

Workday Benefit Enrollment Instructions - Ithaca Hourly 2019



You must log in to Workday and elect 2019 benefits by December 7!

Any employee who does not elect 2019 benefits before the deadline will be enrolled in "Default Coverage" effective January 1, 2019

*"Default Coverage" = CIGNA Choice Health Fund Single Plan
NO dental/vision, NO FSA, and NO dependent coverage*

If you are enrolling Dependents for 2019 not covered in 2018, you must provide the following document(s) to HR to complete the enrollment process. Dependents will not be enrolled until the documents have been received.

Spouse	Marriage License
Dependent Child	Birth Certificate (if child does not live with you or is a step-child, Court Ordered Support Document/Custody Agreement may also be required)
Adopted Dependent Child	Adoption papers



Let's Get Started...

From www.borgwarner.com/benefits - click on the Workday link to go to the login page.

➤ Your User Name is **ITH + Your Clock #** (example: ITH5678)

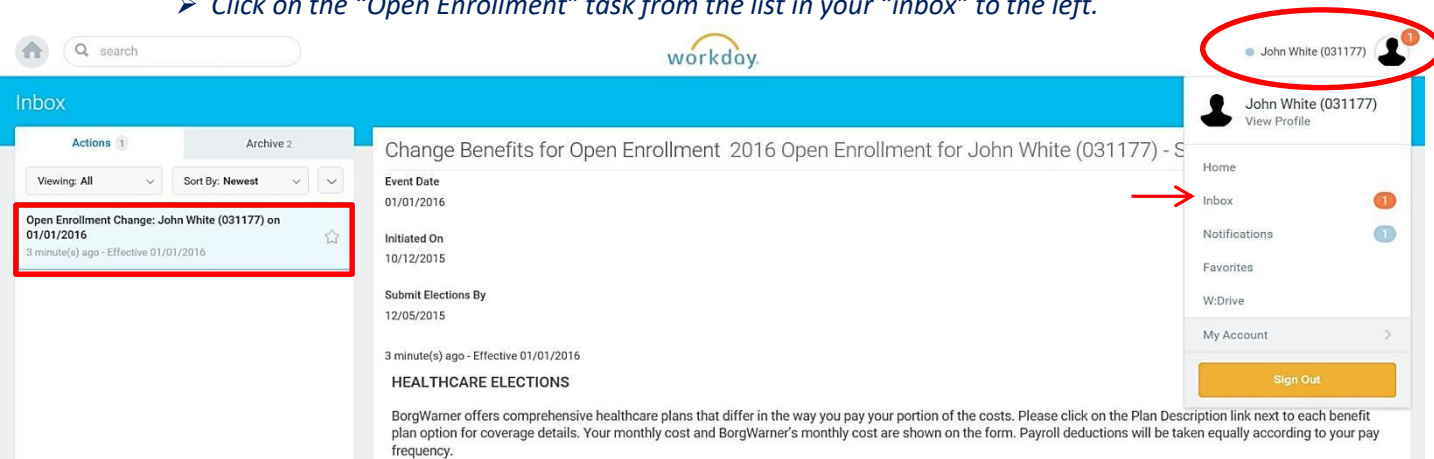
If you don't remember the password, use the security questions or contact HR (266-5111) for a password reset.

After you log into Workday, you will first need to open your inbox:

➤ Click on your name at the top right corner of Workday, then click on "Inbox" (see below).

To begin your Benefit Enrollment:

➤ Click on the "Open Enrollment" task from the list in your "inbox" to the left.



The screenshot shows the Workday interface. At the top right, the user's name "John White (031177)" is circled in red. Below it, a dropdown menu is open, showing options: Home, Inbox (with a red arrow pointing to it), Notifications, Favorites, W:Drive, My Account, and a Sign Out button. On the left side, the "Inbox" section is visible, showing a list of tasks. The first task, "Open Enrollment Change: John White (031177) on 01/01/2016", is highlighted with a red box. The main content area shows the details of this task, including the event date (01/01/2016), initiated on date (10/12/2015), and submit elections by date (12/05/2015). Below this, there is a section for "HEALTHCARE ELECTIONS" with a brief description of the healthcare plans.

Section 1: Health Care Elections

- Select your Medical plan election and Coverage Level (by clicking on “Employee Only” and then clicking on the notepad, you can select other levels of coverage). Make sure to confirm your dependents, if any, by choosing their name from the list under “Enroll Dependents”.
Dependents must be selected/confirmed each year.

If you do not want any medical coverage, please elect “Medical - Cigna – NO ENROLLMENT in BW Plan due to coverage with another provider.”

You must select “elect” next to 1 of these 3 options (please do not select more than 1)!

Health Care Elections 4 items

	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
	Medical - Blue Cross Blue Shield US Teamsters HRA Plan	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
	Medical - Cigna US Choice Health Fund HRA Union	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee Only
	Medical - Cigna US - I am WAIVING medical coverage due to coverage with another provider. I understand BW is providing me with free EAP services only.	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Note:

To cover your dependents who have been enrolled before, select their name from the list under “enroll dependents”.

To add new dependent(s), see the last page of these instructions.

- Next, scroll down to select your Dental/Vision Election and Coverage Level. Make sure to confirm your dependents, if any, by choosing their name from the list under “Enroll Dependents”.
Dependents must be selected/confirmed each year.

If you do not want any dental/vision, make sure “waive” is selected.

Click **Continue** when you are finished with Health Care and Dental/Vision Elections.

	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
	Dental - Cigna DEN US Dental/Vision Union	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		<input checked="" type="radio"/> Employee Only

Section 2 : Flexible Spending Account (FSA) Elections

If you choose to participate in FSA, make your election and designate your amount here .
(Note: you are not required to participate in the FSA plan). Click **Continue** when you are finished.

Healthcare FSA - Cigna US Union	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 9 Your estimated contributions made this year: 0.00 How much do you want to contribute for the total year?: 0.00 How much do you want to contribute per paycheck (Weekly)? 0.00 Your contribution (Monthly): \$0.00	Minimum Contribution (0) Maximum Contribution (0) Provider Website Plan Description
Healthcare FSA - Cigna US Union - Debit Card	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 9 Your estimated contributions made this year: 0.00 How much do you want to contribute for the total year?: 0.00 How much do you want to contribute per paycheck (Weekly)? 0.00 Your contribution (Monthly): \$0.00	Minimum Contribution (0) Maximum Contribution (0) Provider Website Plan Description
Dependent Care FSA - Cigna US Union	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 9 Your estimated contributions made this year: 0.00 How much do you want to contribute for the total year?: 0.00 How much do you want to contribute per paycheck (Weekly)? 0.00 Your contribution (Monthly): \$0.00	Minimum Contribution (0) Maximum Contribution (0) Provider Website Plan Description

Section 3: Insurance Elections

Health Information

1 item

Voluntary Critical Illness Election Tobacco Attestation

Have you or your spouse (if enrolling) used any form of tobacco product (ie cigarettes, cigar, pipe, chew, vaping etc.) in the past 12 months?

☐ Yes
☒ No

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 15 items

Benefit Plan	*Elect / Waive	Coverage Level
Voluntary Critical Illness - Allstate Opt 1 (Employee Only)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	<input type="radio"/> \$10,000 <input type="radio"/> \$20,000 <input type="radio"/> \$30,000
Voluntary Critical Illness - Allstate Opt 2 (Employee + Children)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	
Voluntary Critical Illness - Allstate Opt 3 (Employee + Spouse)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	
Voluntary Critical Illness - Allstate Opt 4 (Employee + Spouse + Children)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	
Basic Life Insurance - MetLife US Union (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	
Basic Life Insurance - MetLife US Union Capped at \$50,000 (Employee)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	

If you would like to add the optional **Allstate Critical Illness** benefit, begin by answering the tobacco question and select “elect” next to the appropriate coverage level desired (Employee Only/Employee + Children/ Employee+Spouse/Employee+Spouse+Children). Then select your desired benefit level from the drop-down list (\$10,000/\$20,000/\$30,000) and add covered dependents (if applicable)

If you don’t want to add this coverage, select “waive” next to the benefit.

Click **Continue** when you are finished reviewing this election.

Note: You cannot make changes to the AD&D and/or Optional Life options in Workday. For changes or to update your beneficiary, call **MetLife (888)622-6616**.

Section 4: Review your Benefit Elections

Be sure to review all elections, coverage levels, dependents and waived coverages. If you find you have missed something or made a mistake use the **“Go Back”** link to go back to the page where you need to make a correction. Make sure that all your dependents names are listed next to each plan – if their name is not listed, they will not be enrolled for 2019 (even if they had this coverage previously).

Elected Coverages 13 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage
Medical - Cigna US Choice Health Fund HRA Union	11/19/2013	11/19/2013	Employee Only
Dental - Cigna DEN US Dental/Vision Union	11/19/2013	11/19/2013	Employee Only
Basic Life Insurance - MetLife US Union (Employee)	01/01/2009	01/01/2009	1 X Salary
Short-Term Disability - Cigna US STD Class 3 - Ithaca Hourly (BW) (Employee)	01/01/2013	01/01/2013	\$55
Short-Term Disability - Cigna US STD - NY State Mandated Coverage (Employee)	01/01/2013	01/01/2013	
Long-Term Disability - Cigna US LTD 60% Ithaca Hourly (Employee)	01/01/2013	01/01/2013	
Health Risk Assessment - Cigna MEDICAL ENROLLEES ONLY - Option 1: I have taken the CIGNA HRQ online (or will take it by the necessary deadline) to receive a premium discount	01/01/2013	01/01/2013	
Tobacco Cessation Program - Cigna MEDICAL ENROLLEES ONLY - Option 1: I am Tobacco Free	01/01/2013	01/01/2013	
FMLA Leave Service - Cigna US (No Enrollment Needed)	01/01/2013	01/01/2013	
Medical Benefits Abroad - Cigna International SOS (No Enrollment Needed)	01/01/2013	01/01/2013	
Business Travel Accident - Cigna SOS (No Enrollment Needed)	01/01/2013	01/01/2013	
Onsite Clinic - Cigna - Employees Only Are Eligible (No Enrollment Needed)	01/01/2013	01/01/2013	

All Elections must be submitted by December 7, 2018

Coverage will be effective

January 1, 2019

After reviewing and confirming your benefit elections, scroll to the bottom of the page, and click on the **“I Agree”** box. This is your electronic signature. Then click **“Submit.”** Keep a printed copy for your records if you wish.

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 ☐

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