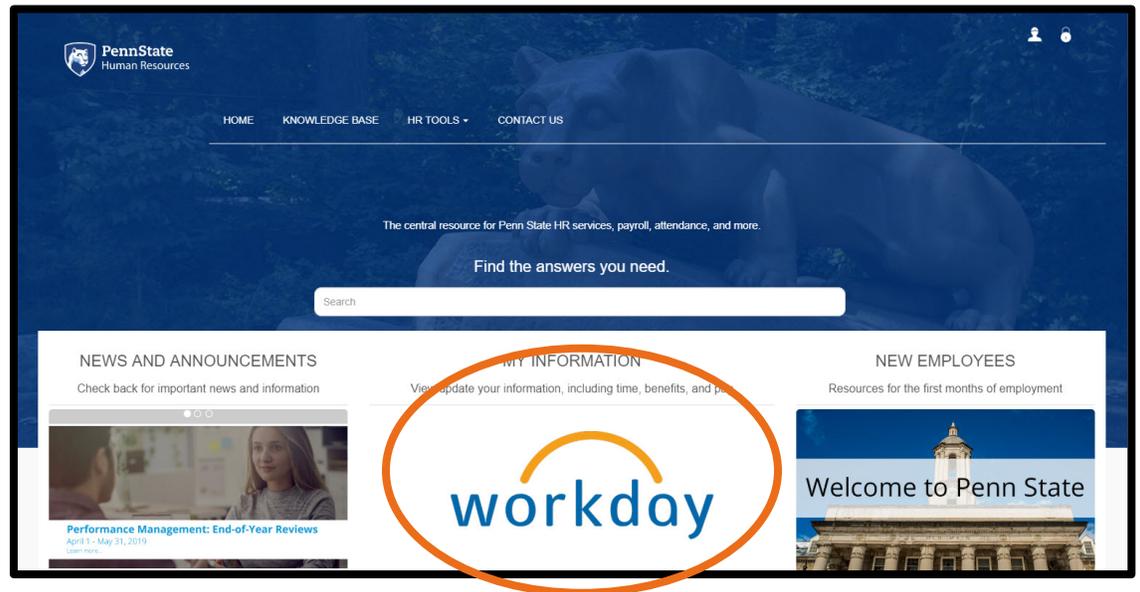


# Open Enrollment Guide for New Graduate Assistants, Graduate Fellows and Graduate Trainees

## Navigating to Workday

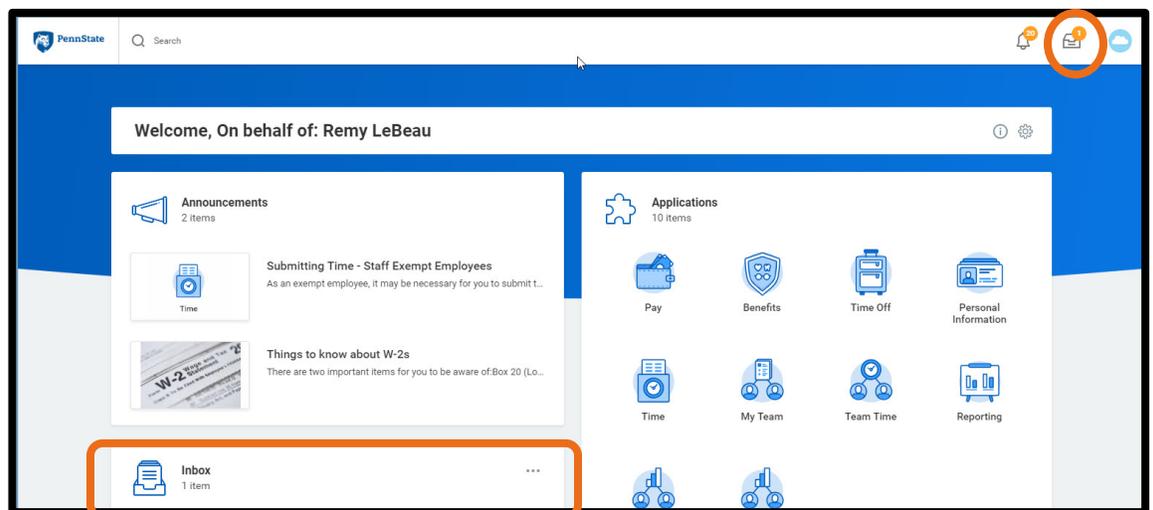
After your background check is complete, you will receive an email notification (in your Penn State email inbox) that there is an action waiting for you in Workday. Visit [Workday](https://workday.psu.edu) (workday.psu.edu) and log in.

This will take you to the WorkLion portal. Once logged in, you will see the landing page below. Click on the Workday graphic (circled in orange) in the center of the page.



Next, you will see that you have messages in your Workday Inbox.

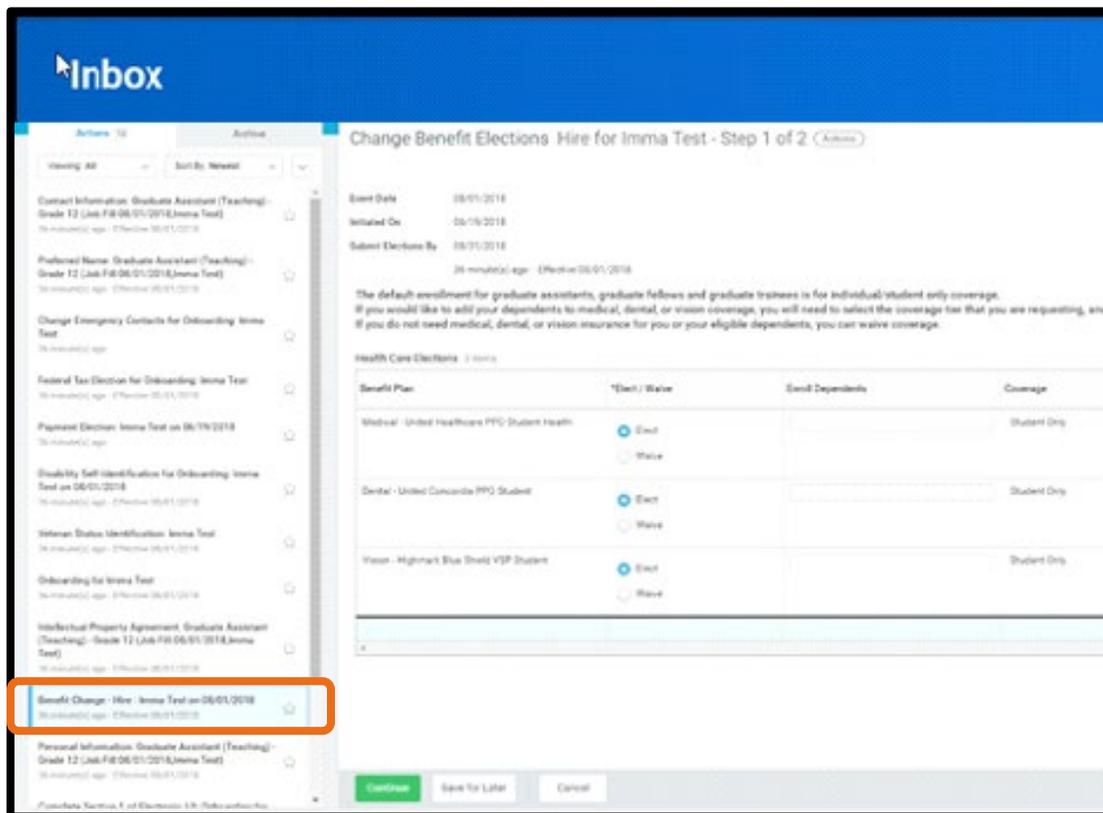
Click on the **Inbox** icon in the top right-hand corner or on the Inbox card below the announcements to view your messages.



## Enrolling in Individual Coverage

If you wish to enroll in individual coverage (e.g. if you only need medical, vision and dental insurance for yourself and you have no dependents), **you do not need to take any further action.** You will be automatically enrolled in the Student Health Insurance Plan.

## Changing Your Benefit Elections



In your inbox, select the message titled, **Benefit Change – Hire Change Benefit Elections**. You will then see the screen below where you can elect/waive coverage and add dependents.

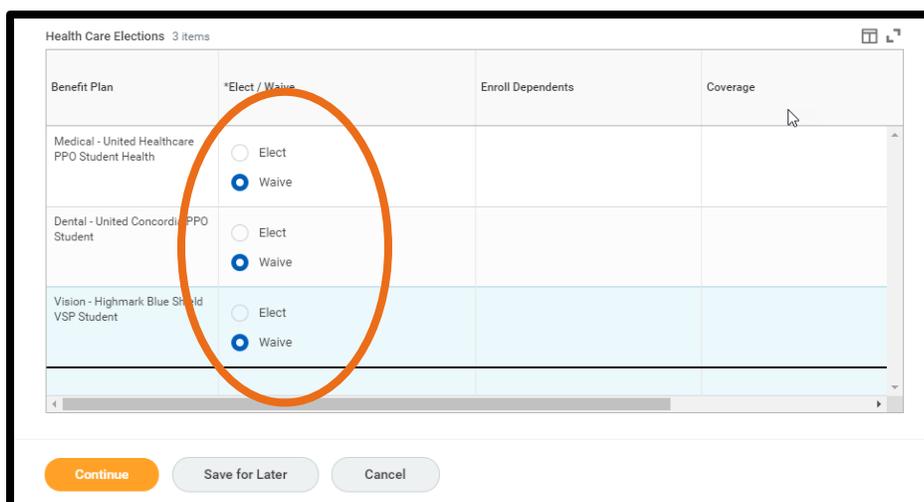
**Note:** The screen below displays the inbox item if you were being reappointed, not for hire.

To waive coverage, continue to the next page. To enroll dependents, skip to page 5.

### How to Waive SHIP Coverage

If you wish to waive enrollment in the Student Health Insurance Plan, please follow the steps below. Please be aware that there are certain [health insurance requirements for international students](#).

To waive coverage, select **Waive** in the **Elect/Waive** column on the table below for the medical, dental and vision benefit plans, and click **Continue**.



Note: **Elect** is selected as a default on the page.

**Change Benefit Elections**  
Benefit Elections Review for Add Graduate Assistant Health Insurance - Step 2 of 2 (Actions)

Total Employee Net Cost/Credit  
\$0.00 Monthly Cost

> **Details**

Below is a summary of the benefits you have elected. Before you can submit, complete the electronic signature by checking the "I Agree" box below. These elections do not begin until you click the **Submit** at the bottom of the page.

Elected Coverages 0 items

Benefit Plan	Coverage	Beneficiaries
No Data		

Benefit Elections There are no elected benefits.

▼ **Waived Coverages**

Waived Coverages 3 items

Plan Type
Medical
Dental
Vision

Attachments

Drop files here

**Submit** Save for Later Go Back Cancel

You will then see a confirmation page that will include a summary of the benefit plans that you elected to waive.

Scroll to the bottom of the confirmation page, where you will see a check box.

Click **I Agree** and then click **Submit**.

This serves as your electronic signature for your benefit elections.

Attachments

Drop files here

or

Select files

**Electronic Signature**

Your submission of this form will be used as an electronic signature.

I have chosen to waive medical, dental and vision coverage. I will not be eligible to re-enroll in coverage until such time as an Open Enrollment period or if I experience a Qualifying Life Event.

If I elect to waive coverage, I will be legally responsible for all medical, dental, or vision expenses I incur.

Your submission of this form will be used as an electronic signature. This signature certifies that I will be covered by the insurance plans I have elected.

If I elect to waive coverage, I will be legally responsible for all medical, dental, or vision expenses I incur in the waived plans.

**I Agree**

**Submit** Save for Later Go Back Cancel

Next is a screen that provides a summary of your benefit elections and will include orange text that says, “**You have successfully submitted your benefit enrollment.**” This is the default text. **It will say this even when you waive coverage.**

You will **not** receive a confirmation email when you complete your benefit elections, but you do have the option to **print** this screen out and can access the information in Workday anytime.

**Submit Elections Confirmation**  
**Open Enrollment: Graduate Assistant, Fellow, Trainee** [Actions]

Total Employee Cost/Credit  
**\$228.75 Monthly Cost**

Initiated On 04/12/2019  
Submit Elections By 05/12/2019  
Event Date 04/12/2019  
29 minute(s) ago - Effective 04/12/2019

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

Elected Coverages 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)
Medical - United Healthcare PPO Student Health	04/12/2019	04/12/2019	Student + Spouse	Shannon LeBeau		\$201
Dental - United Concordia PPO Student	04/12/2019	04/12/2019	Student Family	Shannon LeBeau		\$25
Vision - Highmark Blue Shield VSP Student	04/12/2019	04/12/2019	Student + Spouse	Shannon LeBeau		\$2

Print Done

## How to Enroll Dependents

In the **Health Care Elections** table, click on the box in the **Enroll Dependents** column for the **Medical Benefits Plan**. A menu will pop-up where you can add a new dependent. Click **Add My Dependent from Enrollment**.

Health Care Elections 3 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - United Healthcare PPO Student Health	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Existing Dependents Add My Dependent From Enrollment search	Student Only
Dental - United Concordia PPO Student	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Student Only
Vision - Highmark Blue Shield VSP Student	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Student Only

Continue Save for Later Cancel

**Add My Dependent From Enrollment** Actions

29 minute(s) ago - Effective 04/12/2019

Use your new dependent as a beneficiary?

Yes

No

**OK** Cancel

**Please note:** When you select **Add My Dependent from Enrollment**, you will then be prompted to add a beneficiary on the next screen (pictured below). This question is unnecessary, but the function cannot be turned off.

You must select an answer, either **Yes** or **No** and then click **OK**. Please understand it does not matter which answer you select, as the information is not being collected.

On the next screen, you will be asked to provide information about your dependent.

The **red asterisk** denotes required information. When you are finished entering the information, click the **OK** button to continue.

**Add My Dependent From Enrollment** Refresh

29 minute(s) ago - Effective 04/12/2019

**Name**

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

**Personal Information**

Relationship \*

Date of Birth \*

Age (empty)

Gender \*

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

**OK** Cancel

On the next page, you will be asked to provide a social security number (SSN) for your dependent. **YOU DO NOT NEED TO ENTER A SSN.**

However, you **ARE REQUIRED** to enter a reason in the text box next to **Reason ID is not available**.

If you are an international student or if you do not wish to enter a SSN for your dependent, please enter **Not applicable** in the **Reason ID is not available** field and then click the **Continue** button.

**Change Benefit Elections**  
Open Enrollment: Graduate Assistant, Fellow, Trainee Step 2 of 3 (Actions)

Total Employee Net Cost/Credit  
\$210.37 Monthly Cost

Event Date 04/12/2019  
Initiated On 04/12/2019  
Submit Elections By 05/12/2019  
29 minute(s) ago - Effective 04/12/2019

You have Dependents covered under your Health Care plans without a Social Security Number. You must enter their Social Security Number or choose Not Available if you do not have access to their SSN at this time. You must follow up with the Benefits Department to update this missing information.

Dependent IDs 1 item

Dependent	National ID Type Name	*Identifier ID Entered / Reason ID is Not Available
Shannon LeBeau	Social Security Number (SSN)	<input type="radio"/> Identifier ID Entered <input checked="" type="radio"/> Reason ID is Not Available

Continue Save for Later Go Back Cancel

After you've added your dependent to your medical coverage plan, you will need to click on the **Enroll Dependents** box on the **Vision** and **Dental** rows to add your dependents to both of those benefit plans. Your dependent will be listed under the **Existing Dependents** section, highlighted below. When you are finished, click **Continue**.

Open Enrollment: Graduate Assistant, Fellow, Trainee for Zhouqian Jiang - Step 1 of 3 (Actions)

Total Employee Net Cost/Credit  
\$210.37 Monthly Cost

Event Date 04/12/2019  
Initiated On 04/12/2019  
Submit Elections By 05/12/2019  
29 minute(s) ago - Effective 04/12/2019

You have elected to change your benefit elections for the academic year 2018/2019.  
Your **medical** coverage effective date will be 8/13/18 for any changes you wish to make.  
Your **dental and vision** coverage effective date will be 9/1/18 for any changes you wish to make.  
Your current coverage will remain the same until the above effective dates pass.

Health Care Elections 3 items

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - United Healthcare PPO Student Health	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Shannon LeBeau	Student + Spouse
Dental - United Concordia PPO Student	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Student Only
Vision - Highmark Blue Shield VSP Student	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="text"/>	Student Only

Continue Save for Later Cancel

Existing Dependents >  
Add My Dependent From Enrollment  
search

Then, you will see a confirmation page that provides an overview of you and your dependents' benefits.

### Change Benefit Elections

Benefit Elections Review for Open Enrollment: Graduate Assistant, Fellow, Trainee - Step 3 of 3 Actions

Total Employee Net Cost/Credit  
\$228.75 Monthly Cost

> **Details**

Below is a summary of the benefits you have elected. Before you can submit, complete the electronic signature by checking the "I Agree" box below. These elections do not begin until you click the **Submit** at the bottom of the page.

Elected Coverages 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee (Monthly)
Medical - United Healthcare PPO Student Health	04/12/2019	04/12/2019	Student + Spouse	Shannon LeBeau		\$201
Dental - United Concordia PPO Student	04/12/2019	04/12/2019	Student Family	Shannon LeBeau		\$23
Vision - Highmark Blue Shield VSP Student	04/12/2019	04/12/2019	Student + Spouse	Shannon LeBeau		\$3
						Total: \$228

Attachments

**Submit** Save for Later Go Back Cancel

Drop files here

Attachments

Drop files here

or

Select files

### Electronic Signature

Your submission of this form will be used as an electronic signature.

I have chosen to waive medical, dental and vision coverage. I will not be eligible to re-enroll in coverage until such time as an Open Enrollment period or if I experience a Qualifying Life Event.

If I elect to waive coverage, I will be legally responsible for all medical, dental, or vision expenses I incur.

Your submission of this form will be used as an electronic signature. This signature certifies that I will be covered by the insurance plans I have elected.

If I elect to waive coverage, I will be legally responsible for all medical, dental, or vision expenses I incur in the waived plans.

I Agree

enter your comment

**Submit** Save for Later Go Back Cancel

Scroll to the bottom of the page, where you will see a check box.

Click **I agree** and then click **Submit**. This serves as your electronic signature for your benefit elections.

You can ignore the **Attachments'** section, as you do not need to upload any documents or files.

You will then see a screen that provides a summary of your benefit elections and will include orange text that says, “**You have successfully submitted your benefits enrollment.**” You will not receive a confirmation email when your benefit elections are completed, but you do have the option to print this screen out and can access the information in Workday anytime.

**Submit Elections Confirmation**  
**Open Enrollment: Graduate Assistant, Fellow, Trainee** (Actions)

Total Employee Cost/Credit  
**\$228.75 Monthly Cost**

Initiated On 04/12/2019  
 Submit Elections By 05/12/2019  
 Event Date 04/12/2019  
 29 minute(s) ago - Effective 04/12/2019

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

Elected Coverages 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)
Medical - United Healthcare PPO Student Health	04/12/2019	04/12/2019	Student + Spouse	Shannon LeBeau		\$201
Dental - United Concordia PPO Student	04/12/2019	04/12/2019	Student Family	Shannon LeBeau		\$25
Vision - Highmark Blue Shield VSP Student	04/12/2019	04/12/2019	Student + Spouse	Shannon LeBeau		\$3

Print Done

There is a final summary page where you can view your current elections and future benefit elections.

Current Benefit Elections and Costs 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries
Medical - United Healthcare PPO Student Health	08/10/2017	08/10/2017	Student Only		
Dental - United Concordia PPO Student	09/01/2017	09/01/2017	Student Only		
Vision - Highmark Blue Shield VSP Student	09/01/2017	09/01/2017	Student Only		

Future Benefit Elections and Costs 3 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - United Healthcare PPO Student Health	08/13/2018	08/13/2018	Student + Child	Baby Baby		\$159.63	\$549.87
Dental - United Concordia PPO Student	09/01/2018	09/01/2018	Student Family	Baby Baby		\$14.42	\$40.82
Vision - Highmark Blue Shield VSP Student	09/01/2018	09/01/2018	Student + Child	Baby Baby		\$2.37	\$7.25
<b>Total:</b>						<b>\$176.42</b>	<b>\$597.94</b>

## Questions?

- If you have questions about the Student Health Insurance Plan or about how to complete your benefit elections, please contact University Health Services - Student Health Insurance Office at 814-865-7467 or [uhs-insurance@psu.edu](mailto:uhs-insurance@psu.edu).
- Questions about the terms and conditions of your graduate assistantship, graduate fellowship or graduate traineeship appointment should be directed to your [graduate program staff](#).