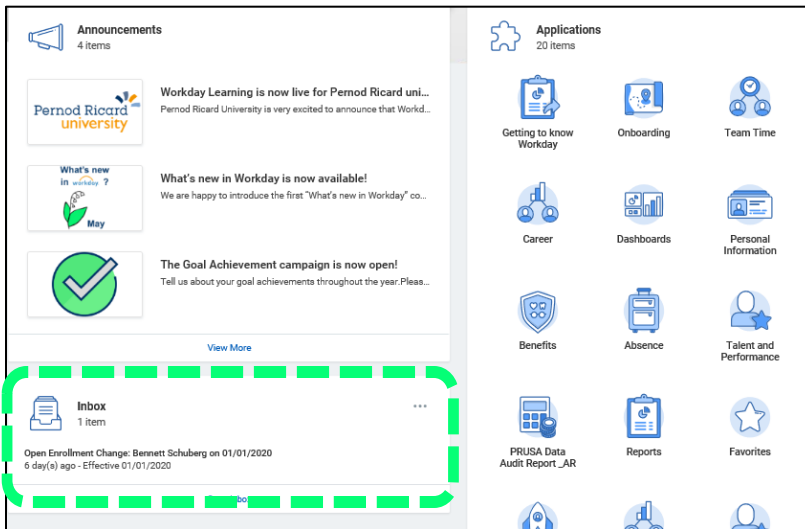


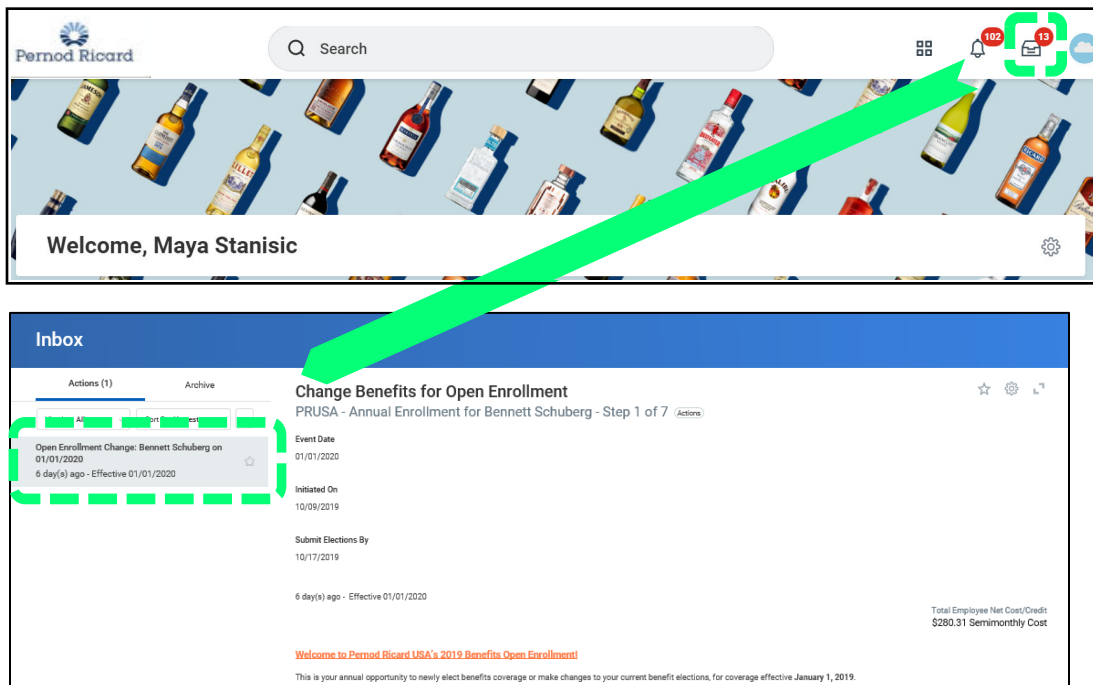
Completing Your Open Enrollment Elections in Workday

Note: benefits are only supported in the browser version of Workday. You cannot process this task in the mobile app. To access the desktop app, click [here](#).

1. Log into Workday
2. You can access your Benefit Change event in two ways – either on your home screen:



Or you can access it via your inbox (top right-hand corner of your Workday screen):



- Click on the 'Open Enrollment Change' task to start your election process. You will be brought to the main screen where you can select which plan(s) you want to change. (coverage will be defaulted to current elections)

Health Care and Accounts

Plan Name	Cost per paycheck	Coverage	Dependents	Action
Medical Aetna HDHP Low	\$97.00	Family (0-2)	2	Manage
Dental MultiPlan PPO	\$18.25	Family (0-2)	2	Manage
Vision VSP 115	\$11.28	Family (0-2)	2	Manage
Health Savings Account Pay/Fax with HDHP Low Medical Election	\$0.00			Manage
Healthcare FSA Waived				Enroll
Dependent Care FSA Waived				Enroll

Insurance

Plan Name	Cost per paycheck	Coverage	Action
Basic Life Aetna (Employee)	Included	2 X Salary	View
Basic Accidental Death and Dismemberment (AD&D) Aetna (Employee)	Included	2 X Salary	View
Short Term Disability (STD) Palmetto Ricard USA (Employee)	Included	100% of Salary	View
Long Term Disability (LTD) Aetna (Employee)	Included	60% of Salary	View
Spouse/Domestic Partner Supplemental Life Waived			Enroll
Children Supplemental Life Waived			Enroll

- Click on 'Manage' or 'Enroll' under each plan to make changes or view elections. Note: You will only be able to view Company provided benefits. After making your selection, click on 'Confirm and Continue' to review, add or modify your dependents.

Medical PRUSA - Annual Enrollment

Projected Total Cost Per Paycheck
\$208.14

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Spouse.

3 Items

*Selection	Benefit Plan	You Pay (Semimonthly)	Company Contribution (Semimonthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HDHP Low	\$70.98	\$609.96
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna HDHP Plus	\$139.27	\$601.89
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO Alternative	\$195.41	\$628.10

Confirm and Continue **Cancel**

5. On the 'Dependents' screen, you will be able to select which dependents to cover under the plan by checking the box in the 'Select' column.

Click the 'Add New Dependent' button to open up the screen to enter the data for a new dependent that is not listed. Click 'Save' when done.

Dependents
Add a new dependent or select an existing dependent from the list below.

Coverage * Employee + Spouse
Plan cost per paycheck \$139.27

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Jane Doe	Spouse	02/21/1993

Save **Cancel**

6. Adding a New Dependent:

- a. Select 'Create Dependent' radial button, then click 'OK' on the bottom of the page
- b. Enter the information in the required fields noted with "*". The address information is required, click on the 'Contact Information' tab to enter it. Also, the National ID is required; however, if you do not have it at this time please comment a reason why it is not available.
- c. Click 'Save' when done

Add Dependent

* Use an Existing Beneficiary or Emergency Contact
 Create Dependent

Use as Beneficiary

Instructional Text
Click OK to add dependents.

OK **Cancel**

Add Dependent

Relationship *

Use as Dependent

Use as Beneficiary

Inactive Date (empty)

Date of Birth * MM/DD/YYYY

Age (empty)

Gender * select one

Primary Nationality

Additional Nationalities

Country of Birth

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

Legal Name **Contact Information** **National IDs** Additional Government IDs Other IDs

Country *

Prefix

First Name *

Middle Name

Save **Cancel**

- After you have made your changes, click the 'Review and Sign' button on the main page. On the next screen you will be able to review a summary of your elections and read the Legal Notice at the bottom. Check the 'I ACCEPT' box, then click 'Submit' to complete your benefit elections.

PRUSA - Annual Enrollment PRUSA - Annual Enrollment

Projected Total Cost Per Paycheck
\$208.14

Health Care and Accounts

Plan Name	Cost per paycheck	Coverage	Dependents	Action
Medical Aetna HDHP Plus	\$139.27	Employee + Spouse	1	Manage
Dental MetLife PDP	\$11.20	Employee + Spouse	1	Manage
Vision Waived				
Health Savings Account Payflex with HDHP Plus Medical Election	\$41.67			Manage
Healthcare FSA Waived				Enroll
Dependent Care Waived				

Insurance

[Review and Sign](#) [Save for Later](#)

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the calendar year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. These benefits are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified change in status event during the calendar year.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage, you may in the future be able to enroll yourself or your dependents in it after your other coverage ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request adoption.
- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elect

I Accept

[Submit](#) [Save for Later](#) [Cancel](#)

Click the 'View 2024 Benefits Statement' if you would like to print or create a PDF of your elections. Then click 'Done'.

Your benefit changes will be effective January 1st of the upcoming calendar year.

If you have further questions, please contact NA.HumanResources@pernod-ricard.com