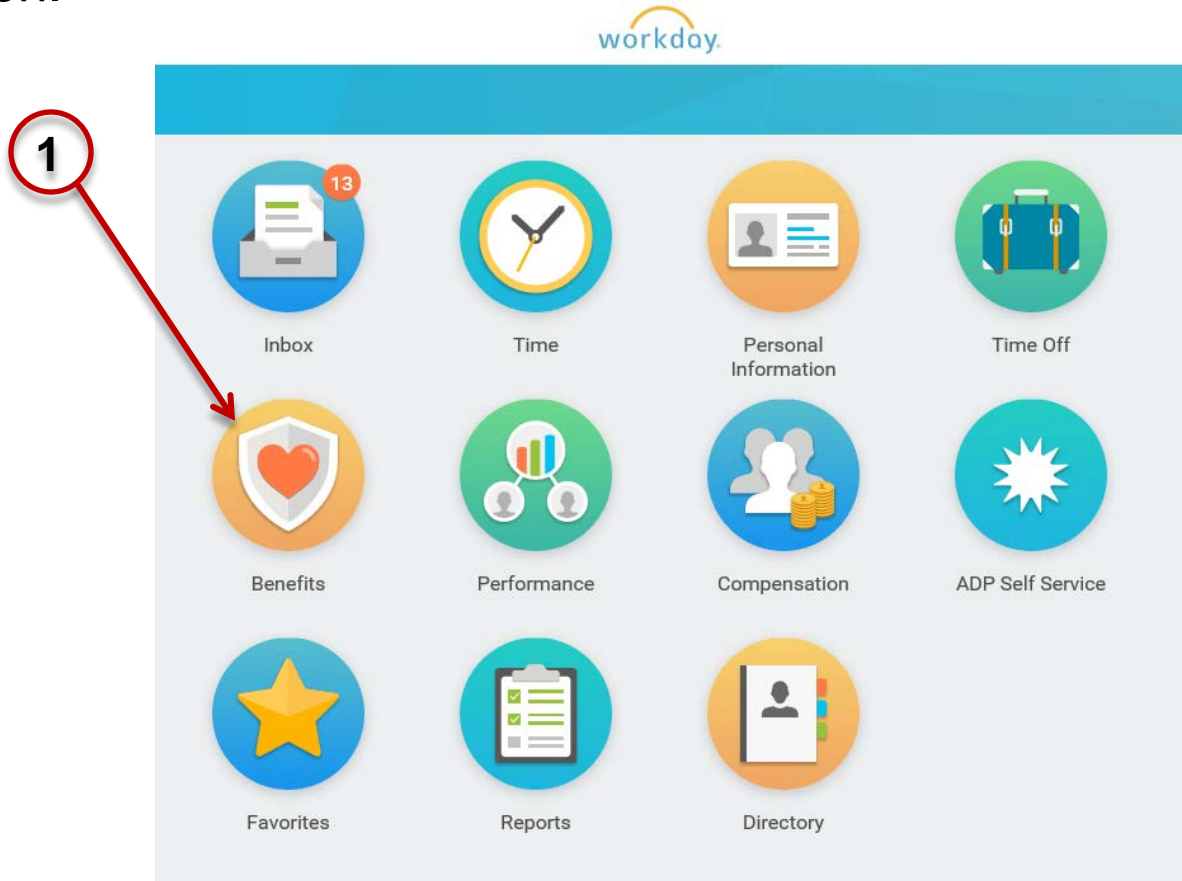


DROPPING A DEPENDENT- SELF SERVICE

How to Drop a Dependent in WorkDay (To be used only when a qualifying event permits- gain of other coverage, divorce)

- You only have 30 days to drop a dependent from the date of the life event (divorce, gain of other coverage, death)
- You must submit documentation to support dropping your dependent
 - Court documentation of divorce
 - Coverage begin date letter
 - Death Certificate
- You must submit documentation to Benefits-Firmwide before the event will be finalized.
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 divorce or gaining other coverage)

2. Enter the date of the event (coverage effective date, divorce date.)

4. 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

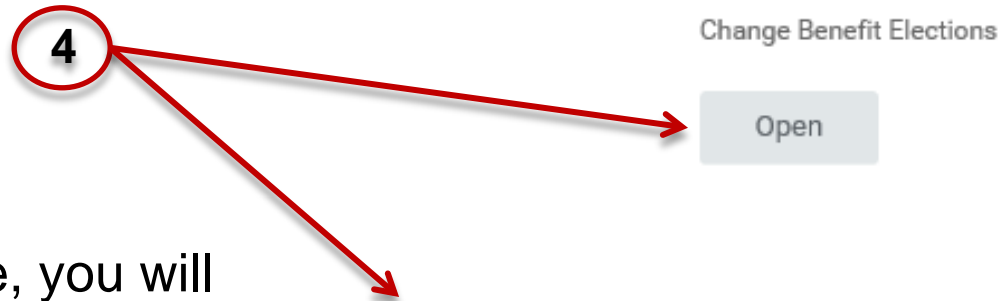
Benefit Event Date * 08 / 01 / 2017

Submit Elections By 08/30/2017

Enrollment Offering Types US Medical
US Dental/Vision

3

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



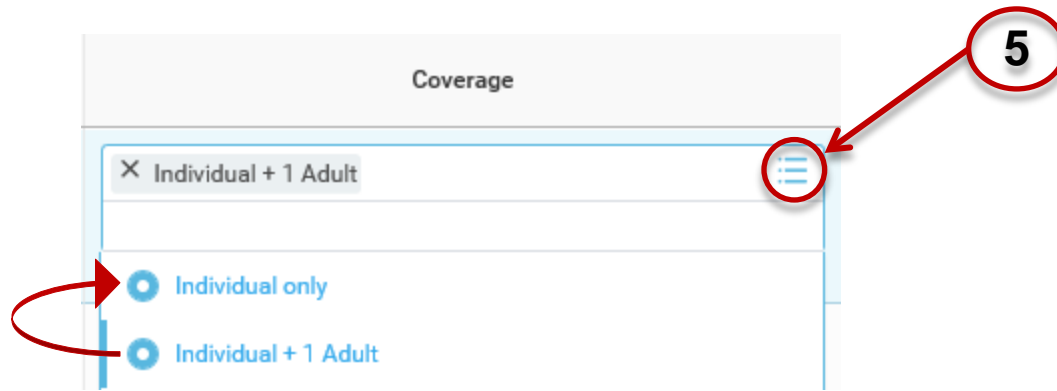
- On this page, you will be able to drop your dependent.

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

Health Care Elections 2 items

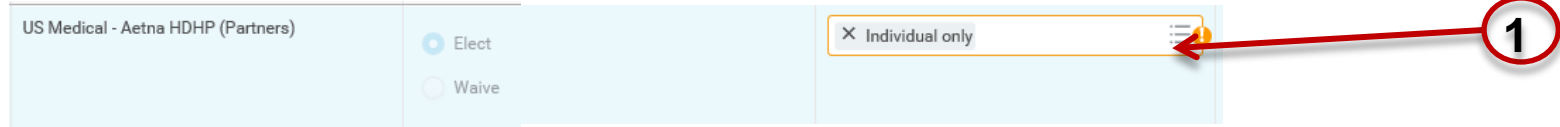
	Benefit Plan	*Elect / Waive
	US Medical - Aetna HDHP (Partners)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive
	US Dental/Vision - Aetna PPO	<input checked="" type="radio"/> Elect <input type="radio"/> Waive

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

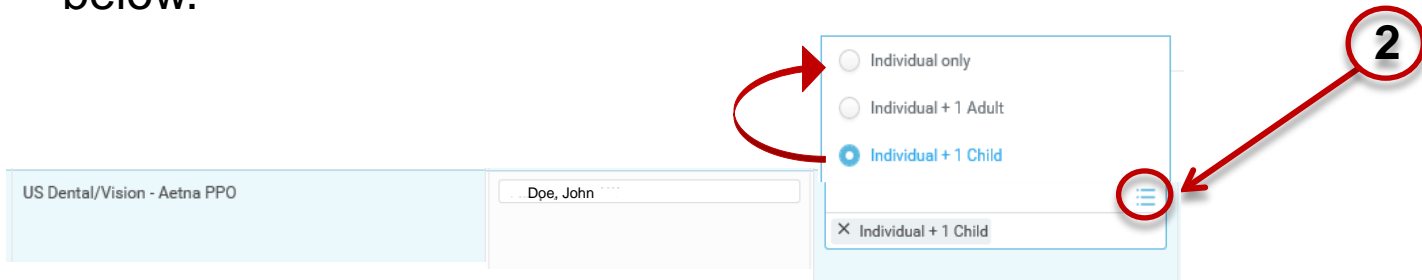


STEP 6

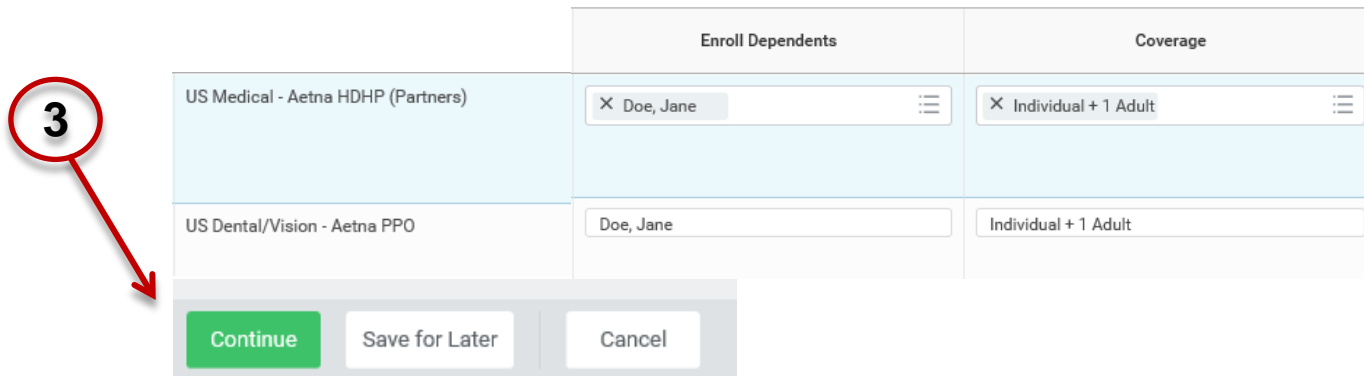
1. You will see your dependent has been dropped from your coverage.



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



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



1. On the new screen, click on the “Continue” icon at the bottom of the page.

Spending Account Elections 1 item

	Benefit Plan	*Elect / Waive	
	Dependent Care FSA - Aetna	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of 4 Your estimated 0.00 How much do yc 0.00 How much do yc 0.00

1 →

Continue Save for Later Go Back Cancel

1. On the new screen, click on the “Continue” icon at the bottom of the page.

Event Date 08/18/2017
Initiated On 08/18/2017
Submit Elections By 09/16/2017
17 minute(s) ago - Effective 08/18/2017

Health Information

1 item

Have you used tobacco in any form in the past 12 months?

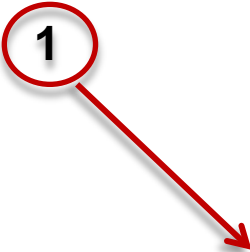
Yes
 No

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 9 items

Benefit Plan	*Elect / Waive	
Firm Life - Aetna (Partner) (Individual)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$1,000,00
Firm Life - AIG (Partner) (Individual)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$1,000,00
Firm Life - Metlife (Partner) (Individual)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	\$1,000,00

Continue Save for Later Go Back Cancel

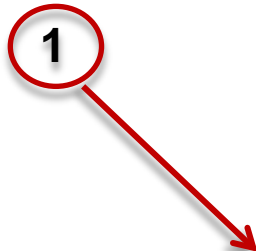


1. On the new screen, click on the “Continue” icon at the bottom of the page.

Event Date 08/18/2017
Initiated On 08/18/2017
Submit Elections By 09/16/2017
17 minute(s) ago - Effective 08/18/2017

Beneficiary Designations 5 items

	Benefit Plan
	Travel Accident - Chubb (Partner) (Individual)
	Firm Life - Metlife (Partner) (Individual)



Continue Save for Later Go Back Cancel

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

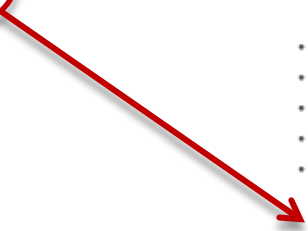
Electronic Signature

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 l

11



I Agree

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

12

