

ADDING A NEW DEPENDENT- SELF SERVICE

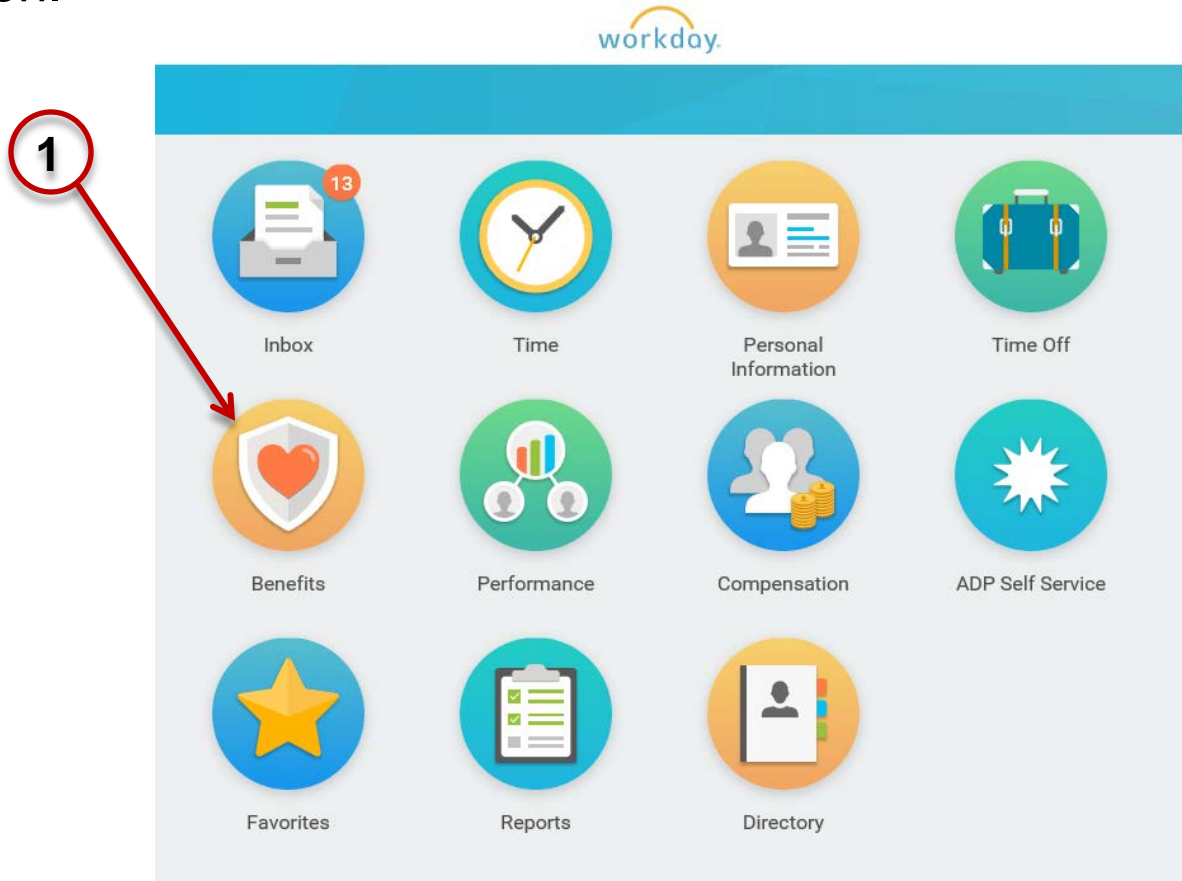
How to Add a New Dependent in WorkDay

REQUIREMENTS BEFORE ADDING A DEPENDENT

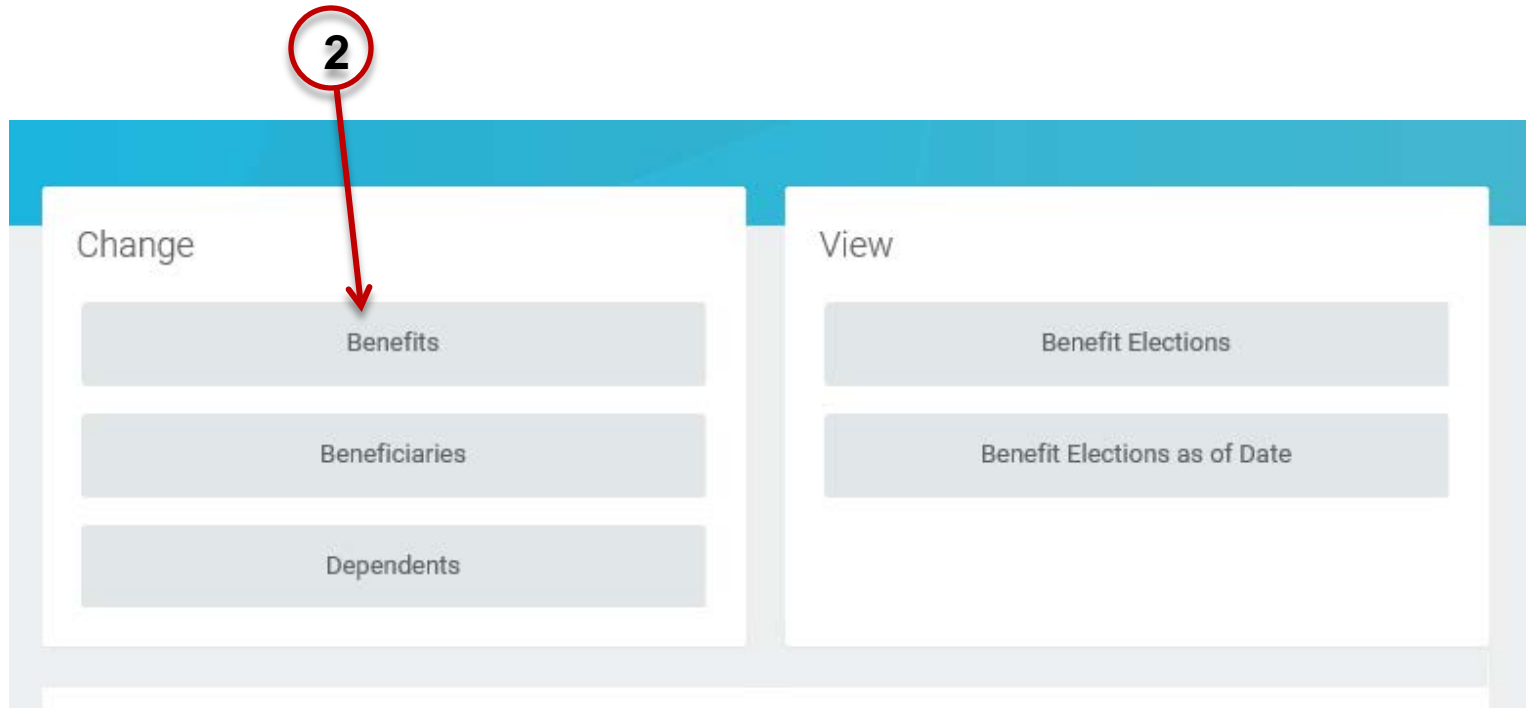
2

- Must add dependent within 30 days of life event
- Must have documentation to support life event
 - Birth Certificate
 - Loss of Coverage Statement
 - Marriage Certificate
- Documentation will need to be submitted to Benefits-Firmwide
benefits-firmwide@paulhastings.com

- Log into WorkDay; in the home screen, click on the “Benefits” icon.



- Click on the 'Benefits' option in the Change Menu




1. Select the “Dependent Addition” option from the list of Benefit Event Types (You will use this option for cases such as marriage or if your child/spouse previously covered has lost coverage)

2. Enter the date of the event (marriage, loss of coverage, etc.)

3. Click on “Submit” at the bottom of the page

Benefit Event Type * Beneficiary Update
 Birth/Adoption
 Dependent Addition (not Birth or Adoption)
 Dependent Drop
 Update - FSA DCAP

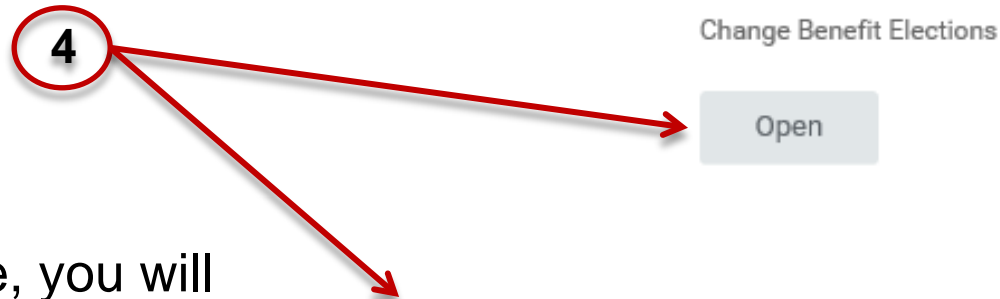
Benefit Event Date * 08 / 01 / 2017 

Submit Elections By 08/30/2017

Enrollment Offering Types US Medical
US Dental/Vision



- In the next screen, click on the “Open” option



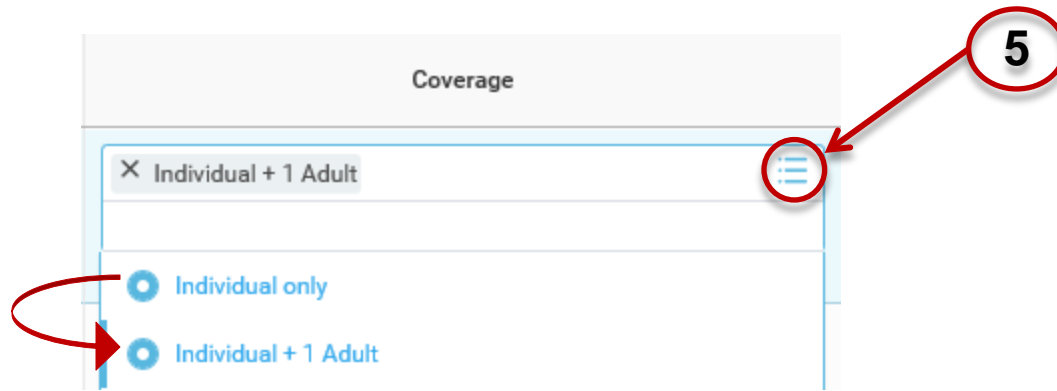
- On this page, you will be able to add your new dependent.

Event Date 08/15/2017
Initiated On 08/15/2017
Submit Elections By 09/13/2017

Health Care Elections 2 items

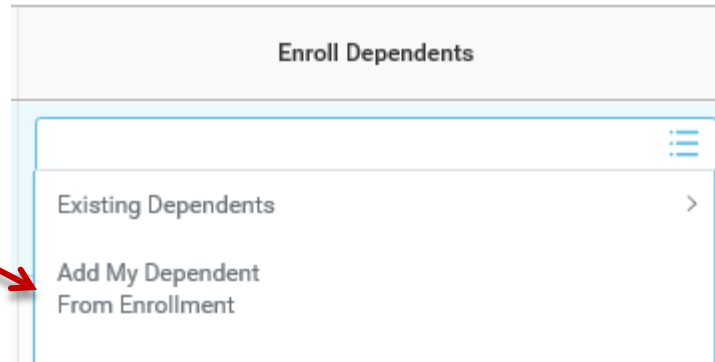
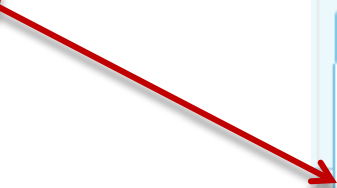
	Benefit Plan	*Elect / Waive
	US Medical - Aetna HDHP (Partners)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive
	US Dental/Vision - Aetna PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive

- Under 'Coverage' click on the drop down menu on the right side of the coverage box to change to the correct coverage level.



- Under 'Enroll Dependents' you will add your new dependent by clicking on the drop down menu on the right of the dependent box. Select the "Add My Dependent From Enrollment" option.

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- In the new screen, select the following options and then click on the “Ok” icon at the bottom of the screen.

Is your new dependent already a beneficiary or emergency contact?

Yes

No

Use your new dependent as a beneficiary?

Yes

No

Is your new dependent already a beneficiary or emergency contact?

Yes

No

Use your new dependent as a beneficiary?

Yes

No

Use this option if you would like your new dependent to also be a beneficiary.

- In the new screen, fill out your dependent's required information (name, date of birth, gender, etc) address and phone number will be automatically filled with your information. Click "Ok" at the bottom of the page when finished.

Name

Country *

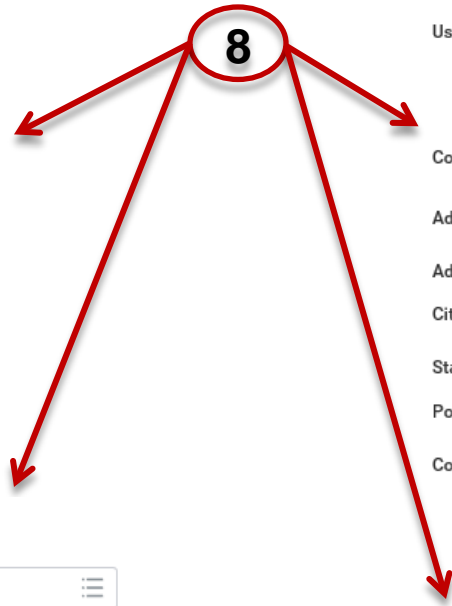
Prefix

First Name *

Middle Name

Last Name *

Suffix



Address

Use Existing Address

Country *

Address Line 1

Address Line 2

City

State

Postal Code

County

Personal Information

Relationship *

Date of Birth *

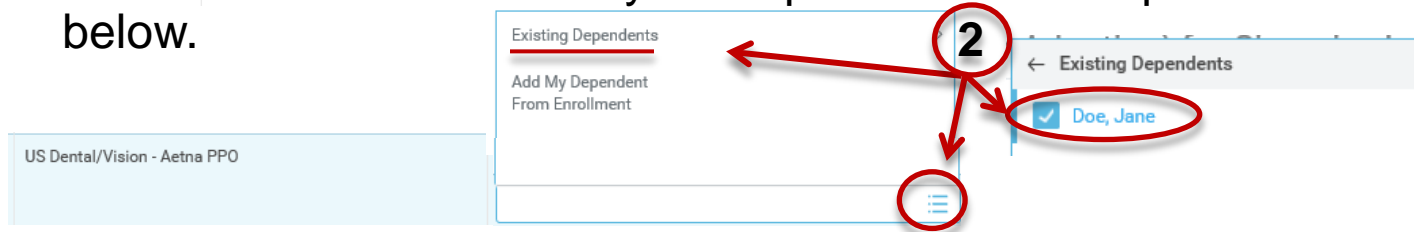
Age

Gender *

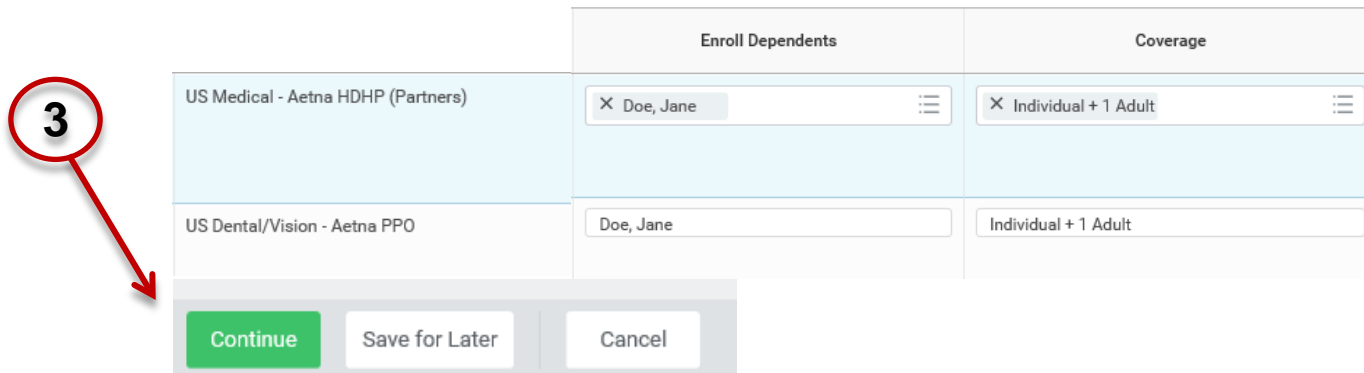
1. You will see your new dependent has been added to your coverage.



2. Note: You will need to add your dependent to each plan as shown below.



3. Once you've added your dependent to your coverage, click the "Continue" icon at the bottom of the page



1. On the new screen, it will ask you for your dependent's Social Security number, please fill out the information accordingly.

Dependent	National ID Type Name	*Identifier ID Entered / Reason ID is Not Available
Doe, Jane	Social Security Number (SSN)	<input checked="" type="radio"/> Identifier ID Entered <input type="text" value="000-00-0000"/> <input type="radio"/> Reason ID is Not Available <input type="text"/>

1

2. Click on the "Continue" icon.

2

- Scroll down the next screen and electronically sign off on the changes you've made

Electronic Signature

Legal Notice: Please Read

By signing into to this site with your user name and password, making,

- You are signing this election form electronically, with the same
- You acknowledge that the Firm periodically adjusts what it char
- You authorize the Firm to deduct from your earnings what the F
- You acknowledge that the charges for benefits shown on this fc those amounts, such other amounts as you may elect from time
- You also authorize the Firm to deduct from your earnings the ar
- You acknowledge that some of your benefits may be taxable, e.
- You acknowledge that you may not change your benefit electior
- You confirm that the information in this form is correct.
- You certify that you understand and approve the elections you h

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I Agree

- Click on the “Submit” icon at the bottom of the page, then click on “Done” in the next screen

