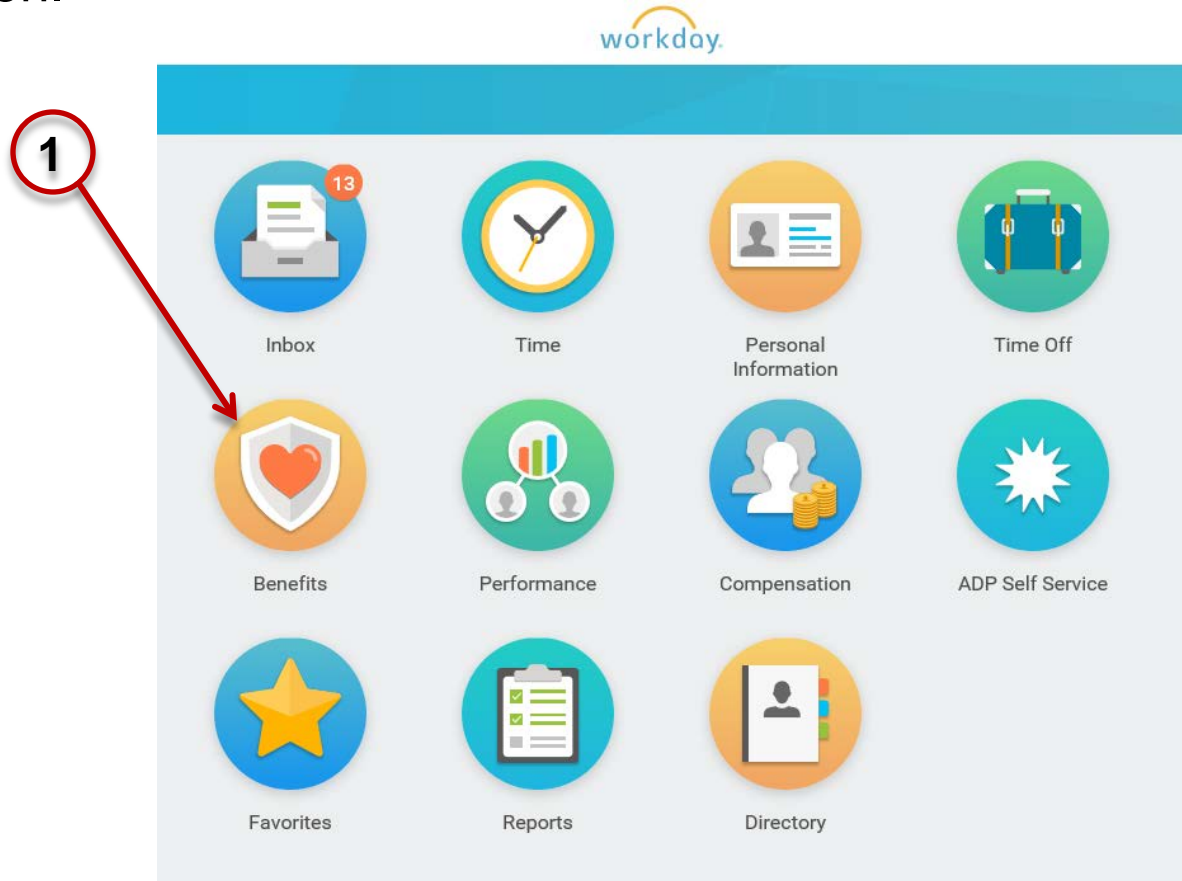


ADDING A NEWBORN/ADOPTED CHILD- SELF SERVICE

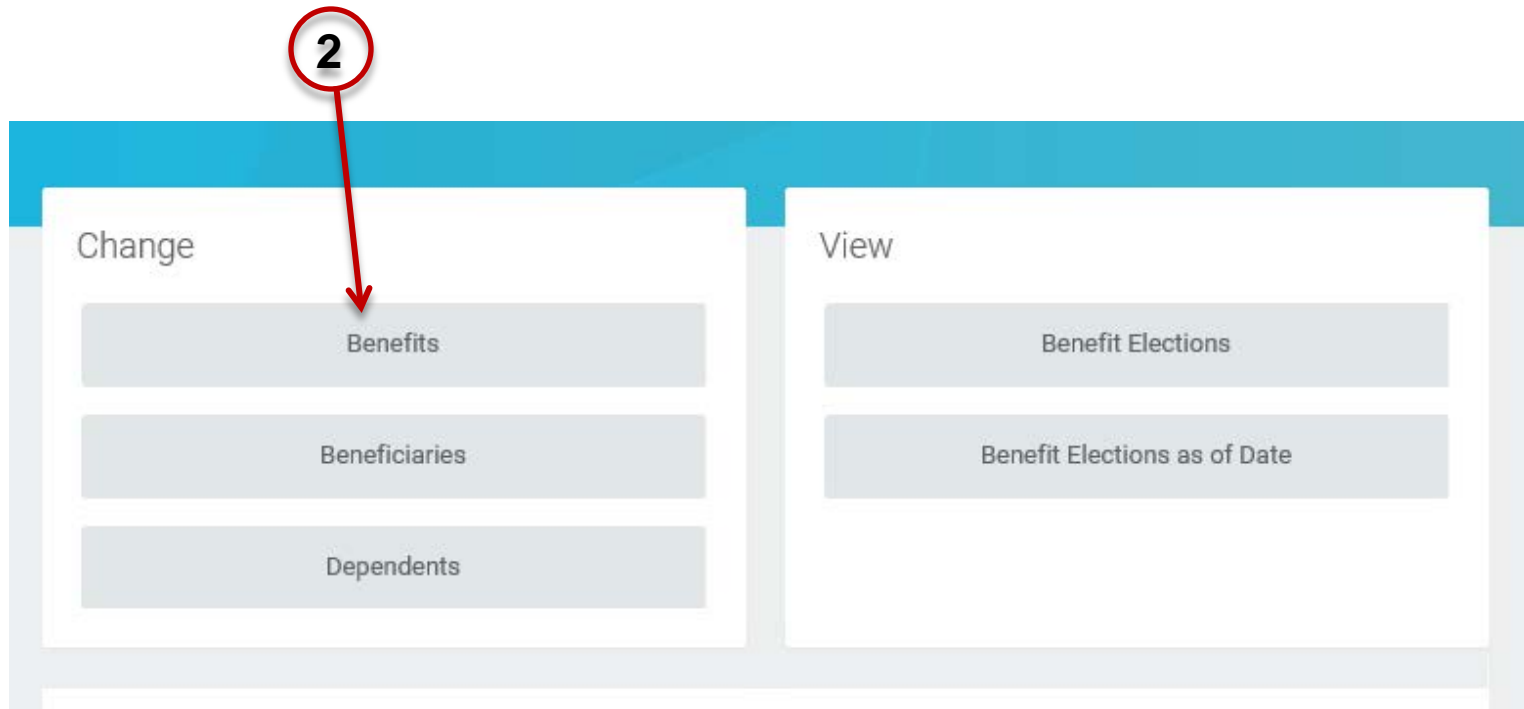
How to Add a Newborn or Adopted Child in WorkDay

- You only have 30 days to enroll your new baby/adopted child from the day of the event (birth/adoption)
- You are required to submit documentation to support this life event.
 - Birth Certificate
 - Adoption paperwork
- You must submit required documentation 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. In the next screen, click on the “Open” option



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

2. On this page, you will be able to add your new child.



STEP 3

1. Select the “Birth/Adoption” option from the list of Benefit Event Types

Benefit Event Type *

- Birth/Adoption
- Beneficiary Update
- Dependent Addition (not Birth or Adoption)
- Dependent Drop
- Update - FSA DCAP

2. Enter your new baby’s date of birth in the event date field (date of adoption for adopted child)

Benefit Event Date * 08 / 15 / 2017

Submit Elections By 09/13/2017

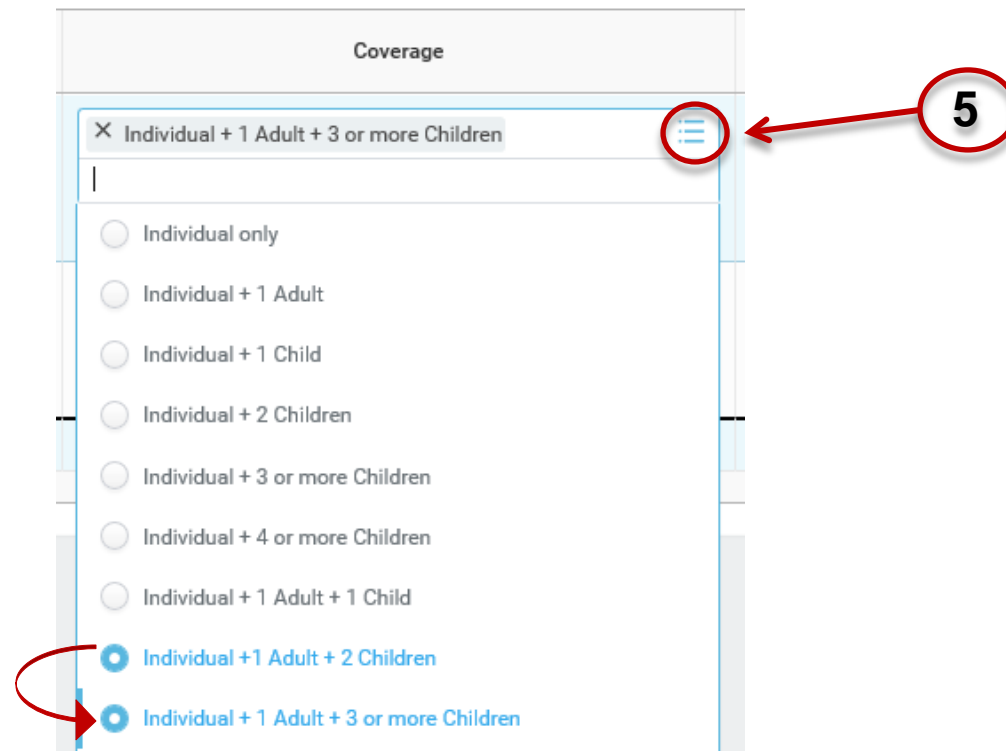
Enrollment Offering Types

- US Medical
- US Dental/Vision
- Supplemental Life
- Supplemental AD&D
- Spousal Life
- [+ More \(2\)](#)

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

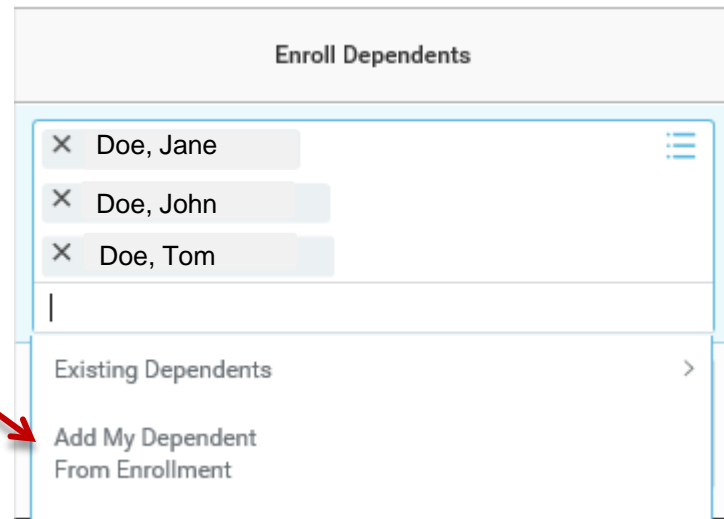
Submit Save for Later Cancel

- 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.

6



- 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

Is your new dependent already a beneficiary or emergency contact?

Yes
 No

Use your new dependent as a beneficiary?

Yes
 No

Use your new dependent as a beneficiary?

Yes
 No

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

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

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age

Gender *

Address

Use Existing Address

Country *

Address Line 1

Address Line 2

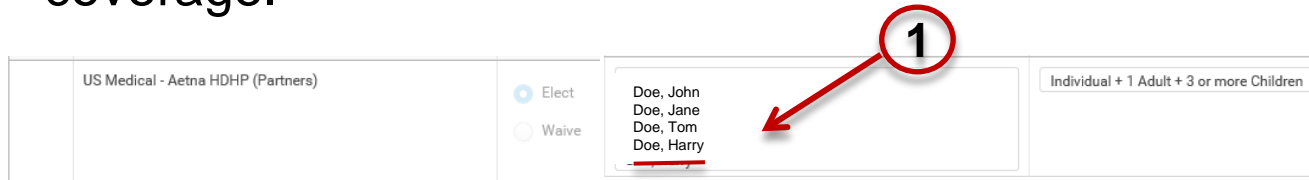
City

State

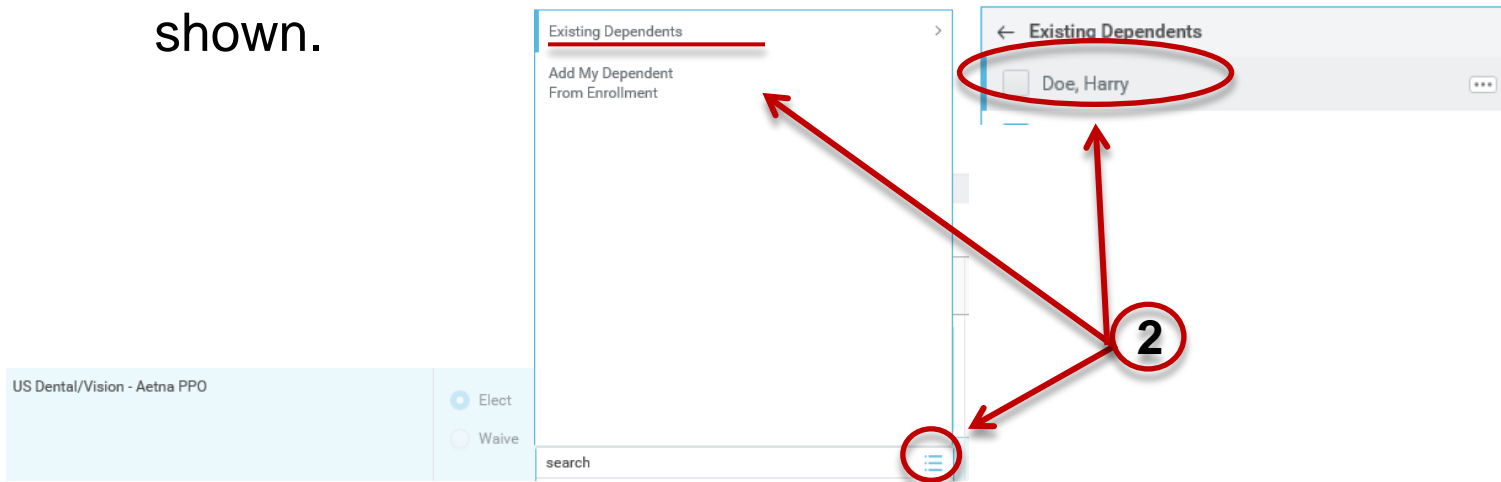
Postal Code

County

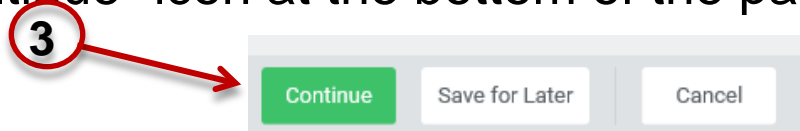
1. You will see your new child has been added to your coverage.



2. Note: you will need to add your child to each plan as shown.



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



1. On the new screen, it will ask you for your child's Social Security number, please fill out the information accordingly. If there has not been a number issued yet, select the "Reason ID is Not Available" option and site 'Newborn' as your reason. Please keep in mind you will need to update this information once it is issued

Doe, Harry	Social Security Number (SSN)
	<input type="radio"/> Identifier ID Entered <input type="text"/>
	<input checked="" type="radio"/> Reason ID is Not Available <input type="text" value="Newborn"/>

2. Click on the "Continue" icon.

- Click “Continue” in the new screen

Health Savings Election 1 item

	Benefit Plan	*Elect / Waive	
	HSA - Wageworks Age > = 55	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number 5 Your estimate 0.00

Continue Save for Later Go Back Cancel



- You may opt into the Dependent Care FSA if you would like. Click the “Continue” icon when finished with your election. Please contact Benefits-Firmwide if you have questions on this benefit.

	Benefit Plan	*Elect / Waive
	Dependent Care FSA - Aetna	<input type="radio"/> Elect <input checked="" type="radio"/> Waive

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Continue Save for Later Go Back Cancel

- You may opt for a Supplemental Life policy if you choose at this time. Click on the “Continue” icon when finished with your elections. **Please contact Benefits-Firmwide if you have questions on this benefit.**

Health Information

1 item

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

Yes

No

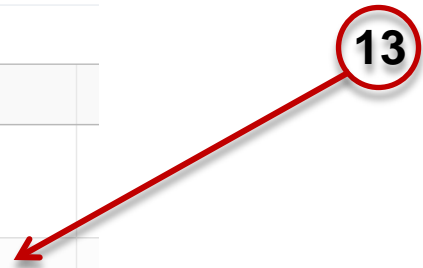
Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 3 items

Benefit Plan	*Elect / Waive
Supplemental Life - Aetna (Individual)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive
Spousal Life - Aetna (Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive

Continue Save for Later Go Back Cancel

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- On the new screen click the “Continue” icon at the bottom of the page.

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

Beneficiary Designations 0 items

	Benefit Plan	Requires Beneficiary		

14



Continue Save for Later Go Back Cancel

- Scroll down the next screen and electronically sign off on the changes you've made by clicking on the "I Agree" box.

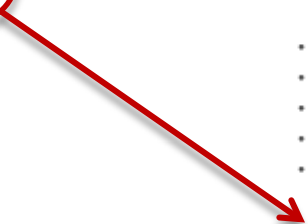
Electronic Signature

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

15



I Agree

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

