Benefit Costs
	Benefits by Date			
	Dependents			
	Beneficiaries		Take Home Pay	
	ACA Forms		Gross Pay	
ß	Pay	~	<u>View Most Recent Pay</u>	
Ξ	Compensation	\sim		View Benefit Details





 Select the Change Reason of Divorce / Termination of Domestic Partnership and enter in the date of the divorce / domestic partnership termination. Click on your screen, then an attachment section will appear. Upload a copy of your divorce decree / <u>Termination of Domestic Partnership Form</u> by clicking Select files. Then click Submit.

Change Reason *	Birth/Adoption/Placement for Adoption	 Instructions
	Divorce/Termination of DomeStic Partnership Gain of Other Coverage HSA Election Change	 You may request a change to your benefits if you have experienced a qualifying life event within the last 31 days. You are required to update your benefits, due to divorce, even if outside of the 31 day window.
(Loss of Other Coverage - Dependent Loss of Other Coverage - Employee	 HSA contribution changes (available only to active employees) can be updated at any time.
(Marriage/Domestic Partnership	 Documentation is required for all benefit changes. Click here to view a list of acceptable documenta- tion. (hyperlink added later to provide list of acceptable documentation – not available at this time)
Benefit Event Date *	11/01/2022	 Divorce Events: Before initiating a divorce event, you will need to navigate back to the previous screen by utilizing the cancel button below. Then click on "Dependents" and update the relationship for your spouse to ex-spouse. You may then return to this screen to begin your benefit changes.
Submit Elections By	12/01/2022	• Retirees/Non-employees: Dependents acquired after retirement are not eligible for MPC Benefits.
Benefits Offered	Dental	Therefore, you are not able to submit a marriage/domestic partnership or birth/adoption event.
	FSA	
	Medical	
	Optional AD&D Child More (6)	
Attachments		
	Drop files here (a) Select files	
Submit	Save for Later Cancel	

10. A message will appear that your event has been submitted. Click on **Open**. (If you miss this pop up or accidentally "x" out of it, please refer to step 11 b).

			Q Search	
S	Benefits and Pay	←	Payment Election Success! Event submitted Up Next: Change Benefit Election	tions
88	Overview		Needs Attentio	
۲	Benefits	~	Open Open	
	Рау	~	Divorce/ Termination of Domestic Partnership	
=	Compensation	~	Submit elections by October 31, 2022.	





11. a. A new window should appear, click Let's Get Started.

	Q Search	Ω	¢	_ 2	
Change Benefit Elections				XII	쨘
Initiated On 10/19/2022 Submit Elections By 10/29/2022					
Let's Get Started					

b. If you get off track, navigate back to your Workday home screen by clicking on the Marathon logo. Under **Awaiting Your Action**, select the **Benefit Change** task. Then **click Let's Get Started**.







12. You will notice that your spouse is no longer covered on your benefit plans. Any stepchildren/children of your domestic partner who may be enrolled will also need to be removed. To remove them as well as make other changes, click **Manage** under the desired benefit.

Health Care and Accounts					
Medical Anthem - Classic		Dental Delta		Vision Anthem VIS	
Cost per paycheck	\$114.65	Cost per paycheck	\$15.51	Cost per paycheck	\$5.08
Coverage	EE + Child	Coverage	EE + Child	Coverage	EE + Child
Dependents	4	Dependents	4	Dependents	4
Manage		Manaç	je	Manage	
HSA Waived		FSA Payflex Healthcare Contribution per paycheck	\$57.69		
Liton		Manag	je		

13. The Plan you selected to manage, will appear. Click **Confirm and Continue.** (Note: You cannot switch Health Plans mid-year)

Medical				
Projected Total Cost Per Paycheck \$156.21				
Plans Available				
Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes	coverage for EE + Child.			
2 items				∃ ⊡ г
*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)	
Select	Anthem - Classic	\$114.65	\$458.58	*
O Waive				
○ Select	Anthem - Saver HSA	\$71.31	\$404.08	
O Waive				
<				• • •
Confirm and Continue Cancel				Ŵ





14. A listing of your dependents will appear. To remove dependents from coverage, uncheck the box next to their name. Once you are done, click **Save**.

Depend	ents			~	Health Ca	re Instructions
Add a new c	dependent or select an existing depend	Prov	vider Website	Anthem URL Address		
Plan cost p	ver paycheck \$114.65		_ =			
Select	Dependent	Relationship	= □ Date of Birth			
_	Javion	Child	09/15/2003	•		
		Child	02/19/2006			
	Aniya					
	Aniya Christian	Child	11/24/2009	¥		

15. After you have completed your benefit changes, click Review and Sign.

Health Care and Accounts					
Medical Anthem - Classic		Dental Delta		OO Vision Anthem VIS	
Cost per paycheck	\$114.65	Cost per paycheck	\$15.51	Cost per paycheck	\$5.0B
Coverage	EE + Child	Coverage	EE + Child	Coverage	EE + Child
Dependents	4	Dependents	4	Dependents	4
Manage		Manage		Manage	
HSA Walved		FSA Payflex Healthcare			
Enroll		Contribution per paycheck	\$57.69		
		Manage			
Insurance					
Optional Employee Life Metlife (Employee)		Optional Spouse Life Waived		Optional Child Life Metlife (Child)	
Cost per paycheck	\$26.69			Cost per paycheck	\$1.23
Coverage	5 X Salary	Enroll		Coverage	\$30,00
Review and Sign Save for Later					





16. A View Summary screen will appear. You will need to scroll down, and click I Accept. Then click Submit.

ment form any in 4. Subrogation. I rights to collect fi 5. Agreement to 6 benefit plans (inc from my pay for constitutes a sala 6. Over-payments pensation or pay as permitted by a 7. Affirmation and stand that any mi cluding loss of be	formation that plan requests related to health care information, claims, and other payments. agree to complete and sign any documents reasonably necessary to enable the Company to subort from said third party any costs the Company benefit plan(s) incurred to the extent that I have first be Benefit Plan Terms and Conditions and Deduction Authorization. I have reviewed the benefit plan end cluding, but not limited to, all benefit plan provisions that bare me from assigning to a third party any my benefit plan to limited to, all benefit plan provisions that bare me from assigning to a third party any my benefit plan argement under applicable laws. s. I agree that if the Company determines I have been overpaid wages, such over-payments may be roll disbursements, as permitted by applicable laws. If I terminate employment prior to full repayme applicable laws, and that I will be responsible for paying the Company directly for any remaining out dI duderstanding. I affirm under penalty of perjury that my statements in the benefit plan enrollment insterpresentation of any of the statements, or my submission of a failse claim under any Company benefits, discipline up to and including termination of my Company employment, or other appropriate	dinate itself into my or my dependents position so as to be able to pursue my or my covered dependents legal een compensated for the same by the plan(s) for the same. mollment materials and I agree to the terms and conditions listed there and as otherwise provided for under the of my rights or claims under a benefit plan). I voluntarily authorize deductions (pre-tax or otherwise, as applicable) ourrent rate and any future or retroactive rate changes (increases or decreases), and that my authorization here recalled from my bank if done by the date paid, or deducted from my future wages and/or any other form of com- nt through payoid deduction, I agree that any unpaid balance of the debt will be deducted from my final paycheck, tstanding balance owed. I materials above as to dependent eligibility are true and complete to the best of my knowledge. I further under- penefit plan, may result in serious consequences to me and/or the individuals that I claim as eligible dependents, in- elegal or employment action.	
Every effort has b thority. Please no If you are not acti cluding intermitte Actively at work r in the Plan docun	been made to report information accurately, but the possibility of error exists. In case of any conflict ote, some insurance coverage elections only become effective upon approval of your evidence of ins tively at work on the date the new or increased multiple of coverage for you and/or your covered dep ent leave) and complete ten workdays. means you are not on a leave, including intermittent leave, and are performing the usual and custor ments.	It between your benefits election confirmation and an official plan document, the plan document will be the final au- surability (EO) by the carrier. pendents would normally become effective, coverage will become effective after you are returned from leave (in- nary duties of your job on a Full-time or Part-time basis. More information on this provision of the Plan can be found	
I Accept			
enter yo	pur comment		
Process History	у		
Change Bene	efts for Life Event- Awaiting Action		
Submit	Save for Later Cancel		

17. Please note that all benefit change requests are subject to approval of the Benefits Service Center and require documentation (Divorce Decree / <u>Termination of Domestic Partnership form</u>) within 31 days of the life event (including the date of the event). Benefit changes for **divorces** that are reported after the 31 day window will still be processed, but employees will be subject to paying for the same Tier Level of coverage for the remainder of the Plan year, unless another life event occurs.

