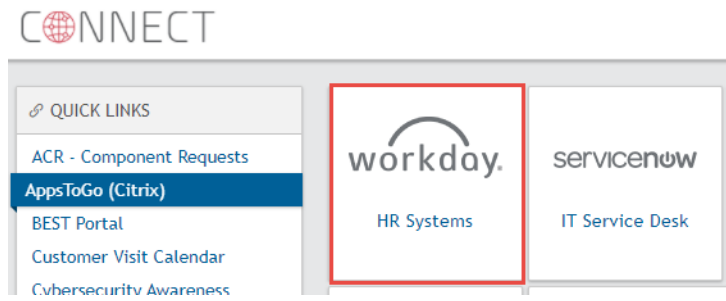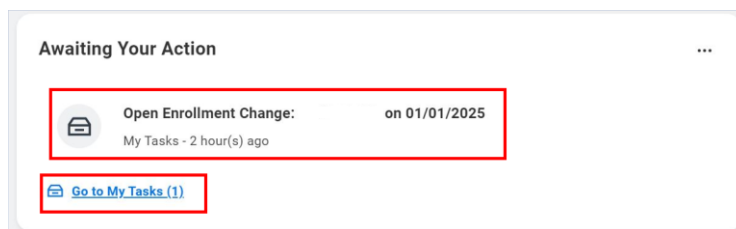## Locating the Action in Workday
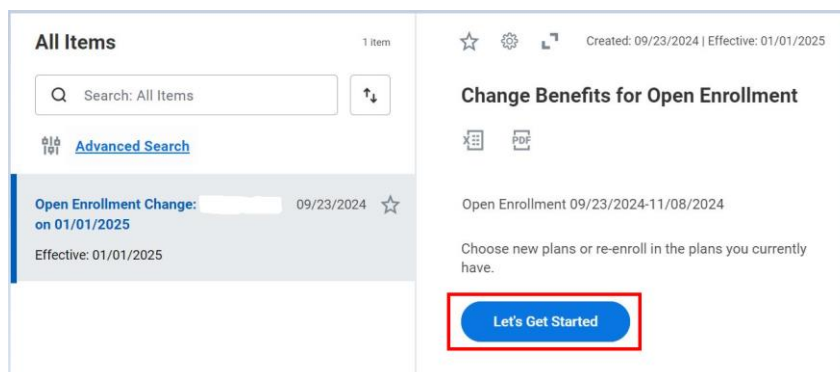
1. From CONNECT, click on **Workday.**

2. From the Workday home screen, select the **"Open Enrollment Change"** action or **"Go to All Inbox Items."**

3. On the left of the screen, you will see your action items. Select the **"Open Enrollment Change"** action. Then, select the **"Let's Get Started"** action.

Questions regarding this action can be directed to a member of the Human Resources team.

Electing Your Benefits

4. **Elect your Medical, Dental, Vision, Critical Illness Insurance, Accident Insurance, and Hospital Indemnity Insurance benefits.**

   a. Select "**Manage**" or "**Enroll**" by the plan you would like to review and elect/waive. Your elections from the current year will be populated. Otherwise, Default is Waive.

   Health Care and Accounts

Medical	Basic Critical Illness	Supplemental Critical Illness
UnitedHealthcare Consumer Choice 2000	Waived	Waived
Cost per paycheck $50.82		
Coverage Employee		
Manage	Enroll	Enroll

Accident Insurance	Hospital Indemnity	Dental
Waived	Voya Financial Hospital Indemnity	Delta 1 Basic
	Cost per paycheck $4.86	Cost per paycheck $2.24
	Coverage Employee	Coverage Employee
Enroll	Manage	Manage

Vision		
UnitedHealthcare Vision		
Cost per paycheck $0.98		
Coverage Employee		
Manage		

   b. Review your current elections if applicable. **Select/Waive** the plan you want to enroll in, then click **"Confirm and Continue"** to review Dependents.

   Plans Available

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

   3 items

*Selection	Benefit Plan	You Pay (Bi-weekly)	Company Contribution (Bi-weekly)
○ Select ● Waive	UnitedHealthcare CMP		
● Select ○ Waive	UnitedHealthcare Consumer Choice 2000		
○ Select ● Waive	UnitedHealthcare Consumer Choice 4000		

   Confirm and Continue   Cancel

   c. **Enroll any eligible dependents.** Your coverage and premium will change as you elect your dependents.

Questions regarding this action can be directed to a member of the Human Resources team.

i. If your dependents are already in Workday, select the **Existing Dependent** record to enroll them.

ii. If you need to add your dependents, click on **"Add My Dependent" (See page 12 and 13 for instructions).**

d. **Click "Save" to return to the main enrollment screen.**

NOTE: As you make your elections, your net cost will be displayed in the top left corner.

Questions regarding this action can be directed to a member of the Human Resources team.

If you are electing the Consumer Choice 4000 plan, you also receive Employer Paid Basic Critical Illness Insurance at no cost to you. Make sure to elect the Basic Critical Illness plan so you have this free coverage. The Critical Illness Insurance is extended to any family members you are covering under your medical plan.

Your Medical changes have been updated, but not submitted

Next steps: You must also enroll in Basic Critical Illness - Voya Financial Basic Critical Illness.

View Details

Basic Critical Illness
Waived

Enroll

1 item

Benefit Plan	*Selection	You Pay (Bi-weekly)
Voya Financial Basic Critical Illness	● Select ○ Waive	Included

5. Once you've made your Medical, Dental, Vision, Critical Illness Insurance, Accident Insurance, and Hospital Indemnity Insurance elections, **Review and Select/Waive** Health Savings Account, Health Care Flexible Spending Account, and Dependent Care Flexible Spending Account coverage.

Health Savings Account
Waived

Enroll

Health Care Flexible Spending Account
Waived

Enroll

Dependent Care Flexible Spending Account
Waived

Enroll

Questions regarding this action can be directed to a member of the Human Resources team.

If you elected a Consumer Choice plan, you have the option to contribute to a Health Savings Account.

    a. In order to receive the Employer Contribution, you much **choose "Select"**. Click **"Confirm and Continue."**

    b. Then **enter** the amount you would like to contribute on a Per Paycheck or Annual basis. Click **"Save."**
        i. If you do not wish to contribute, enter $0.00 so you still receive Plexus' contribution.

Questions regarding this action can be directed to a member of the Human Resources team.

c. If you are eligible, a catch-up election will also appear. On the Contributions screen, step 1 of 2 will be regular HSA contributions and step 2 of 2 will be catch up HSA contributions.

Plans Available

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

2 items

*Selection	Benefit Plan	You Contribute (Bi-weekly)	Company Contribution (Bi-weekly)
● Select / ○ Waive	Optum Bank		
● Select / ○ Waive	Optum Bank HSA Catch Up		

6. Click "Save" to return to the main enrollment screen.

Save   Cancel

7. Decide if you would like to enroll in a Healthcare and/or Dependent Care Flexible Spending Account.

a. If you would like either spending account, click **"Enroll"** to **"Select"** the plan. Click **"Confirm and Continue"** to enter your annual contribution; either as a per paycheck amount or total amount for the year.

Plans Available

Select a plan or Waive to opt out of Health Care Flexible Spending Account.

1 item

Benefit Plan	*Selection	You Contribute (Bi-weekly)
UnitedHealthcare	● Select / ○ Waive	

Confirm and Continue   Cancel

Questions regarding this action can be directed to a member of the Human Resources team.

 b. Enter your contribution on a Per Paycheck or Annual basis.

Contribute

Per Paycheck	50.00	
Annual	1,300.00	Total Paychecks 26

Minimum Annual Amount: $100.00

Maximum Annual Amount: $2,600.00

Summary

Total Annual Contribution $1,300.00

8. Click "Save" to return to the main enrollment screen.

Save   Cancel

9. Next, scroll down to your Life Insurance, Accidental Death & Dismemberment Insurance, and Long Term Disability (LTD) coverage options. Basic Life and AD&D and LTD coverages are automatically applied and are for informational purposes only.

 a. If you are electing Supplemental Life insurance for the first time or increasing your current amount, you will be required to go through the electronic EOI process after Open Enrollment has been finalized by the Benefits Team.

Insurance

Supplemental Life Waived	Supplemental ADD Waived	Spouse Life Waived
Enroll	Enroll	Enroll
Dependent Life Waived	Basic Life and ADD 2 Plans	Long Term Disability Unum LTD (Employee)
		Coverage 60% of Salary
Enroll	Manage	Manage

 b. To **enroll or update** your supplemental Life and/or AD&D, click **"Enroll or Manage."** Keep the plan selected, or waive coverage (whichever is applicable to you). If you are waiving coverage, click **"Save."** If selecting coverage, click **"Confirm and Continue"** to elect your coverage amount and designate a beneficiary.

Questions regarding this action can be directed to a member of the Human Resources team.

c. Select your Coverage amount

10. Elect your Primary and Secondary Beneficiaries (see Step 12 for detailed instruction)

11. Click "Save" to return to the main enrollment screen.

12. Next you will need to designate your Life Insurance beneficiaries. It is required for Supplemental Life and Supplemental AD&D plans, but optional for Basic Life and Basic AD&D. Although it is optional for Basic Life and Basic AD&D, it is highly recommended that you still complete this step.

a. Click **manage** on the insurance plan you want to designate your beneficiary to.

b. Review the election, then click **"Confirm and Continue"**

Questions regarding this action can be directed to a member of the Human Resources team.

c. In the beneficiary section, click the plus (+) sign next to the Beneficiary column. Click the 3 bars on the right side of the Beneficiary text box.

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 1 item

	Beneficiary		Percentage
⊕		☰	0

Secondary Beneficiaries 0 items

	Beneficiary	Percentage
⊕		
	No Data	

d. Select an **"Existing Beneficiary Persons" or "Existing Trusts."** If you do not have an existing beneficiary or trust, select **"Add New Beneficiary or Trust."**

*Primary Ber

⊕	Existing Beneficiary Persons	>		
	Existing Trusts	>	Percentage	
	Add New Beneficiary or Trust			
⊖	Search	☰	0	

e. To Add New Beneficiary or Trust, select the type and click "Continue."

Add New Beneficiary or Trust

A beneficiary is the person or entity you name to receive this benefit. A trust is an arrangement that allows a third party, or trustee, to hold assets on behalf of a beneficiary or beneficiaries.

Would you like to add a new beneficiary or trust?

◉ Add New Beneficiary
○ Add New Trust

[Continue]   [Cancel]

f. Fill out the required information. Click "OK." The new record just created will automatically populate.

Questions regarding this action can be directed to a member of the Human Resources team.

g. Enter a percentage.

h. Repeat this process to add a Secondary Beneficiary.

i. Click "Save" and repeat for all Life and AD&D insurance plans.

13. Next, scroll down to review your Additional Benefits including Identity Protection, Legal Insurance, Employee Assistance Plan (EAP), Short Term Disability (STD), and FMLA.

a. You may choose to enroll/waive Identity Protection. Coverage is offered as Employee only or Family. You do not need to add dependents to the plan.

b. EAP, STD and FMLA are automatically applied and listed for information purposes only.

Questions regarding this action can be directed to a member of the Human Resources team.

14. Click "Review and Sign."

| Review and Sign | Save for Later |

15. Review your Open Enrollment benefit elections.

a. **If your elections are accurate, check the box** to the right of **I Accept,** and then click **Submit.**
b. **If your elections are not accurate and you need to make revisions,** click **Cancel** to go back.

Total Benefits Cost 1 item		
Company Contribution	Employee Cost	Net Cost
$243.48	$53.13	$53.13

Attachments

Drop files here
or
Select files
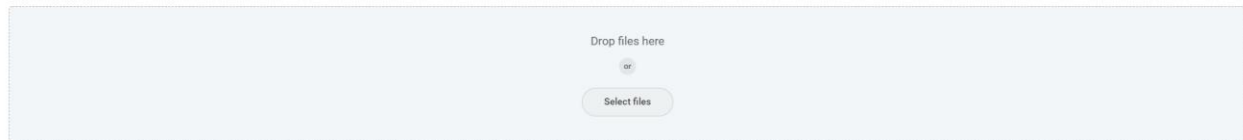
Electronic Signature

Acknowledgement: I have read this form and the other materials given to me about my benefits, and I certify the information I have supplied is correct. I understand that misstatements, misrepresentations, or omissions may result in my coverage being cancelled as of its effective date. I understand that if I decline enrollment for myself or my dependents because of other health insurance coverage, in the future I may be able to enroll myself or my dependents in this plan, provided I request enrollment within 31 days after my other coverage ends. In addition, if I have a new dependent as a result of marriage, birth, adoption, or placement for adoption, I must add this dependent to coverage within 31 days of the event. I also understand that if I decline enrollment now and have no other health insurance coverage, do not enroll within 31 days of losing my current health insurance coverage, or do not enroll within 31 days of qualified status change, I must wait until the next annual enrollment period to enroll in coverage.

Payroll Deduction Authorization: By signing and submitting this form, I authorize Plexus Corp to deduct from my salary or wages, on a pre-tax or after-tax basis (as appropriate), voluntary contributions to company-sponsored employee benefit programs. I understand that I cannot change my Medical, Dental, Vision, or Health Care and Dependent Care Spending Account benefits elections during the year unless I have a qualified status change or special enrollment rights (as described by HIPAA). I am liable for these deductions, and I acknowledge that I am responsible for verifying that they are correct and will notify Human Resources of any discrepancy.

I Accept ☐

| Submit | Cancel |

To save a copy of your Benefits Statement, click "View 20XX Benefits Statement" then "Print." If you do not want to save a copy of your statement, click "Done."

Questions regarding this action can be directed to a member of the Human Resources team.
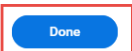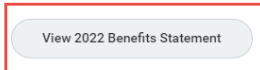
PLEXUS ®

You've submitted your elections.

IMPORTANT MESSAGE:
Don't forget to save or print your Benefit Confirmation for your records and compare it to your first paycheck. To review the 2022 rates, click here.
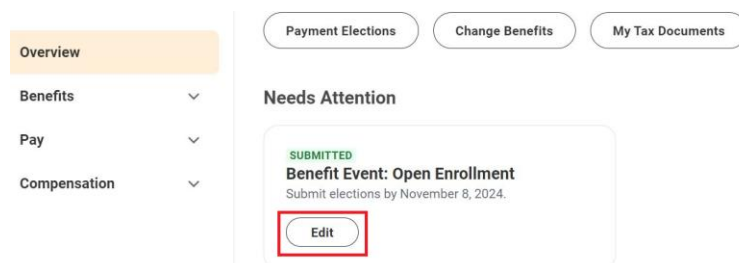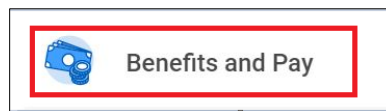
Important Dates:

Benefits go into effect   01/02/2022

Final day to update benefits   11/10/2021

View 2022 Benefits Statement

Done

Congratulations! You have completed your Open Enrollment!

If at any time, you wish to change your benefit elections after you've submitted them, you may do so. This must be done prior to the end of Open Enrollment. From the Workday homepage, click MENU then Benefits and Pay. Then click on **Edit** under Benefit Event: Open Enrollment to open your event to make changes.

≡ MENU   W

Benefits and Pay

Overview

Benefits   ∨

Pay   ∨

Compensation   ∨

Payment Elections   Change Benefits   My Tax Documents

Needs Attention

SUBMITTED
Benefit Event: Open Enrollment
Submit elections by November 8, 2024.

Edit

Questions regarding this action can be directed to a member of the Human Resources team.

Adding a New Dependent

1. After clicking **Add New Dependent,** a pop up will appear with more information on Dependents. **Click OK** to continue, or **click Cancel** if you do not wish to continue.

Add My Dependent From Enrollment   ...

You may enroll the following family members in health and life insurance plans:

- Your spouse
- Children (biological, step and adopted) up to age 26
- Foster children including any children placed with you for adoption
- Any children whom you are responsible under court order
- Grandchildren in your court-ordered custody
- Unmarried children of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you

NOTE: Dependent verification is required when adding a dependent for the first time. To ensure dependents covered on your Plexus medical, dental and/or vision plans meet the definition of eligibility, check the "eligible dependent" definition in the Summary Plan Description found on usbenefits.plexus.com (hyperlink). Dependent verification forms can be found on the Benefits SharePoint page (hyperlink to Benefits SharePoint page). Completed forms can be sent to the Plexus Benefits Team at PLXS-GHQ.Benefits.Team@plexus.com.

OK   Cancel

2. **Complete the fields**. The fields with a red asterisk are required.

Add My Dependent From Enrollment

Name

Country *	× United States of America
Prefix	
First Name *	
Middle Name	
Last Name *	
Suffix	

Allow Duplicate Name ☐

Personal Information

Relationship *	
Date of Birth *	MM / DD / YYYY
Age	(empty)
Gender *	select one
Citizenship Status	
Full-time Student	☐
Student Status Start Date	
Student Status End Date	
Disabled	☐

Questions regarding this action can be directed to a member of the Human Resources team.

3. **Click Add** to add your dependent's Social Security Number.

National IDs

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

Add

4. **Select** the correct Country. **Select** "Social Security Number" under National ID Type.
5. **Enter** your dependents Social Security Number in the Add/Edit ID field.

National IDs

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

Country	*	Search
		× United States of America
National ID Type	*	
Identification #		
Issued Date		MM / DD / YYYY
Expiration Date		MM / DD / YYYY

Remove

Add

6. Verify the Contact Information at the bottom of the page is accurate.
7. **Click Save**

Save   Cancel

8. Repeat for any additional dependents that need to be added.

Questions regarding this action can be directed to a member of the Human Resources team.