

**Step 1: Review Your Current Benefit Coverage Elections**

From your home page, Click on the “Benefits” Icon.

**Note:** If you don’t see this screen click on the



Icon at the top of the page to get to your home page.



**Applications**  
9 items



Career



Links to  
BorgWarner  
Systems



My Team



Employee  
Changes



Personal  
Information



Benefits



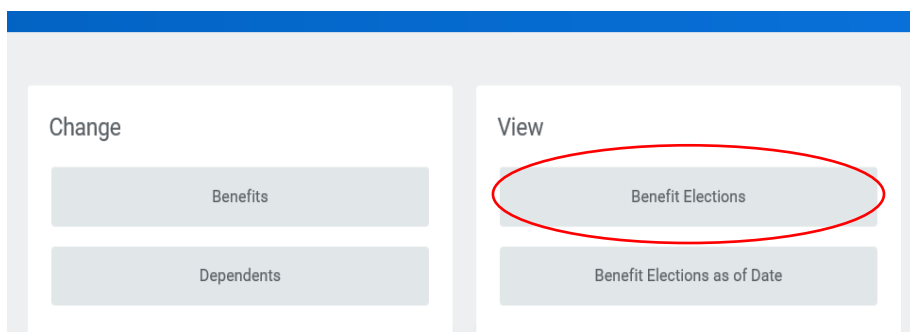
Directory



Custom Reports

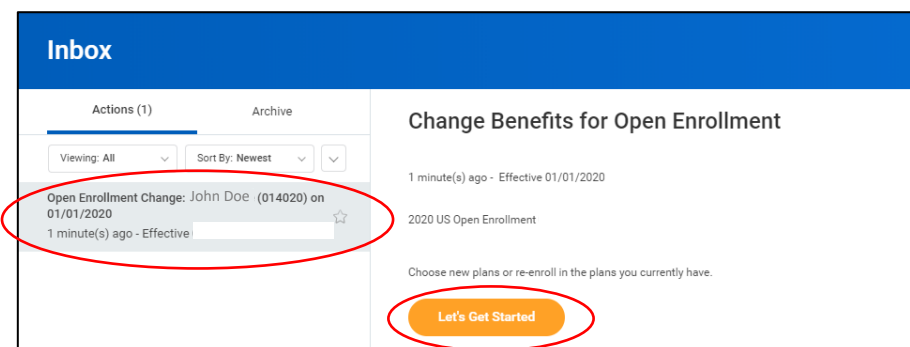
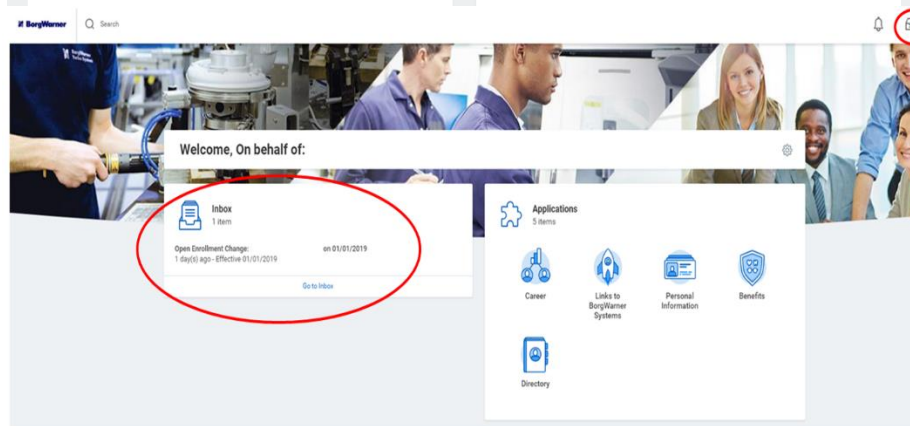
Click on “Benefit Elections” to See Your Current Elections.

Print a copy for your reference to assist as you make your 2021 elections.

**Step 2: Start and Complete Your 2021 Enrollment**

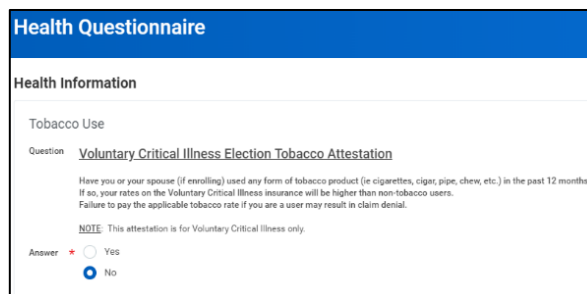
From the home page, click on the “Inbox” Worklet in the upper right-hand corner, or click on “Go to Inbox” on the center of the main page.

Select the “Open Enrollment Change” task from the Actions section of your Inbox and click the “Let’s Get Started” Button.



**Answer the Tobacco Attestation Question:**

-Please note that this is only for critical illness insurance coverage, but needs to be answered to proceed with enrollment.



**Health Questionnaire**

**Health Information**

**Tobacco Use**

Question Voluntary Critical Illness Election Tobacco Attestation

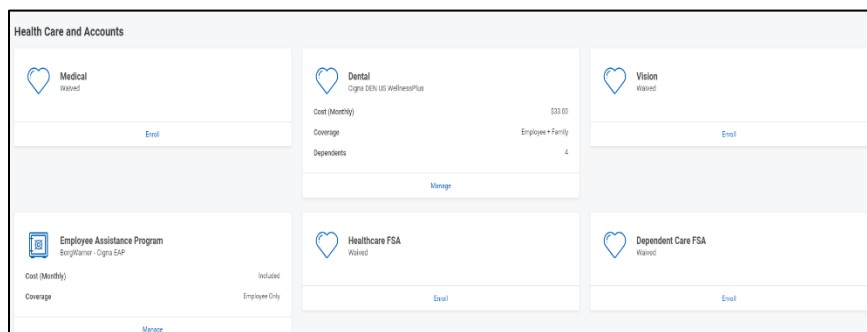
Have you or your spouse (if enrolling) used any form of tobacco product (i.e. cigarettes, cigar, pipe, chew, etc.) in the past 12 months? If so, your rates on the Voluntary Critical Illness insurance will be higher than non-tobacco users. Failure to pay the applicable tobacco rate if you are a user may result in claim denial.

**NOTE:** This attestation is for Voluntary Critical Illness only.

Answer ☐ Yes ☒ No

**Complete Each of the Benefit Tiles:**

1. Select Enroll” or “Manage”
2. Select your plan
3. Select “Confirm and Continue”
4. Select “Coverage” and enroll dependents
5. Click “Save”



**Health Care and Accounts**

**Medical** waived [Enroll](#)

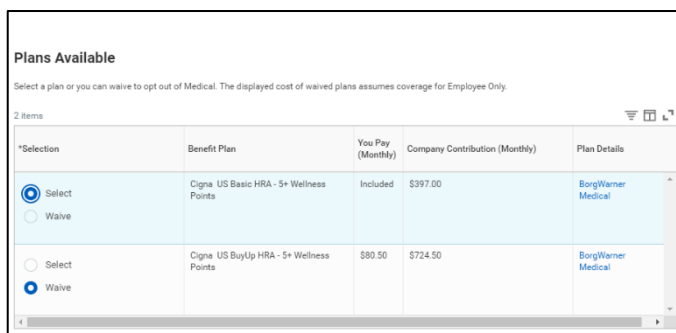
**Dental** Cigna US WellnessPlus  
Cost (Monthly) \$33.00  
Coverage Employee + Family  
Dependents 4 [Manage](#)

**Vision** waived [Enroll](#)

**Employee Assistance Program** BorgWarner - Cigna EAP  
Cost (Monthly) Included  
Coverage Employee Only [Manage](#)

**Healthcare FSA** waived [Enroll](#)

**Dependent Care FSA** waived [Enroll](#)

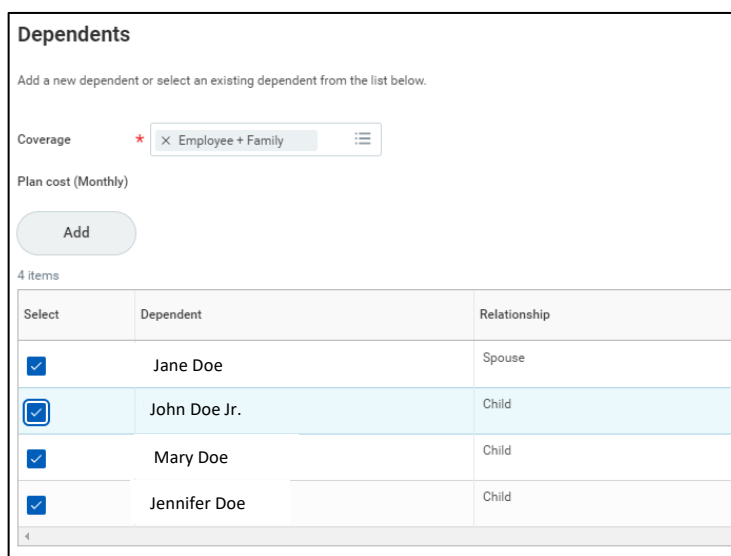


**Plans Available**

Select a plan or you can waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

2 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)	Plan Details
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Cigna US Basic HRA - 5+ Wellness Points	Included	\$397.00	BorgWarner Medical
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Cigna US BuyUp HRA - 5+ Wellness Points	\$80.50	\$724.50	BorgWarner Medical



**Dependents**

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

Coverage ☒ Employee + Family

Plan cost (Monthly)


[Add](#)

4 items

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	Jane Doe	Spouse
<input checked="" type="checkbox"/>	John Doe Jr.	Child
<input checked="" type="checkbox"/>	Mary Doe	Child
<input checked="" type="checkbox"/>	Jennifer Doe	Child

**Missing a Dependent?**

To add a new dependent to your enrollment in Workday, from the “Dependents” box, click “Add” and complete the required information. Proof of Eligibility will be required. For questions, contact HR Link.

6. Tiles with a  are benefits that cannot be changed as part of Open Enrollment and are for information/review.

Complete all tiles with a  by clicking “Enroll” or “Manage”, making your elections and clicking on the “Confirm and Continue” button. Complete any needed information and/or dependents.

**Note:** You may click on the “Cancel” button to return to a previous section for changes.

## 7. Review your Elected Coverage

Are your Dependents listed for each plan you want them enrolled in?

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Cost
Medical Cigna US Basic HMO - 0+ Wellness Points	01/01/2020	01/01/2020	Employee + Family		Included
Dental Cigna DBA US MedisavePlus	01/01/2016	01/01/2016	Employee + Family		\$55.00
Employee Assistance Program BorgWarner - Cigna EAP	01/01/2020	01/01/2020	Employee Only		Included
BorgWarner Provided BASIC LIFE Insurance MetLife US Nonunion (Employee)	01/01/2017	01/01/2017	2 X Salary		Included
Optional Long-Term Disability Cigna US LTD 75% (Employee)	06/18/2012	06/18/2012	75% of Salary		\$48.19
BorgWarner Provided AD&D Insurance MetLife US (Employee)	06/18/2012	06/18/2012	1 X Salary		Included
BorgWarner Provided Long-Term Disability Cigna US LTD 50% Corporate (Employee)	01/01/2017	01/01/2017	50% of Salary		Included
Employee Optional Life Insurance MetLife US (Employee)	06/01/2012	06/01/2012	4 X Salary		\$47.92
Optional Life Insurance MetLife US (Employee)	06/01/2012	06/01/2012	\$50,000		\$3.30
Spouse HMO Exchange Cigna - (S) NOT APPLICABLE. I am not electing medical coverage or not enrolling a spouse	01/01/2017	01/01/2017			Included
Maternity Protection BorgWarner - Infomatrix PriorityMember Plus	01/01/2019	01/01/2019	Employee + Family		\$17.95

## 8. Review your Waived Coverage

Did you miss enrolling in a plan?  
If so, use the “Go Back” button at the bottom of page and edit your elections.

Vision	Waived
Healthcare FSA	Waived
Dependent Care FSA	Waived
Voluntary Critical Illness	Waived
US Vacation Purchase	Waived
Spouse Optional Life Insurance	Waived
Optional AD&D Insurance	Waived
Prepaid Legal	Waived

## Electronic Signature

9. Read the required language, click the “I Agree” box, and the click the “Submit” button.

I understand the benefits I elect here will remain in effect during the plan year for which I made the election and that I cannot make changes to these elections unless I experience a qualified change in status event, as described in the Summary Plan Description. If I have a change in status event, I understand that I must notify Human Resources and complete the necessary paperwork/process within 30 days of the event. If I have declined any plans, I certify that they have been explained to me and I do not wish to participate. I understand that adjustments to contributions, deductibles, co-payments and out-of-pocket limits are determined on an annual basis and that BorgWarner has the right to modify, suspend or end the benefits that I have elected, in whole or in part, at any time. I authorize BorgWarner to deduct my contributions from my pay until I revoke them in writing. I understand that if I do not use all the contributions I make to a Health Care FSA by end of the plan year (December 31st), only the lesser of my account balance or \$500 may be carried over into the next plan year and any amount above \$500 will be forfeited in accordance with IRS rules. I understand that if I do not use all the contributions I make to a Dependent Care FSA by the end of the plan year (December 31st), any remaining balance will be forfeited in accordance with IRS rules. When I am eligible and enroll a dependent under one or more of the BorgWarner medical, dental, vision plans, Health Care FSA and/or Dependent Care FSA Plans, I understand that I am solely responsible, in consultation with my own tax advisor, to determine whether or not I will be subject to any imputed income tax as a result of such dependents' coverage. Generally, a spouse and a tax-dependent as defined under Code Section 152 shall qualify for tax-free treatment under the BorgWarner medical, dental, vision, and FSA benefits. In this regard, I understand that BorgWarner will not impute any income tax with respect to my enrolled spouse and/or dependent-children covered under the BorgWarner medical, dental, vision, and FSA benefits. I understand that I must notify HR within 30 days of either of the following events: (i) when my enrolled dependent no longer qualifies as my spouse or tax-dependent under Code Section 152 (as described in the Summary Plan Description) and thus BorgWarner should impute income tax for the value of such dependent's coverage, or (ii) when any enrolled dependent ceases to satisfy any of the eligibility requirements to qualify as my spouse or other dependent. Failure to timely notify Human Resources of such change may result in such dependent's coverage being retroactively terminated and a loss of your dependent's right to elect COBRA continuation coverage. I understand that knowingly providing false information may be grounds for termination of employment and that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime. BorgWarner may seek reimbursement from me in the amount of any and all claims that have been paid on behalf of an ineligible dependent.

I Agree ☐

**Optional: Editing your 2019 Benefit Coverage Elections:**

Once you have submitted your new elections, you may go back and update your elections until the enrollment deadline of **November 14, 2020**. After open enrollment ends, your benefits are locked for the 2021 plan year, unless you have a qualified status change.

1. From the home page, select **Benefits Worklet (icon)**.



## Benefits


2. Select **Change Open Enrollment**.

Change	View
<a href="#">Benefits</a>	<a href="#">Benefit Elections</a>
<a href="#">Dependents</a>	<a href="#">Benefit Elections as of Date</a>

Current Cost
687.30
<a href="#">Change Open Enrollment</a>

Be sure to save any changes that you want to make.

You can get back to the home screen at any time by clicking on the  icon at the top of the page.