MONDAY, OCTOBER 23, 2023

Benefit Enrollment Guide-Workday

Prepared by the Benefits Team Total Rewards



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>Introduction

➢ How to Begin in Workday

► How to Elect Benefits

➢ Healthcare (Medical, Dental, Vision)

Health Savings Account (HSA)

Flexible Spending Account (FSA)

➢Insurance & Disability

➢ Beneficiaries

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Introduction

BEFORE YOU BEGIN

Be sure to have your dependents' legal names, birthdates and SSNs ready.

401(k) Retirement Savings Plan Is <u>NOT PART</u> of Open Enrolment or New Hire processes

Make changes to your 401(k) account anytime by visiting Fidelity's website.

Use this Guide to help you through the process of enrolling in Benefits at Conga using Workday



Log into Workday

In Workday, click on your inbox and select the 'Open Enrollment Change'; or 'Benefit Change-New Hire' then, click 'Let's Get Started'





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Electing Benefits

Your Benefit Page allows you to enroll in benefits in any order. Simply click 'Enroll or Manage' for each type of benefit option.

- Your Health Care and Accounts options are at the top of the page:
 - Medical
 - Dental
 - Vision
 - Accident Insurance and Critical Illness
 - Health Savings Account
 - Flexible Spending Accounts (HealthCare, Limited Purpose, Dependent Care)

Your Insurance options are in the middle of the page:

- Basic Life & Accidental Death and Disability (AD&D)
- Short and Long-Term Disability
- Supplemental Life
- Your Additional Benefit options are at the bottom of the page: EAP, Identity Theft, Transit and Parking, Pet Insurance and Carrot
- Remember to scroll down the page to view all options

TIP: It's highly recommended to review all plan options before clicking Review and Sign

Health Care and Accounts Vision VSP VIS Medical Dental OO ۱лí Cigna PPO OAP 750 Plan Cigna DPPO Plan Cost per paycheck Cost per paycheck \$250.00 Cost per paycheck \$16.50 Coverage Coverage Employee + Family Coverage Employee + Family Dependents Dependents Dependents Manage Manage Manage Accident Insurance Critical Illness Health Savings Account Ø Waived Waived Waived Enroll Enroll Enroll =--Limited Purpose FSA =-Healthcare FSA Dependent Care FSA Waived Waived Waived Enroll Enroll Enroll Insurance ł Basic Accidental Death and Disability (AD&D) Basic Life Supplemental Life Lincoln - 2x Annual Base Salary (Employee) Lincoln (Employee) Lincoln (Employee) Cost per paycheck Included Cost per paycheck Cost per paycheck Included Coverage 2 X Salary Coverage 2 X Salary Coverage Manage Manage Manage Supplemental Accidental Death and Disability P Supplemental Child Life Supplemental Spouse Life (AD&D) Lincoln (Spouse) Lincoln (Child(ren)) Waived Cost per paycheck \$0.85 \$18.75 Cost per paycheck \$250.000 \$10,000 Coverage Coverage Enroll Review and Sign Save for Later





Medical, Dental, Vison

Elect your <u>Medical</u>, <u>Dental</u>, <u>and Vision</u> for yourself and/or your dependents. Plans available to you are based on your home zip code.

Follow these steps for each healthcare option:

- 1. Click on the 'Select' button for plan coverage you would like to enroll in or 'Waive' if you do not elect the plan, and click 'Confirm and Continue'
- 2. The next page takes you to your coverage level and dependent enrollment.
 - a) Click "Add" and then click "Use a Beneficiary" to add this individual to your life plans. If you do not click on the checkbox to add as a beneficiary, and later decide to add this person as a beneficiary, you will need to re-enter the dependent's information in the "add beneficiary" section.
 - b) You MUST provide your dependents personal information (full name, relationship, DOB, gender and National IDs (SSN)).
 - c) You can click on "allow duplicate" checkbox if your spouse and child have same name.
 - d) Click Save and Repeat steps a-c for each dependent.
- 3. Select the dependents you wish to add your plan. The coverage level will update correctly. Click Save when done.

Plans Available

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

items				Ľ
enefit Plan	*Selection	You Pay (Semimonthly)	Company Contribution (Semimonthly)	
Cigna HDHP OAP Plan	 Select Waive 	\$148.50	\$1,045.85	*
Cigna PPO OAP 750 Plan	 Select Waive 	\$250.00	\$1,195.68	÷
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Dependents

Add a new depen	dent or select an existing dependent from the list below.			
Coverage	* Employee Only			
Plan cost per pa	aycheck			
Add New [Dependent			
itema				≣ ⊡ ."
Select	Dependent	Relationship	Date of Birth	
	Elaine Bennet	Spouse		*
	Jerry Vandelay	Child		*
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Use as Benefician

Instructional Text Click OK to add dependents.



Health Savings Account

- The HSA plan will be available to elect only if you chose the Aetna High-Deductible Health Plan (HDHP)
- You cannot participate in the Medical FSA plan while enrolled in the HSA plan, but you may participate in the Limited Purpose FSA

Follow these steps:

- 1. Choose Select or Waive and click Confirm and Continue at bottom of page.
- 2.Enter the amount you would like to contribute for the total year (the semi-monthly will update automatically).
- **3**.Click Save.



Plans Available

Select a plan or Waive to opt out of Health Savings Account.

1 item		[I	۲,
Benefit Plan	*Selection	You Contribute (Semimonthly)		
Payflex	O Select Waive			+
4		1	F	

Contribute

Per Paycheck		0.00		
Annual	0.00		Total Paychecks	24

Maximum Annual Amount: \$8,300.00

Summary

Total Annual HSA Contribution \$1,000.00



Flexible Spending Accounts (FSA)

Healthcare, Dependent, & Limited Purpose

• If you have elected the HSA plan, you can participate only in the Dependent Care FSA or Limited Purpose FSA (dental/vision coverage).

Follow these steps:

1. Choose Select or Waive and click Confirm and Continue at bottom of page.

2.Enter the amount you would like to contribute for the total year (the semi-monthly will update automatically). 3.Click Save.

Plans Available

Select a plan or Waive to opt out of Healthcare FSA

1 item							
Benefit Plan	*Selection	You Contribute (Semimonthly)	Company Contribution (Semimonthly)				
Payflex	O Select Waive			*			

Contribute

Per Paycheck		110.00			
Annual	2,640	.00	Tot	tal Paychecks	24
Minimum	Annual	Amount: \$0.01			

Maximum Annual Amount: \$3,050.00

Summary

Total Annual Contribution \$2,640.00

Spending Account Instructions

Provider Website Learn More - Conga Benefits

General Instructions

Healthcare FSA

It's a use-it-or-lose-it - so consider your likely expenses carefully, plan accordingly, and make sure to spend you account balance before the end of the year. It's important to keep in mind that balances over the carry over limit do not roll over from year to year

The carryover amount does not impact the annual election amount and no action is needed on your part to carr over the unused funds. Any unused funds over the carry over limit will still be forfeited, so estimate your elections carefully

Carry over Limits: up to \$570 into the 2023 plan year; Carry over up to \$610 in the 2024 plan yea

Reminder: If you are enrolled in the HSA plan, you CANNOT participate in the Healthcare FSA.



Insurances

Basic Life, Disability Plans & Supplemental Life and AD&D

- You will have options for:
 - Basic Life (\$50k limit or 2x Base Salary)
 - Short and Long-Term Disability (Non-Taxable or Taxable) plans. •
 - last page of this document.
 - Supplemental Life (Employee, Spouse, and Child) and Supplemental AD&D

Plans Available You must select a plan.					Plans /	Available				
2 items				₹ 🗆 🕻	2 items					≂⊡.'
*Selection	Benefit Plan Details	You Pay (Semimonthly)	Company Contribution (Semimonthly)		*Selection	n	Benefit Plan Details	You Pay (Semimonthly)	Company Contribution (Semimonthly)	
SelectWaive	Lincoln - \$50k (Employee)			A	⊖ se ○ w	Select Vaive	Lincoln Non Taxable (Employee)			*
SelectWaive	Lincoln - 2x Annual Base Salary (Employee)	Included		*	O Se ○ W	Select Vaive	Lincoln Taxable (Employee)	Included		-
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- changing your coverage, then an EOI is not required.

Don't forget to click Confirm and Continue at the bottom of each page!

• You MUST select an option for each plan! Further information on life plan details and what is imputed income is located on the

If you choose to elect or add to your Supplemental Life Plan, you must complete an Evidence of Insurability (EOI) Form for Lincoln Financial Group. The EOI forms will be sent to you in your Workday Inbox after Open Enrollment is completed. If you are not

New hires are eligible to elect up to \$300,000 EE; \$25,000 SP, and \$10,000 CH (the guaranteed issue amounts) for supplemental life. Any amount over the guaranteed issue for self and spouse coverage will require an EOI (and over 30 days, requires EOI)



Beneficiaries

Basic Life/Supplemental Life

A beneficiary is the person or entity you name in a life insurance policy to receive the trust is an arrangement that allows a third party, or trustee, to hold assets on beha beneficiary or beneficiaries.

Follow these steps to add a Beneficiary:

Click on the (+) icon to add a new or existing beneficiary

- Click EXISTING BENEFICIARY PERSONS if you wish to select a dependent as
- Click EXISTING TRUSTS if you wish to select a trust as a beneficiary
- Click ADD NEW BENEFICIARY or TRUST if you wish to add a new beneficiary adding additional beneficiaries, you will need to click on the (+) icon as many needed
 - Select your RELATIONSHIP with the beneficiary
 - Scroll down to the Legal Name tab and enter the First and Last Name of beneficiary
 - Click on the Contact Information tab
 - Under Address, click ADD. The page expands and you may input data for: Address Line 1, City, State, and Postal Code
 - Select the TYPE of address you have defined and click OK
 - The Beneficiary Designations page displays the beneficiary added
- Click ADD TRUST if you wish to define a Trust as a beneficiary
 - Enter the Trust Name
 - For each Trustee, enter a First Name and Last Name

Select and enter the PRIMARY PERCENTAGE and/or SECONDARY PERCENTAGE for each beneficiary

Note: The total of the Primary Percentage across beneficiaries must equal 100% and the total of the Secondary Percentage across beneficiaries must equal 100%.

his benefit. A								
lfofa	Basic	Life - Lind	oln - 2	x Annual Base Sa	alary (Employee)			
	Projected	Total Cost Per Pa	aycheck	Projected Total Credits \$0.00				
	Covera	ige						
a beneficiary	Calculate	d Coverage						
	Coverage	:	2 X Salary					
	Plan cost	per paycheck	Included					
y person. If y times as	Beneficiaries							
	Select an e	xisting or add a new	beneficiary p	erson or trust to this plan. You can	also adjust the percentage allocation f	or each beneficiary.		
	*Primary E	Beneficiaries 0 iten	ns				Ē	
tha	E	Beneficiary				Percentage		
	No Data							
	Secondary	/ Beneficiaries 0 ite	ems				Ē	
· Couptry	•	Beneficiary				Percentage		
: Country,					No Data			
	Sav	ve C	Cancel					





Additional Benefits

- Identity Theft Protection:
 - Choose Employee or Family coverage

The following voluntary benefit options require enrollment on each vendor's website

- Commuter: Transit and Parking PayFlex
- Pets Insurance Pets Best
- Global Fertility Program Carrot



• All employees are automatically enrolled in the Employee Assistance Program (EAP). No action required.



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Review your Elections & Submit

- Review all your elected/waived coverages for accuracy.
- Click the 'I AGREE' button and submit your elections for the plan year.

Submitted

You've submitted your elections.

We recommend that you retain a copy of this confirmation for your records.

Click the Print button at the bottom of the page or the print icon to create a PDF file of your information

Please note:

1) the coverage and deduction begin date reflects the actual date you entered into that particular plan for Open Enrollment, the effective date of your submitted enrollments will be 01/01/2024

when you look at your Benefit Coverage History, you will see the change in deduction price for each year

For Open Enrollment: Your benefit elections will display in the benefits section in Workday on January 1^{st.} If you want to make any changes after you have submitted your elections – but before Open Enrollment closes – you **can** go back in and do so by going to Benefits in the Menu options and click Change Open Enrollment. 12 conga

• **Print** a copy of your confirmation, then select DONE to complete your elections.



Imputed Income

- The IRS requires the cost of the actual premium (not the value of the benefit) be taxed; this taxable amount is called imputed income. The cost of coverage is included in your taxable wages and reported on your W-2. Imputed income is subject to Social Security and withholding taxes.
- When you get paid, ADP adds the amount of premium to your income, applies taxes based on your withholding election, and then backs out the premium so it doesn't change your actual pay.

Basic Life Insurance

Conga pays the full premium for your life insurance in the amount of 2x your Annual Base Salary. The IRS requires we tax you on the premium for coverage above \$50,000. The amount of imputed income is shown on your paycheck statement as "GTL" or "Life Imputed."

Here's an example: Assuming your annual salary is \$50,000, your life coverage is \$100,000, your tax rate is 20% and the premium rate is \$0.058/\$1,000 of coverage.

Actual Premium: \$0.058 x 100 = \$5.80

Imputed Income: $$5.80 \times 20\%$ tax rate = \$1.66

If you do not want to pay imputed income, you can limit your life insurance benefit to \$50,000; your Accidental Death & Dismemberment (AD&D) coverage will remain at 2x your annual salary and is not subject to imputed income.

Short- and Long-Term Disability

Conga pays the full premium for your disability benefits. For each of these plans, you have the choice of receiving a taxable or non-taxable benefit. If you elect to receive a taxable benefit in the event you have a disability claim, there is no premium related cost to you. If you elect to receive a non-taxable benefit in the event you have a disability claim, you will be subject to imputed income on the cost of the premium.

Here's an example of each option for short-term disability (STD), assuming your annual base salary is \$50,000.

The premium rate is \$0.039/\$10 of weekly benefit, your weekly benefit is \$576.93, and your tax rate is 20%.

The impact to long-term disability would be determined in the same manner (the premium rate for LTD is \$0.155/\$100 of monthly benefit).

	Taxable Benefit Option
Weekly STD Benefit	\$576.93
Additional taxes paid per month in regular paycheck	\$0.00
Additional taxes paid per week out of paid benefits	\$115.39
Actual paid STD benefit per week	\$461.54

*Assumes \$2.25 of employer-paid premium paid for the coverage, multiplied by the tax rate of 20%

Note: Please note that the above example is for illustration purposes only





Please contact the People Team benefits@conga.com hr@conga.com

Questions?

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