

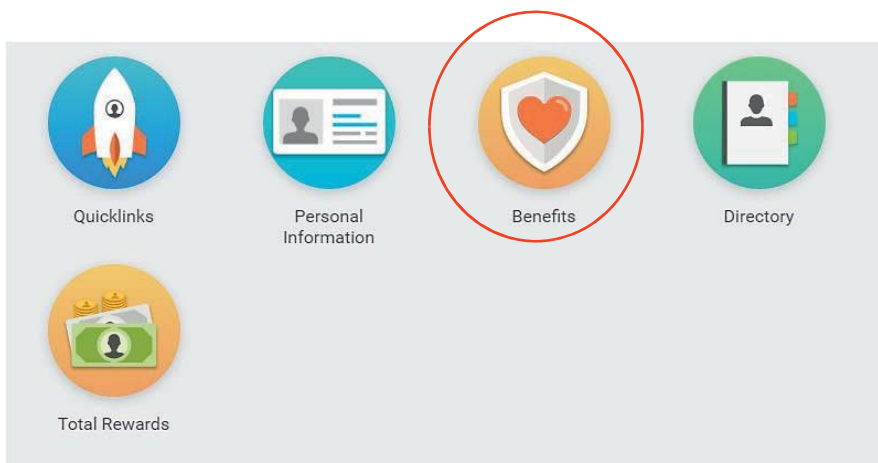
Step 1: Review Your Current Benefit Coverage Elections

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

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

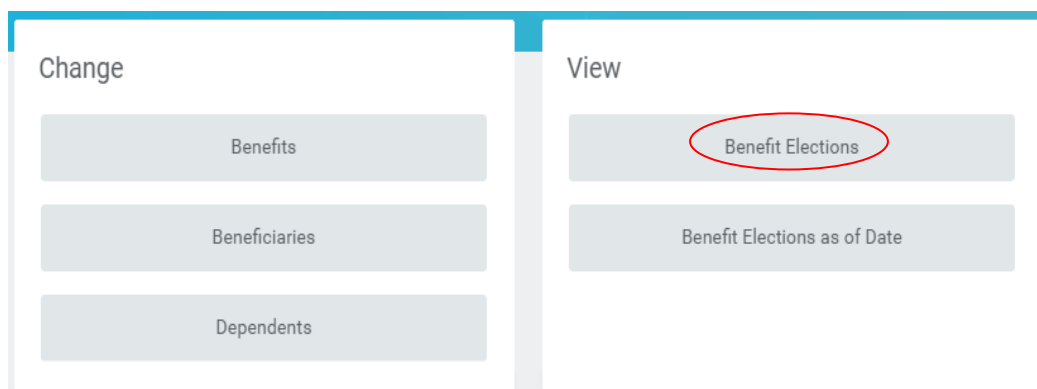


Icon at the top of the
page to get to your
home page.



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

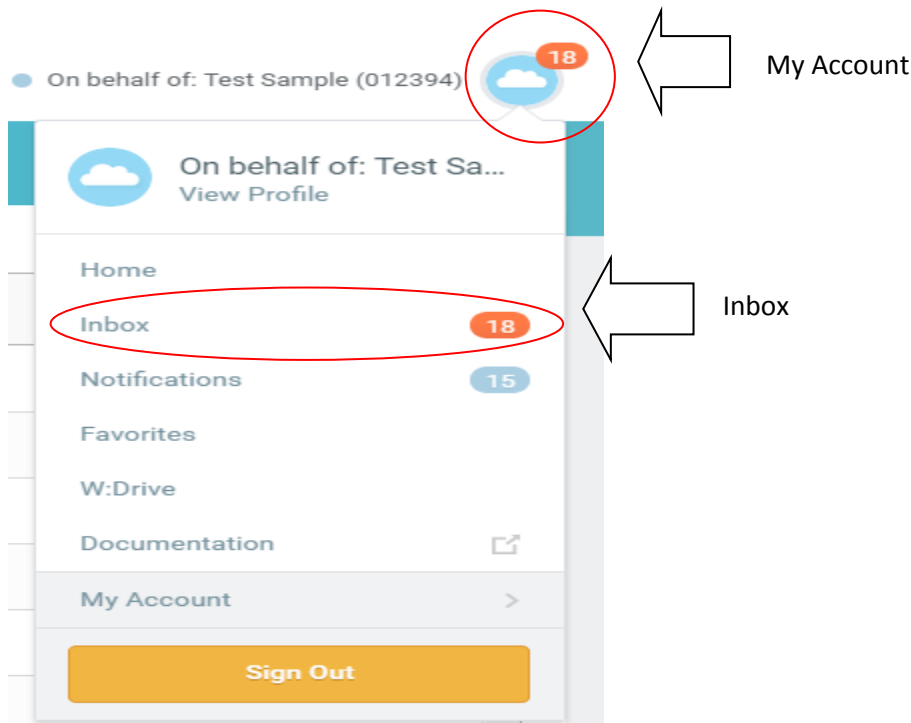
Print a copy for your
reference to assist as you
make your 2018 elections.



**Step 2: Start and Complete
Your 2018 Enrollment**

At the top of the
screen on your home
page, click on the
“My Account”
Worklet (icon), and
then click on “Inbox”.

Select the “Open
Enrollment Change”
task from the Actions
section of your
Inbox.



Navigate the Health Care Elections:

1. Select Your Benefit Plans.

2. Be sure to attach your Dependents to any Family coverage level

3. Scroll down to see all Healthcare options.

4. Select "Continue".

Health Care Elections 5 items

	Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage	Employee Cost (Monthly)	Employer Contribution (Monthly)	Plan Descriptive
1	Medical - Cigna US Basic HRA - 5+ Wellness Points	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Family		\$1,235.00	BorgWarner Medical
	Medical - Cigna US BuyUp HRA - 5+ Wellness Points	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	2				BorgWarner Medical
	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					BorgWarner EAP
	Dental - Cigna DEN US WellnessPlus	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee + One	\$24.00	\$52.00	BorgWarner Dental
	Vision - Cigna VIS Vision Plan	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		Employee + One	\$7.75		BorgWarner Vision
					31.75	1,287.00	

3

4

Continue Save for Later Cancel



Missing a Dependent?

To add a new dependent to your enrollment in Workday, from the "Enroll Dependents" box, click "**Add My Dependent From Enrollment**" menu and complete the required information. Proof of Eligibility will be required. For questions, contact HR Link.

5. Complete the following sections by making your elections and clicking on the "Continue" button to get to the next sections for completion:

- FLEXIBLE SPENDING ACCOUNTS (FSAs)
- INSURANCE ELECTIONS
- ADDITIONAL BENEFIT PLANS
 - This section contains your surcharge elections that must be completed

Note: You may click on the "Go Back" button to return to a previous section for changes.

6. Review your Elected Coverage

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

Elected Coverages 16 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)
Medical - Cigna US Basic HRA - 5k Wellness Points	01/01/2015	01/01/2015	Employee Only					\$375.00
Dental - Cigna DEN US WellnessPlus	01/01/2016	01/01/2016	Employee Only				\$12.00	\$21.00
Vision - Cigna VSA Vision Plan	01/01/2017	01/01/2017	Employee Only				\$3.35	
BorgWarner Provided BASIC LIFE Insurance - MetLife US NonUnion (Employee)	01/01/2017	01/01/2017	2 X Salary	\$134,000.00				\$14.47
BorgWarner Provided AD&D Insurance - MetLife US (Employee)	04/04/2011	04/04/2011	1 X Salary	\$67,000.00				\$1.74
BorgWarner Provided Long-Term Disability - Cigna US LTD 50% Corporate (Employee)	01/01/2017	01/01/2017	50% of Salary	\$2,794.32				\$6.59
Optional Long-Term Disability - Cigna US LTD 70% (Employee)	01/02/2015	01/02/2015	70% of Salary	\$4,457.06			\$33.56	
Defined Contribution - Vanguard US RSP Before-Tax Option 1: Employee Savings (SAB)	07/27/2016	07/27/2016	4%					
Defined Contribution - Vanguard US RSP Before-Tax Option 2: Retiree Health Acct (RHA)	07/27/2016	07/27/2016	1%					
Company Retirement - Vanguard US RSP CRK 4%/1%	01/01/2013	01/01/2013						
Spouse HRC Surcharge - Cigna - (2) NOT APPLICABLE: I am not electing medical coverage, or not enrolling a spouse.	01/01/2017	01/01/2017						
Short-Term Disability - Cigna US Salary Continuation Service	01/01/2013	01/01/2013						\$2.26
FMLA Leave Service - Cigna US (No Enrollment Needed)	01/01/2013	01/01/2013						\$1.80
Medical Benefits Abroad - Cigna Travel Emergency (No Enrollment Needed)	01/01/2013	01/01/2013						\$3.62
Business Travel Accident - Cigna - AIG & S05 (No Enrollment Needed)	01/01/2013	01/01/2013						\$2.42
Onsite Clinic - Cigna - Employees Only Are Eligible (No Enrollment Needed)	01/01/2014	01/01/2014						\$45.52
Total:							\$48.91	\$474.42

7. 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.

Waived Coverages 7 Items

Plan Type
Healthcare FSA
Dependent Care FSA
Voluntary Critical Illness
Optional AD&D Insurance
Employee Optional Life Insurance
Spouse Optional Life Insurance
Child Optional Life Insurance

Electronic Signature

8. 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 2018 Benefit Coverage Elections:

Once you have submitted your new elections, you may go back and update your elections until the enrollment deadline of **November 30, 2017**. After open enrollment ends, your benefits are locked for the 2018 plan year, unless you have a qualified status change.

1. Select Benefits Worklet (icon).



2. Select Change Open Enrollment.

Change	View
Benefits	Benefit Elections
Beneficiaries	Benefit Elections as of Date
Dependents	

Current Cost
Change Open Enrollment

You can get back to the home screen at any time by clicking on the



icon at the top of the page.