

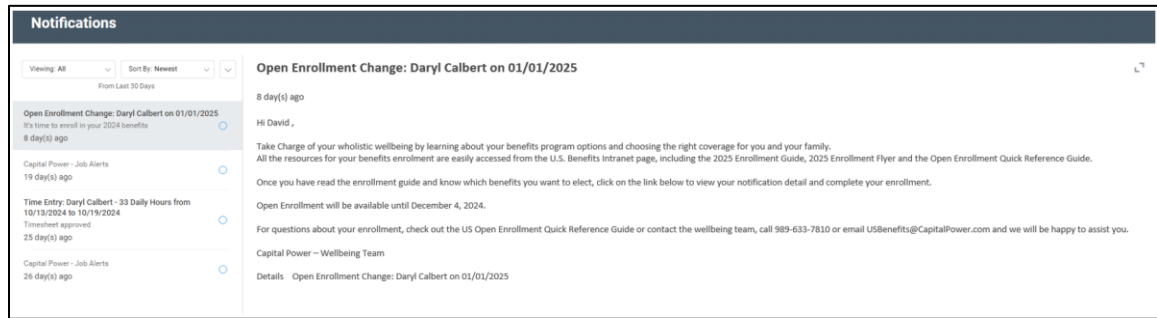
Open Enrollment Quick Reference Guide

Completing Open Enrollment

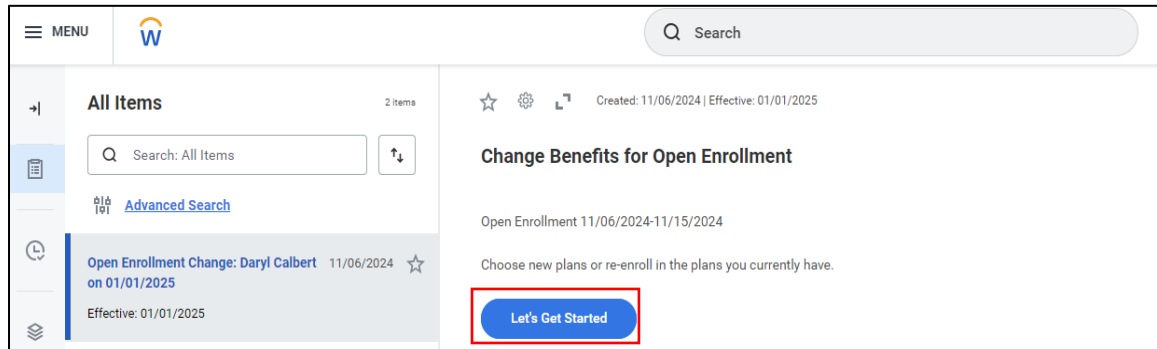
Accessing Enrollment

When Open Enrollment begins, you will receive an email notification from capitalpower@myworkday.com to let you know it is time to complete your open enrollment in your Capital Power Benefits. You will also notice an Inbox Task has been automatically created within Workday that also allows you to access your enrollment.

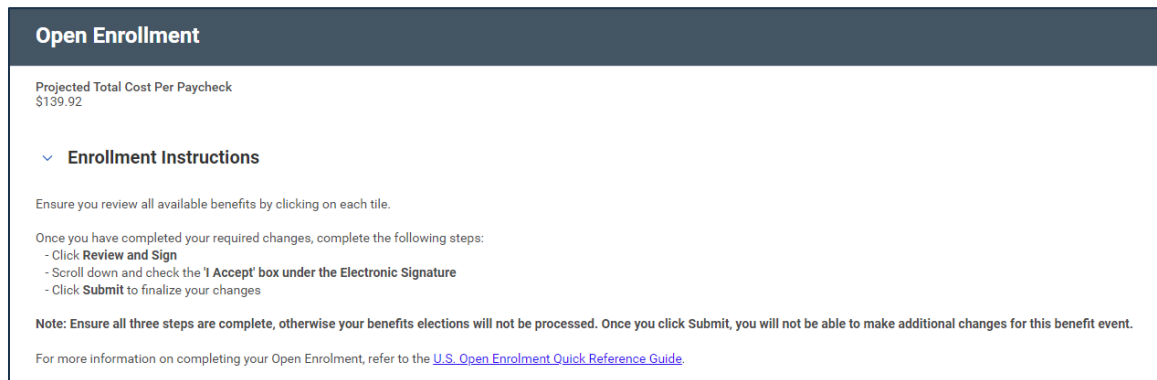
1. From your email notification, click the [Click here to view the notification details](#) link. Click *Open* under My Actions.



2. Alternatively, Log into [Workday](#).
3. Click the **My Tasks** icon (📅) in the top right-hand corner of the **Homepage**. From your **My Tasks**, click the **Open Enrollment Change** task. Click *Let's Get Started*.



4. Here, you will complete your Open Enrollment by confirming and/or changing your benefit elections.



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Health Care and Accounts

5. Beginning with the options listed in **Health Care and Accounts**.

This section allows you to [Manage](#) your Medical, Dental, Vision coverage by confirming current coverage or changing your coverage. As well, if applicable, you will [Enroll](#) in Health Savings Account and/or Flexible Spending Accounts.

Health Care and Accounts

Medical
Cigna HDHP
Cost per paycheck: \$115.60
Coverage: Employee + Spouse
Dependents: 1
[Manage](#)

Dental
Guardian
Cost per paycheck: \$7.71
Coverage: Employee + Spouse
Dependents: 1
[Manage](#)

Vision
Guardian VSP
Cost per paycheck: \$1.15
Coverage: Employee + Spouse
Dependents: 1
[Manage](#)

Health Savings Account
Waived
[Enroll](#)

Healthcare FSA
Waived
[Enroll](#)

Dependent Care FSA
Waived
[Enroll](#)

6. To start, click [Manage](#) under the **Medical** benefits tile.

You will see the available medical plans. Workday will automatically default your election to your current coverage. You can keep your current election or select from any of the coverage options, **Cigna HDHP**, **Cigna OAP** plan or select the **Opt-Out Benefit**.

In the example below, **Cigna HDHP – Employee + Spouse** is the current elected. Note, you can only select one plan. To continue, click [Confirm and Continue](#).

Medical

Projected Total Cost Per Paycheck
\$139.92

Plans Available

You must select a plan. The displayed cost of waived plans assumes coverage for Employee + Spouse. If Employee + Spouse coverage isn't available, it assumes Employee Only coverage.

3 items

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
Cigna HDHP	☒ Select ☐ Waive	\$115.60	\$681.65
Cigna OAP	☐ Select ☒ Waive	\$177.64	\$798.41
Opt Out Benefit	☐ Select ☒ Waive	Included	\$138.46

[Confirm and Continue](#) [Cancel](#)



Important! If you are enrolled in the **Cigna HDHP** benefit plan. You must enroll in the **Health Savings Account** each Open Enrollment (Refer to step 11).

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7. Your enrollment will proceed to the **Dependents** page. Dependents that are already enrolled are selected with a check in front of their name. If you wish to remove a dependent, uncheck the box. If you want to enroll a dependent(s), select an existing dependent from the table or click [Add New Dependent](#) (Refer to step 20 a - g).

1 item			
Select	Dependent	Relationship	Date of Birth
☒	Mary Calbert	Spouse	07/26/1970

Dependents

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

Coverage * Employee Only

Plan cost per paycheck \$55.21

[Add New Dependent](#)

8. Once you have finished your medical elections, click [Save](#). You will automatically be brought back to the **Enrollment** elections page. You will return to this screen after making each of your benefit elections with a pop-up confirmation notification that your plan changes have been updated but **not submitted**.

[Save](#) [Cancel](#)

×

**Your Medical changes have been updated,
but not submitted**

Next steps: Update another plan, or click Review and Sign once you're ready to submit your changes.



Important! If you select the **Opt-Out Benefit**, you must verify that you have alternate medical coverage by completing and uploading the **Opt-Out Benefit** form, which can be found [here](#). Once you complete this form, you will upload it to Workday in the **Attachments** section of the **Submit** step (Refer to step 19 d). Failure to provide verification will result in your coverage defaulting to the **Open Access Plan** as Employee Only.

9. Proceed with your enrollment to Dental and Vision coverage. Workday will automatically default your current Dental and Vision coverage. To change these plans, click [Manage](#) under the **Dental** and **Vision** tiles and make your new elections. To continue, click [Confirm and Continue](#).

You will proceed to the **Dependents** page. If you wish to add dependent(s), select an existing dependent from the table or click [Add New Dependent](#).

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Completing Open Enrollment

 Dental Guardian	 Vision Guardian VSP
Cost per paycheck \$7.71	Cost per paycheck \$1.15
Coverage Employee + Spouse	Coverage Employee + Spouse
Dependents 1	Dependents 1
Manage	Manage

10. Click [Save](#) once you have finished your dental and vision elections. You will automatically be brought back to the **Enrollment** elections page, with the pop-up confirmation notification that your plan changes have been updated but **not submitted**.



Note: If you have viewed your coverage, the tile will indicate this by showing **REVIEWED**. You can review your coverage as many times as you like, until you **Submit** your Open Enrollment.

11. Proceed with your enrollment. If you are enrolled in the **Cigna HDHP** plan, click [Enroll](#) under the **Health Savings Account**.

 Health Savings Account Waived
Enroll

You must click [Select](#) to receive the Capital Power contributions.

Health Savings Account			
Projected Total Cost Per Paycheck \$139.92			
Plans Available			
Select a plan or Waive to opt out of Health Savings Account.			
1 item			
Benefit Plan	*Selection	You Contribute (Biweekly)	Company Contribution (Biweekly)
HSA Bank Catch up (Age >=55)	☒ Select ☐ Waive		

To continue, click [Confirm and Continue](#). You also have the option to make additional contributions via payroll deductions. Enter the **Per Paycheck** or **Annual** amount you would like to make additional contributions.

Open Enrollment Quick Reference Guide

Completing Open Enrollment

Health Savings Account - HSA Bank Catch up (Age >=55)

Projected Total Cost Per Paycheck
\$332.23

Contribute

Per Paycheck

192.31

Annual

5,000.00

Remaining Paychecks 26

Maximum Annual Amount: \$9,550.00

Summary

Annual Company Contribution

\$3,000.00

Total Annual HSA Contribution

\$8,000.00

Once you are finished your elections, click [Save](#). You will automatically be brought back to the **Enrollment** elections page, with the pop-up confirmation notification that your plan changes have been updated but **not submitted**.



Note: If you have elected the **Cigna OAP** plan or select the **Opt-Out Benefit**, under your medical benefits the **Health Savings Account** will be greyed out as you do not have access to this benefit.

12. Proceed with your enrollment. If you are enrolled in the **Cigna OAP** plan or the **Opt-Out Benefit** under Medical, you have the option to enroll in the Healthcare FSA. Click [Enroll](#) under **Healthcare FSA**, click [Select](#) and [Confirm and Continue](#).

 **Healthcare FSA**
Waived

Enroll

Healthcare FSA - Inspira Financial

Projected Total Cost Per Paycheck
\$328.88

Contribute

Per Paycheck

126.92

Annual

3,300.00

Remaining Paychecks 26

Maximum Annual Amount: \$3,300.00

Summary

Total Annual Contribution

\$3,300.00

Enter the **Per Paycheck** or **Annual** amount you would like to contribute. Once you are finished your elections, click [Save](#). You will automatically be brought back to the **Enrollment** elections page, with the pop-up confirmation notification that your plan changes have been updated but **not submitted**.

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13. You have the option to enroll in the **Dependent Care FSA**. Click [Enroll](#) under **Dependent Care FSA**, click [Select](#) and [Confirm and Continue](#).

**Dependent Care FSA**
Waived

[Enroll](#)

Contribute

Per Paycheck

Annual

Remaining Paychecks 26

Maximum Annual Amount: \$5,000.00

Summary

Total Annual Contribution \$0.00

Enter the **Per Paycheck** or **Annual** amount you would like to contribute. Once you are finished your elections, click [Save](#). You will automatically be brought back to the **Enrollment** elections page, with the pop-up confirmation notification that your plan changes have been updated but **not submitted**.



Note: you can continue to make changes to any of your coverage elections by clicking the [Manage](#) button for that benefit. Your **Projected Total Cost Per Paycheck** will update in the top left-hand corner.

Insurance

14. Proceed with your enrollment. Scroll down to view the **Insurance** section. Here, you will confirm your beneficiaries have been designated to the employer-sponsored Basic Life and Accidental Death & Dismemberment insurances.

Insurance

**Basic Life**
Guardian (Employee)

Cost per paycheck Included

Coverage 2 X Salary

[Manage](#)

**Basic Accidental Death and Dismemberment (AD&D)**
Guardian (Employee)

Cost per paycheck Included

Coverage 2 X Salary

[Manage](#)

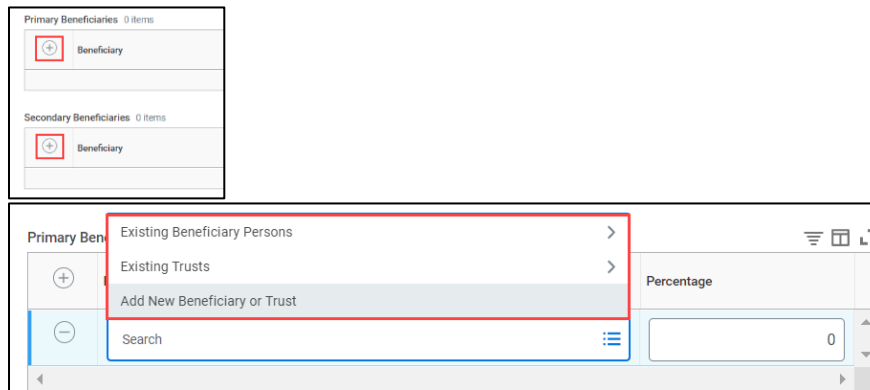
15. To start, click [Manage](#) under the **Basic Life** and the **Accidental Death & Dismemberment** tiles.

- a) You are automatically enrolled in the Basic Life plan and cannot select Waive. To access the beneficiary page, click [Confirm and Continue](#).

Open Enrollment Quick Reference Guide

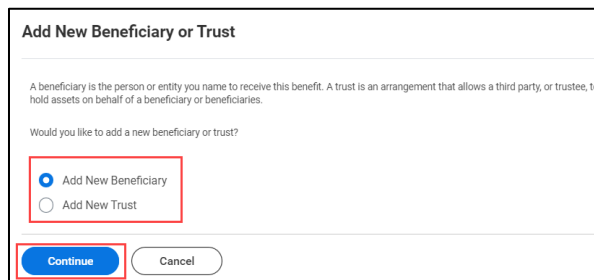
Completing Open Enrollment

- b) You are **required** to make Beneficiary Designations for your basic life insurance. Click the **Add** icon (+) in the Beneficiaries table to add **Primary Beneficiaries** or **Secondary Beneficiaries**. Select from **Existing Beneficiary Persons** or **Existing Trusts** to confirm if your beneficiary information is available or **Add New Beneficiary or Trust**.

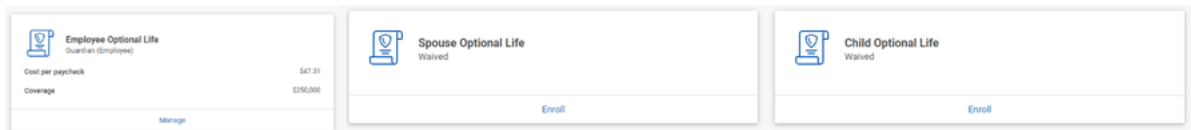


Note: beneficiary data was added from our prior administrator, so check to see if you have an Existing Beneficiary Persons before adding a new one. A primary beneficiary ***must*** be entered into Workday as a step in the open enrollment process and secondary beneficiaries are optional.

- c) If you selected **Add New Beneficiary or Trust**, you will receive a pop-up notification. Select **Add New Beneficiary** or **Add New Trust** and click **Continue** to be directed to the **Add New Beneficiary or Trust** page ([Refer to step 21 a - g](#)).



16. Continue with your enrollment. Workday will automatically default your elections for Employee, Spouse and Child Optional Life plans to your current coverage. If you do not want to change your optional life insurance, you do not need to view these tiles.
17. If you do want to enroll, change or cancel in optional life, click **Enroll** or **Manage** under the **Employee Optional Life**, **Spouse Optional Life** and/or **Child Optional Life** tiles.



- a) For each, check **Select**, click **Confirm and Continue**.

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*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution (Biweekly)
☒ Select ☐ Waive	Guardian (Employee)		

[Confirm and Continue](#) [Cancel](#)

- b) You will automatically be brought to the **Coverage** and **Beneficiaries** page. Select the amount of coverage you want and complete your beneficiary designation.

Coverage

Calculated Coverage

Coverage

Plan cost per paycheck

Primary Ben

Existing Beneficiary Persons >

Existing Trusts >

Add New Beneficiary or Trust

Search

Percentage

- c) Once you are finished, click [Save](#). You will automatically be brought back to the **Enrollment** elections page. You will return to this screen after making each of your elections with a pop-up confirmation notification that your plan changes have been updated but **not submitted**.



Note: if you select or increase Employee and Spouse Optional Insurance during open enrollment, you will be required to complete an evidence of insurability form and receive approval from Guardian before the additional coverage will go into effect. You will receive instructions on how to complete your evidence of insurability directly from Guardian.

Completing Enrollment

18. Once you are satisfied with the changes made to your **Health Care** and **Insurance** elections, click [Review and Sign](#) to complete your enrollment.

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

- a) You will automatically be brought to the **View Summary** page. Scroll down to review your Selected Benefits and Waived Benefits.

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Completing Open Enrollment

View Summary						
Projected Total Cost Per Paycheck \$255.30						
IMPORTANT NOTE: You CANNOT make changes to your benefit elections, after you Submit your elections. Be sure to carefully review your selections. To make changes, click Cancel.						
Selected Benefits 8 items						
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical	12/01/2019	12/01/2019	Employee + Spouse	Mary Calbert		\$115.60
Cigna HDHP	12/01/2019	12/01/2019	Employee + Spouse	Mary Calbert		\$7.71
Dental	12/01/2019	12/01/2019	Employee + Spouse	Mary Calbert		\$1.15
Guardian	12/01/2019	12/01/2019	Employee + Spouse	Mary Calbert		\$115.38
Health Savings Account	01/01/2025	12/22/2024	\$1,000.00 Annual			
HSA Bank Catch up (Age >=55)						
Basic Life	04/01/2023	04/01/2023	2 X Salary		Mary Calbert	Included
Guardian (Employee)						
Basic Accidental Death and Dismemberment (AD&D)	04/01/2023	04/01/2023	2 X Salary		Mary Calbert	Included
Guardian (Employee)						

- b) Continue to scroll down to the **Messages** section. Check if there is a message notifying that your optional life insurance requires you to submit evidence of insurability and receive approval from Guardian before the additional coverage will go into effect. If you are required to submit evidence of insurability, you will receive an email with instructions from Guardian. You will also receive a task in your Workday Inbox reminding you to complete your evidence of insurability on guardiananytime.com.

Messages	
2 items	
Plan	Information
Employee Optional Life - Guardian (Employee)	You must submit evidence of insurability for the \$250,000 election. Your election will be reduced to \$225,000 until evidence of insurability is received and approved.
Spouse Optional Life - Guardian (Spouse or Domestic Partner)	You must submit evidence of insurability for the \$250,000 election. Your election will be reduced to \$125,000 until evidence of insurability is received and approved.

- c) Continue to scroll down to see the **Total Benefits Costs**.

Total Benefits Cost 1 item			
	Company Contribution	Employee Cost	Net Cost
	\$855.02	\$255.30	\$255.30
	\$1,154.88	\$344.83	

- d) Continue to scroll down to the **Attachments** section.

Attachments

Drop files here

or

Select files



Note: that if you choose the Medical **Opt-Out Benefit**, you must verify you have alternate coverage by completing the [Opt-Out Benefit](#) form and uploading it to the **Attachments** section. This form will be reviewed by a Wellbeing Specialist for approval.

- e) **Continue to scroll down to the Electronic Signature section. Read the legal notice, if you agree, click / [Accept](#) to give your electronic signature and click [Submit](#). Note: your benefit elections will not go into effect unless you click [Submit](#).**

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Completing Open Enrollment

Electronic Signature

I hereby declare that I have completed my enrollment or modified my coverage, my contribution rate, or other information. I understand that the modifications made during this session are effective as per my Benefits Confirmation, and subject to the approval of any required evidence of insurability.

I declare that the information contained on this transaction, if any, is complete and true (any false or incomplete declaration may nullify coverage).

I consent to the collection, use and exchange of my personal information by Capital Power to any insurance or retirement providers or any other person who requires information for the purpose of employee benefits and or retirement savings.

I authorize these parties to obtain and exchange between them, any information about me and my dependents that they required for the purpose of determining my benefit entitlements, for record keeping, file identification, reporting, procurement of health information, claims resolution and other services provided to me by Capital Power from time to time.

I authorize Capital Power to deduct from my pay amounts required to pay the cost of coverage and/or contributions, if any.

I Accept ☐

Submit

Save for Later

Cancel

19. You will automatically be brought to the **Submitted** page. From this page, you can click [View Benefits Statement](#). Click [Print](#) and download a copy of your [Submit Elections Confirmation](#).

Submitted

You've submitted your elections.

You've submitted your elections!
Any new dependents added to your record will pend administrative review and approval.

Visit your Workday inbox for a Task, where you will need to upload ALL copies of your documentation. A list of acceptable documentation is found [here](#).

Important Dates:

Benefits go into effect 01/01/2025

Final day to update benefits 11/15/2024

View 2025 Benefits Statement

Submit Elections Confirmation Open Enrollment for Daryl Calbert

Initiated On 11/06/2024

Total Employee Cost/Credit \$255.30 Biweekly Cost

Submit Elections By 11/15/2024

Event Date 01/01/2025

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

You've submitted your elections!
Any new dependents added to your record will pend administrative review and approval.

Visit your Workday inbox for a Task, where you will need to upload ALL copies of your documentation. A list of acceptable documentation is found [here](#).

Evidence of Insurability

1 Item

Benefit Plan	Message
Spouse Optional Life - Guardian (Spouse or Domestic Partner)	You must submit evidence of insurability for the \$50,000 election. Your election will be reduced to \$0 until evidence of insurability is received and approved. Your election will be waived if you are denied coverage.

Important: You have Evidence of Insurability pending for a previous enrollment. Your insurance elections may be affected based on that process.

Selected Coverages: 9 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Biweekly)	Employee Contribution (Biweekly)
Medical - Capgemini	12/01/2019	12/01/2019	Employee + Spouse		Mary Calbert		\$115.60	\$201.60



Important! Your benefit enrollment is **not** complete until you reach the Submitted page. Keep a copy of your benefits confirmation for your records.

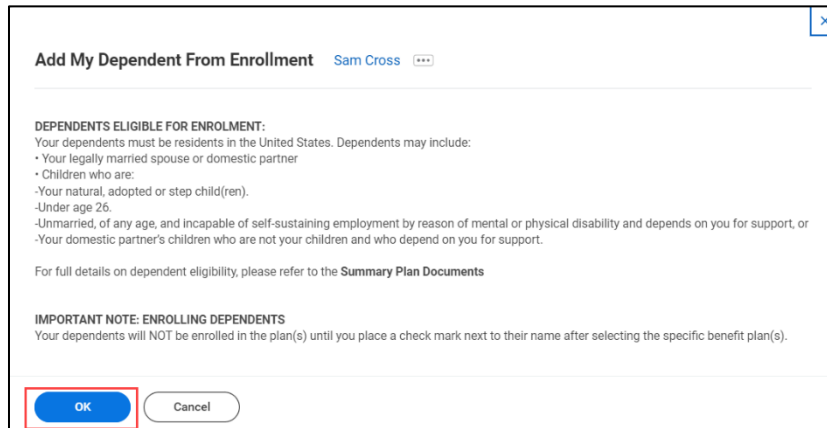
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Add Dependents

20. If you click [Add New Dependent](#), you will receive a pop-up notification. To add a new dependent, follow the steps below:

- a) Carefully read the eligibility criteria and enrollment instructions. Click **OK** to be directed to the Add My Dependent From Enrollment page.



Add My Dependent From Enrollment Sam Cross

DEPENDENTS ELIGIBLE FOR ENROLLMENT:
Your dependents must be residents in the United States. Dependents may include:

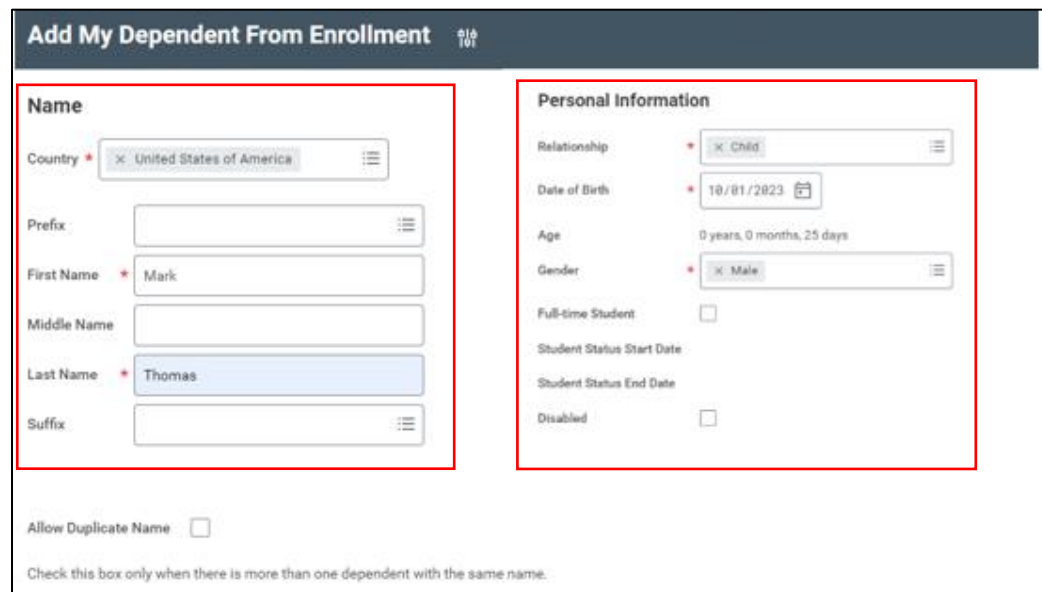
- Your legally married spouse or domestic partner
- Children who are:
 - Your natural, adopted or step child(ren).
 - Under age 26.
 - Unmarried, of any age, and incapable of self-sustaining employment by reason of mental or physical disability and depends on you for support, or
 - Your domestic partner's children who are not your children and who depend on you for support.

For full details on dependent eligibility, please refer to the [Summary Plan Documents](#)

IMPORTANT NOTE: ENROLLING DEPENDENTS
Your dependents will NOT be enrolled in the plan(s) until you place a check mark next to their name after selecting the specific benefit plan(s).

OK Cancel

- b) Fill out the required fields marked with a red asterisk (*) under the Name and Personal Information sections.



Add My Dependent From Enrollment 910 101

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age 0 years, 0 months, 25 days

Gender *

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.



Note: when you add a new dependent, you must provide their legal name, date of birth, and Social Security Number.

- c) Scroll down to the National IDs section and click **Add**. Fill out the required fields (Country, National ID Type and Add/Edit ID) marked with a red asterisk (*).

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National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Country *

× United States of America

National ID Type *

× Social Security Number (SSN)

Current ID

(empty)

Add/Edit ID *

231-90-8343

- d) Scroll down to the Address section. You can Use Existing Address for your dependent(s) or remove the existing address, by clicking X, and fill out the required fields marked with a red asterisk (*).

Use Existing Address

× Box 14 for Sam Cross

Address

Use Existing Address

Country *

× United States of America

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

- e) Once you are finished, click Save.

Save

Cancel

- f) Repeat Steps #9 a-d if necessary.
- g) You will notice the added dependents are now included in your Medical plan enrollment.



Note: when you add coverage for a dependent, a checkmark is required by the dependent name to enroll them in that benefit plan.

Select	Dependent	Relationship	Date of Birth
☒	Mark Cross	Child	11/07/2013

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Completing Open Enrollment

Add Beneficiaries and Trusts

21. To add a new beneficiary, follow the steps below:

- a) Fill out the required fields marked with a red asterisk (*), including the **Relationship** field.

Add New Beneficiary or Trust Sam Cross

Relationship *

Use as Beneficiary ☒

Date of Birth

Age (empty)

Gender

Allow Duplicate Name ☐

- b) Scroll down to the **Legal Name** section. Fill out the required fields marked with a red asterisk (*).

Legal Name Contact Information National IDs Additional Government IDs

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

- d) Once you are finished, click [Save](#). You will automatically be brought back to the Enrollment elections page. You will receive a pop-up confirmation notification that your plan changes have been updated but **not submitted**.
- e) Click the **Contact Information** tab, scroll down to the **Address** section and click [Add](#). You can **Use Existing Address** for your beneficiary or remove the existing address and fill out the required fields marked with a red asterisk (*).

Address

☐ Use Existing Address

Country *

Address Line 1 *

Address Line 2

City *

State *

Postal Code *

County

Usage

Type *

- f) All remaining fields are optional.

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- g) Once you are finished, click [OK](#).



- h) In the **Percentage** box, enter the percentage allocation amount. Note that if you have multiple beneficiaries under the same type (primary or secondary), the total percentage must add up to 100%.

A screenshot of a table titled "Primary Beneficiaries" with a subtitle "1 item". The table has two columns: "Beneficiary" and "Percentage". The "Beneficiary" column contains a row with a minus sign icon, a text input field containing "x Mary Cross", and a menu icon. The "Percentage" column contains a row with a text input field containing "100". The "Percentage" input field is highlighted with a red rectangular border.

Benefit Inquiries

At Capital Power, we strive to keep our employees equipped with the most up-to-date resources to assist you with your benefits. If you have additional questions about your benefits, view the benefits information on the [U.S. Benefits](#) intranet page or contact the wellbeing team at usbenefits@capitalpower.com for further assistance.