



# Workday Benefits Enrollment Instructions

March 2024

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## Access Workday

### **From a Mosaic computer:**

- 1) Access the Mosaic network using your network ID and password.
- 2) On the My Mosaic website, select Key Resources and then click Workday in the drop-down menu.

### **From your home computer:**

- 1) Go to <https://employee.mosaicco.com> and enter your Mosaic network ID and password.
- 2) Select Key Resources, Workday. Depending on your computer settings, you may be prompted to complete the home access login screen again. If prompted, re-enter your Mosaic network ID and password.

Topic/Question	Who to Contact
Benefit plan Questions Enrolling in Workday	<b>HR Connect</b> My HR Portal ticket or 855.660.6947 7am – 5pm EST
Network ID and Password Issues Problems logging	<b>Mosaic Global Service Desk</b> 866-258-8740

### **From a Mosaic or Personal Mobile Device:**

- 1) Download the Workday Mobile App via the Mobile App Store, (Android = Google Play, iOS Apple = App Store.
  - a. Search for the Workday Mobile App.
- 2) Download the Workday Mobile App.
  - a. Note: You may have to enter your Apple or google credentials to download the app.
- 3) Click on the Workday Mobile App from your Mobile device
  - a. Click 'Log In'.
  - b. Enter 'mosaic' as your Organization ID.
  - c. Click 'Find your Organization'.
  - d. A username and password prompt will appear.
- 4) Click the gear in the upper left-hand corner.
  - a. Your General Settings will appear.
- 5) Enter the **tenant** as "**mosaic**".
- 6) Enter the **web address** as <https://wd5.myworkday.com>
- 7) Click Save in the upper right-hand corner.
  - a. The Mosaic External Access username and password prompt displays.
- 8) Enter your Mosaic network username and password.
  - a. If you do not know your Mosaic network username and password, contact the Global Service Desk at 866-258-8740.
  - b. Click Login.
- 9) The app will open to your Workday Mobile App home page.

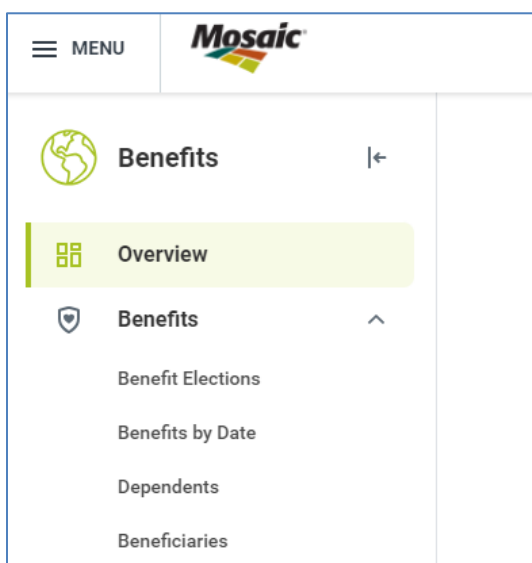
## Adding Dependents to your Profile

If you are enrolling NEW eligible dependents, follow these steps to add your dependent(s) to your Workday profile. Once your dependents are added, you can enroll them in your benefits through a Benefit Event.

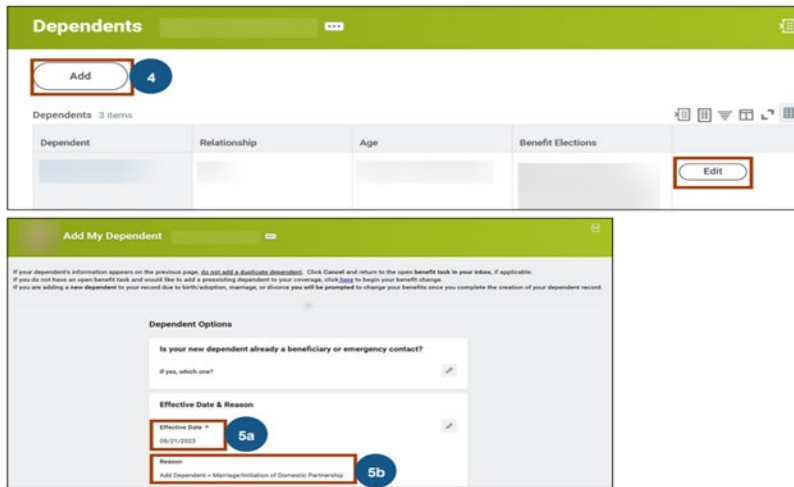
- 1) Log in to Workday
- 2) On the Workday Homepage, click on the **Menu** button in the top left



- 3) Select **Benefits**
- 4) From the Benefits Menu, click on **Benefits**



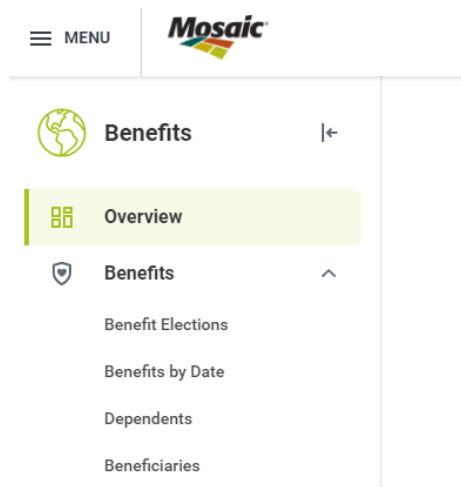
- 5) Click on **Dependents**, then click the **Add** Button.
- 6) On the Add My Dependents screen, under the Dependent Options section, select the applicable information in the following fields:
  - a. In the **Effective Date** field, click the Calendar icon and select the required date. If you are a new hire, you can select today's date.
  - b. In the **Reason** field, select the **Add Dependent**>
    - For children – Birth/Adoption or Hire/Rehire
    - For Spouse/Domestic Partner – select Marriage/Initiation of Domestic Partnership option or Hire/Rehire



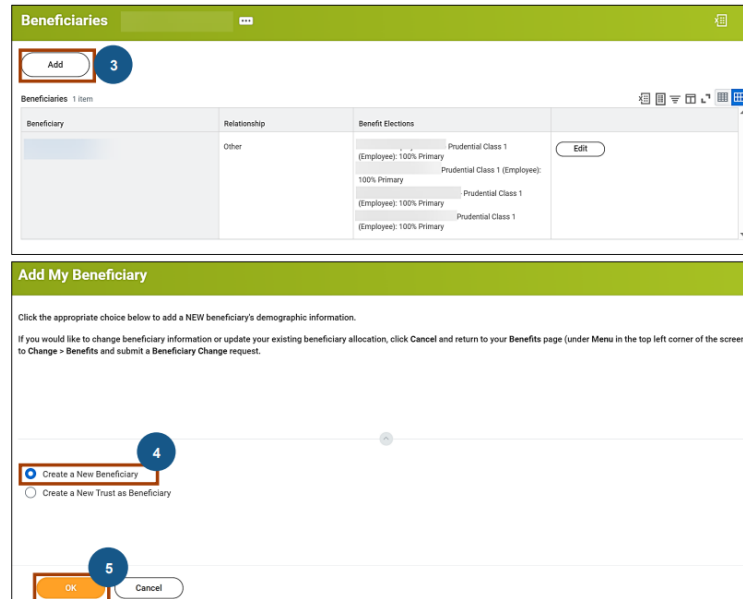
- 7) On the Add my **Dependents** screen, complete the required information.  
\* **Note:** Adding an attachment is not mandatory.
- 8) Click the **Submit** button to complete.
- 9) Repeat this process for each dependent you would like to add.

## Adding a Beneficiary to your Profile

- 1) On the Workday Home page, click on the **Menu** button in the top left
- 2) Select **Benefits**



- 3) From the Benefits Menu, click on **Benefits** then **Beneficiaries**
- 4) On the **Beneficiaries** screen, click the **Add** button
- 5) On the **Add my Beneficiary** screen, select **Create a New Beneficiary**.
- 6) Click the **OK** button. The Add my Beneficiary screen displays.



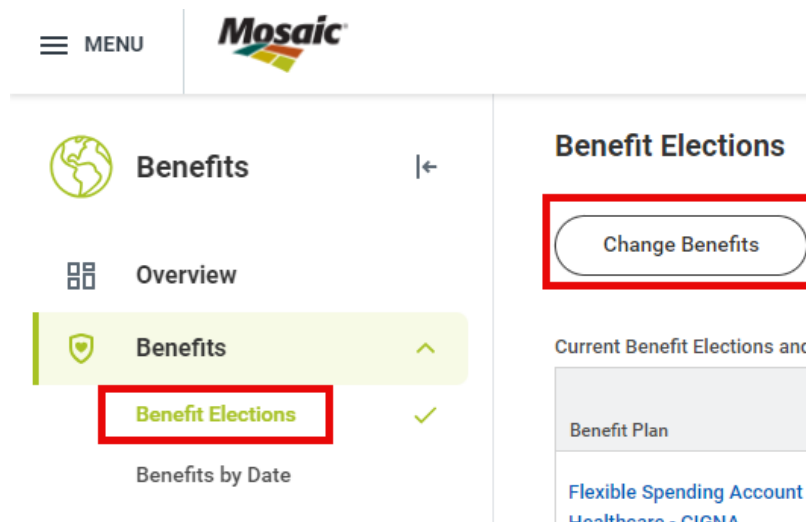
- 7) On the **Add my Beneficiary** screen, select the required information.
- 8) Click the **Submit** button to submit the beneficiary details.

**Note:** After you submit the beneficiary details, the process routes for an approval to the Benefits Partner. After the Benefits Partner approves the process, you will receive an Inbox notification to change your Benefits. This will allow you to assign your beneficiary to your life insurance plans.

## Assigning your Beneficiary

**Note:** Once you have added to your Beneficiaries to your profile, you can assign a Beneficiary or update your Beneficiary designations during any Benefit Event. **The below steps outline if you are solely changing your Beneficiary designations.**

- 1) On the Workday Home page, click on the **Menu** button in the top left.
- 2) On the **Benefits** screen, select **Benefits** then **Benefit Elections**.
- 3) Select the **Change Benefits** button



- 4) On the **Change Benefits** screen, in the **Change Reason** field, select **Beneficiary Change**
- 5) Complete the **Change Effective Date** field and hit **Submit**

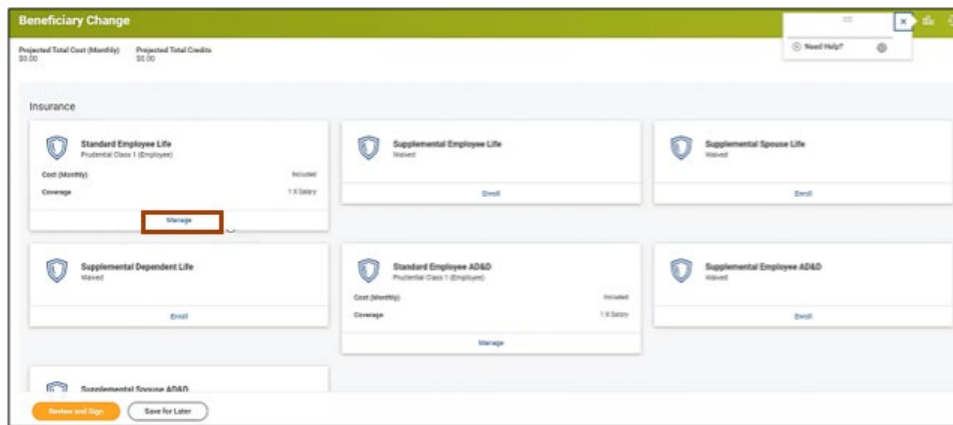
Change Reason \* Beneficiary Change

Change Effective Date \* MM/DD/YYYY

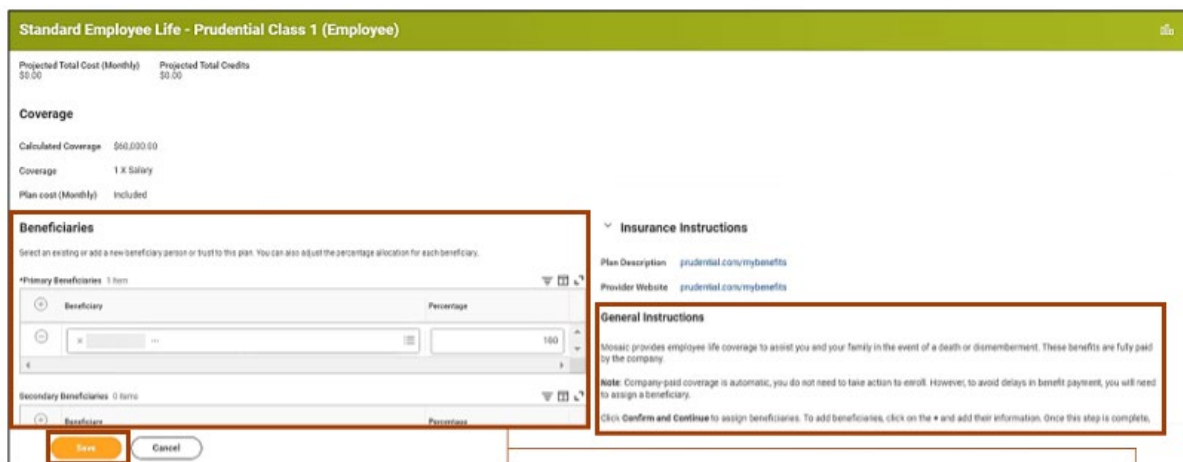
- 6) Click the **Open** button and then **Let's Get Started** button.
- 7) Now you can access your plan options and assign beneficiaries.

**Note:** You must assign a beneficiary to your Standard Employee Life and Standard Employee AD&D plan options. If you select Supplemental coverage for yourself, you must assign a beneficiary for these plans as well.

- 8) For the required Benefits plan, click the applicable option. In this example, for **Standard Employee Life** plan, click the **Manage** option.



- 9) On the following screen, Click the **Confirm and Continue** button.
- 10) Now you can assign beneficiaries and adjust the percentage allocation for each beneficiary listed.



- 11) Click the **Save** button to save the updates.
- 12) On the **Beneficiary Change** screen, click the **Review and Sign** button to proceed.
- 13) On the **View Summary** screen, scroll down and click to select the **I Accept** check box and click **Submit**.

## Confirming Tobacco Status

You will be asked to confirm your tobacco status prior to completing a Benefit event.

- 1) Confirm your tobacco status is accurate and update, if needed. Then click 'Continue'.

Clicking the "Save for Later" button does not submit your elections. You must choose "Submit" if you want to move forward with your elections for 2024.

**Please note:** If you are adding a spouse or domestic partner (DP), you must also confirm the tobacco status for your spouse or DP.

The screenshot shows the Mosaic logo in the top left and a search bar in the top right. Below the logo is a green header with the text "Update Your Information". Underneath is the "Health Information" section, which contains a "Tobacco Use" sub-section. The "Tobacco Use" section includes a definition of tobacco status and a question: "Have you used a product containing nicotine three (3) or more times in the past three (3) months?". The answer options are "Yes" (unselected) and "No" (selected). A red arrow points to the "No" radio button.

- 2) Then Click 'Continue'.

This screenshot shows two buttons at the bottom of the screen: an orange "Continue" button and a grey "Cancel" button. A red arrow points to the "Continue" button.

On the next screen the system confirms your tobacco status has been updated:

The screenshot shows the Mosaic logo in the top left. Below it is a green header with the text "Information Updated". Underneath is a confirmation message: "Thanks for updating your information. Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make." At the bottom of the screen are two buttons: an orange "Continue" button and a grey "Cancel" button. A red arrow points to the "Continue" button.

# Enroll in Benefits

- 1) After confirming your tobacco status, you will then enter the benefit enrollment screen. Eligible benefits will be presented on individual benefit cards. Click **'Enroll'** on the benefit card you wish to participant in.

**For example:** Below is the Medical Benefit Card, by clicking on **'Enroll'** you can enter the benefit screen to select which plan you would like and add eligible dependents to the coverage.

**System Generated: New Hire/Rehire** System Generated: New Hire/Rehire for \_\_\_\_\_

Projected Total Cost (Monthly) \$0.00    Projected Total Credits \$0.00

**Enrollment Instructions**

This is your opportunity to make benefit selections for this calendar year. You must enroll within your first 30 calendar days at Mosaic, then your coverage begins on the first of the month following your hire date.

You will be able to click through each benefit offering below and make your selections. Be sure to complete your enrollment task, even if you're not enrolling in health care or other benefits. This is where you will name your beneficiary for life and AD&D insurance.

Learn more about your benefit options by reviewing [benefits.mosaicco.com](https://benefits.mosaicco.com).

**Health Care and Accounts**

- Medical** (UPDATED, Waived) - Enroll (indicated by red arrow)
- Dental** (Waived) - Enroll
- Vision** (Waived) - Enroll
- Health Savings Account** (Waived) - Enroll
- Health Savings Account - Employer Contribution** (Waived) - Enroll
- Flexible Spending Account Healthcare** (Waived) - Enroll

Buttons: Review and Sign, Save for Later

- 2) Select the plan you would like to elect. **Please note:** All plans are defaulted to Waive.

**Medical**

Projected Total Cost (Monthly) \$1,311.26    Projected Total Credits \$0.00

**Plans Available**

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee + Spouse + Employee Child(ren).

Select	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	CIGNA Consumer Plan	\$409.76	\$1,464.01
<input type="radio"/> Select <input checked="" type="radio"/> Waive	CIGNA Traditional Plan	\$691.84	\$1,741.59

**Health Care Instructions**

**General Instructions**

Select which Plan you would like to participate in, then click Confirm and Continue to add/view/change your dependents.

Ensure you select each dependent you would like to be covered under this benefit plan.

If your dependent's information has already been entered, check the box next to their name to enroll. If your dependent does not appear in this list, click the **Add New Dependent** button and follow the prompts to add their information and enroll.

Dependent verification documents will be required for any new dependents.

Once you have made your selections, click **Save**.

- 3) Select **'Confirm and Continue'** to confirm your election and/or add dependents.
- 4) On the following screen, under the **Select** column, click to select the **check box** next to any dependents you would like added.

**Medical - CIGNA Consumer Plan**

Projected Total Cost (Monthly) \$350.17    Projected Total Credits \$0.00

**Dependents**

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

Coverage: Employee + Spouse

Plan cost (Monthly) \$321.97

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Test Spouse	Spouse	05/08/1993

**Health Care Instructions**

Provider Website: [www.mycigna.com](http://www.mycigna.com)

**General Instructions**

Select which Plan you would like to participate in

Ensure you select each dependent you would like to be covered under this benefit plan.

If your dependent's information has already been entered, check the box next to their name to enroll. If your dependent does not appear in this list, click [click here](#) to add your new dependent. Once you have made your selections, click **Save**.

Important: If you select the Consumer Medical plan, Mosaic's contribution to your HSA.



**Note:** If you are adding a new dependent, you must upload your dependent documents during your benefit event. Please view required documents on [Benefits.Mosaicco.com](https://Benefits.Mosaicco.com)

Change Reason \* Birth/Adoption of a Child(ren) ▼

Date of Birth or Adoption \* 03/07/2024 📅

Submit Elections By 04/05/2024

Benefits Offered

- BTA
- Defined Contribution
- Dental
- EAP
- Flexible Spending Account Dependent Care
- More (17)

**Attachments**

Drop files here

or

Select files

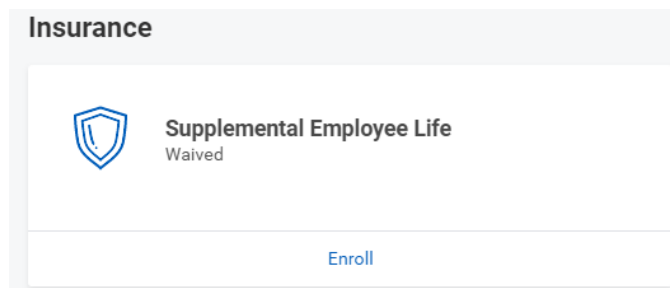
## Insurance Elections

Benefits that are part of the standard offering and are paid by the Company cannot be waived – they are grayed out since no election is needed. All Supplemental coverages such as Life and Disability benefits are employee-paid.

Electing supplemental benefits does not guarantee coverage, Evidence of Insurability may be required. If Evidence of Insurability is required, you will receive a notice in the mail from Prudential.

To Enroll in Insurances:

- 1) Select the insurance plan you wish to enroll in by clicking on 'Enroll'



2) Click on the 'Select' radial button, then click 'Confirm and Continue.'

**Plans Available**  
Select a plan or Waive to opt out of Supplemental Employee Life.

1 Item

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthl
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Prudential Class 1 (Employee)		

**Insurance Information**  
**Important Information**  
The maximum coverage amount is \$500,000.  
**General Instructions**  
You can purchase insurance for your child(ren). You must purchase insurance for your child(ren) if you are the primary beneficiary.  
\* Reduced insurance amounts may apply. For more details, see the plan document.  
For Example: If your annual salary is \$50,000, your premiums will be \$100 per month.  
Please Note: Any insurance coverage is subject to Evidence of Insurability.

**Confirm and Continue** **Cancel**

3) Select the coverage amount.

4) Designate Beneficiaries.

**Coverage**

Calculated Coverage

Coverage \*  1 X Salary  
 2 X Salary  
 3 X Salary  
 4 X Salary  
 5 X Salary  
 6 X Salary  
 7 X Salary  
 8 X Salary

Plan cost (Monthly)

**Beneficiaries**

Select an existing or add a new beneficiary. You can also adjust the percentage allocation.

Primary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

**Save** **Cancel**

5) Click 'Save'.

## Spending Account Elections

If you elected the Consumer Plan, you will have the option to enroll in the Health Savings Account (HSA). You can elect to contribute to your HSA as an employee and/or you can elect to receive the employer contribution (notated as "0"). If you do not elect the Employer Contribution option, Mosaic will not make any contributions towards your HSA.

- 1) Select the 'Health Savings Account' card.
- 2) Click on the 'Select' radial button.
- 3) Click Confirm and Continue to select the amount you wish to contribute.
- 4) Enter either the Per Paycheck amount or Annual Amount, then click 'Save'.

**Health Savings Account** Gain, Loss, or Significant C

Projected Total Cost (Monthly) \$536.84      Projected Total Credits \$0.00

### Plans Available

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

1 item

*Selection	Benefit Plan	You Contribute (Monthly)	C
<input checked="" type="radio"/> Select <input type="radio"/> Waive	CIGNA		

**Health Savings Account - CIGNA**

Projected Total Cost (Monthly)      Projected Total Credits  
 \$0.00      \$0.00

**Contribute**

Your estimated contributions made this year

Actual contributions from payroll      \$2,137.50

Per Paycheck  ←


Annual  ←

Minimum Annual Amount: \$100.00  
 Maximum Annual Amount: \$5,700.00

**Summary**

Contribution (Monthly)      \$0.00  
 Total Annual HSA Contribution      \$0.00

- 5) To elect the Employer Annual Contribution:
- 1) Click **'Enroll'** on the **'Health Savings Account – Employer Contribution'** card.
  - 2) Click on the **'Select'** radial button.
  - 3) Click **'Confirm and Continue'**.

 **Health Savings Account - Employer Contribution**  
 Waived

[Enroll](#)

**Health Savings Account - Employer Contribution**

Projected Total Cost (Monthly)      Projected Total Credits  
 \$536.84      \$0.00

**Plans Available**

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

1 item

*Selection	Ben
<input checked="" type="radio"/> Select <input type="radio"/> Waive	CIG

## Spending Account Elections (Continued)

If you elect the Traditional Plan, you may elect and enter a Health Care Flexible Spending Account (FSA) election. Enter the amount you wish to contribute per paycheck – this amount **cannot** be changed later (except for specific life events). If you elected the Consumer Plan, you **cannot** make a Healthcare FSA contribution. You also have the option to elect to make contributions to a Dependent Care FSA to cover dependent care expenses for dependents up to age 13.

To elect the Health Care Flexible Spending Account (FSA) or Flexible Spending Account Dependent Care:

- 1) Click **'Enroll'** on the applicable card.
- 2) Click on the **'Select'** radial button.
- 3) Click **'Confirm and Continue'**.
- 4) Enter either the **Per Paycheck** amount or **Annual Amount**, then click **'Save'**.

### Flexible Spending Account Healthcare

Projected Total Cost (Monthly)

Projected Total Credits  
\$0.00

#### Plans Available

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

1 item

*Selection	Benefit Plan
<input checked="" type="radio"/> Select <input type="radio"/> Waive	CIGNA

### Flexible Spending Account Healthcare - CIGNA

Projected Total Cost (Monthly)

Projected Total Credits  
\$0.00

#### Contribute

Your estimated contributions made this year

0.00

Actual contributions from payroll

\$0.00

Per Paycheck

0.00

Annual

0.00

## Other Benefits

Mosaic automatically enrolls you in the following benefits at no cost to you:

- Short-term Disability
- Standard Long-term Disability
- Lyra Health – Employee Assistance Program
- Business Traveler Accident

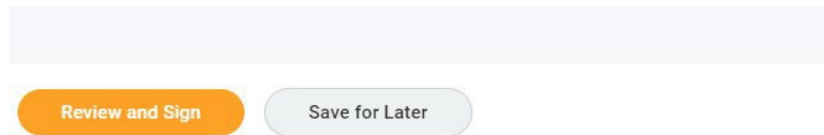
These benefits cannot be waived so no action is required.

You can elect or waive the Hyatt Legal Plan. Participation in the Hyatt Legal Plan is voluntary.

## Submitting / Election Coverage Summary

Once you have completed your selections you must 'Review and Sign' to submit your benefit enrollment.

- 1) At the bottom of the page, click '**Review and Sign**'.



- 2) The view summary of coverage screen allows you to review the elected benefits.
- 3) To Submit your election, scroll to the bottom of the confirmation page and read the important Electronic Signature disclaimer.
- 4) Click the '**I Accept**' box and click '**Submit**' to complete your benefit enrollment.

### Electronic Signature

LEGAL NOTICE / PAYROLL DEDUCTION AUTHORIZATION: Please Read;

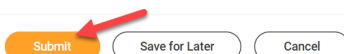
When you check the "I AGREE" check box below, you are certifying that you understand:

1. Your benefit elections are legal and binding transactions.
2. You have verified that the coverage you elected includes any eligible dependents you wish to cover for this benefit event.
3. You are authorizing a salary reduction for your benefit costs as shown in Workday. Furthermore, you understand that for any pre-tax benefit plans, the election cannot be revoked or changed during the year without an IRS approved qualifying event.
4. Your eligibility for Mosaic's benefit plans is governed by the applicable Plan document. In the event there is conflict between this enrollment system and the Plan, the rules of the Plan will govern.
5. You are agreeing that the tobacco designation for both you and your spouse/domestic partner is true and accurate. Please note:
  - The tobacco status that you indicate for both you and your spouse/domestic partner will determine your starting medical premiums and/or any applicable tobacco payroll credits due to you.
  - You may be tested to confirm you do not use nicotine and your tobacco status will be changed if the status you indicated does not match your test results.
  - You can earn a tobacco cessation credit to offset your medical premium by registering and completing the tobacco cessation program through the Cigna Quit Today program. For more information about how you can participate, visit [benefits.mosaicco.com](https://benefits.mosaicco.com). Note: An alternative means can be provided in the instance where completing the program may be unreasonably difficult or medically inadvisable.
6. Life and disability insurance benefits may be pended for Evidence of Insurability (EOI) and will be subject to approval by the provider.
7. If you added new dependents to your benefits, you will be asked to supply supporting documentation validating the dependents are federal tax dependents (e.g., marriage certificate, domestic partnership affidavit, birth certificate). After enrollment, you will receive a notification to submit the documentation. Failure to submit documentation within the requested time period will result in retroactive cancellation of coverage for dependents in question and any related premiums collected will be refunded through payroll.

**Please Note:** Any claims for ineligible dependents that may have been processed with healthcare providers will be reprocessed, any and all service payments will become you or your ineligible dependent(s) responsibility.

8. As a plan participant, you are entitled to a summary plan description (SPD) of your rights and obligations under the Mosaic Comprehensive Welfare Benefit Plan. To access this document, please visit [benefits.mosaicco.com](https://benefits.mosaicco.com) and view the Legal Notices & Documents section. You may also request a paper copy free of charge at any time, contact HR Connect Benefits at [HRConnect.Benefits@mosaicco.com](mailto:HRConnect.Benefits@mosaicco.com).

I Accept



## Life Changing Events

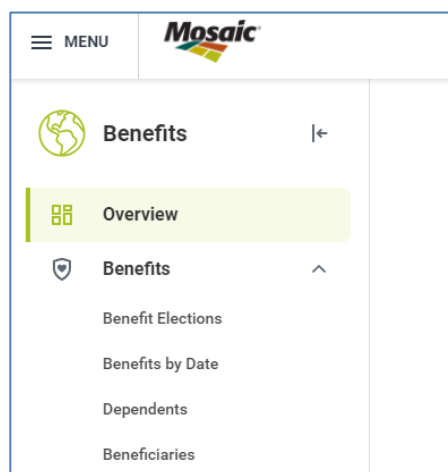
You may make changes to your elections outside of Annual Enrollment if a qualifying life event occurred. Benefit changes must be made within **30 days** of your qualifying life event, and changes are effective as of the date of the event. Otherwise, your next opportunity to make changes will be during Annual Enrollment.

**Note:** Please ensure you have updated your dependent information before proceeding with the below steps.

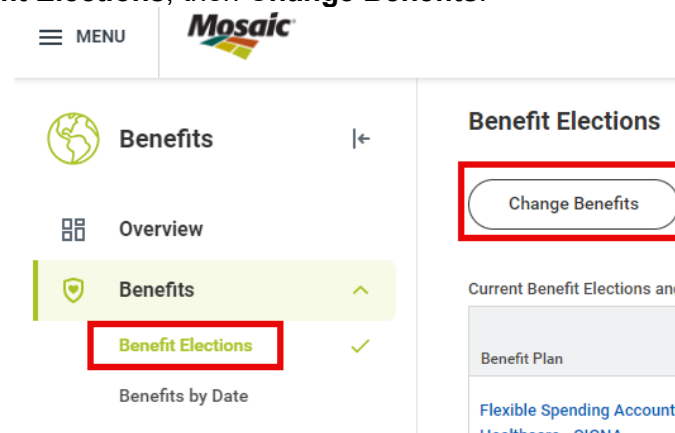
- 1) Log in to Workday
- 2) On the Workday Homepage, click on the **Menu** button in the top left



- 3) Select **Benefits**
- 4) From the Benefits Menu, click on **Benefits**



- 5) Select **Benefit Elections**, then **Change Benefits**.



- 6) In the **Change Reason** select the appropriate option and add the effective date in the Date field.

**Change Benefits**

Change Reason \* Marriage/Initiation of Domestic Part... ▾

Date of Marriage or Domestic Partnership \* 08/01/2023

Submit Elections By 08/30/2023

Benefits Offered

- BTA
- Defined Contribution
- Dental
- EAP
- Flexible Spending Account
- Dependent Care

More (14)

- 7) In the **Attachments** section, attached the required document(s) to submit the **Benefit Event**. Documents are required for Birth/Adoption, Marriage, Divorce, Gain of coverage elsewhere and Loss of coverage elsewhere. Also add dependent verification documents here if dependent is being added to coverage for the first time.
- 8) Click the **Submit** button.

**Attachments**

test document.docx  
✓ Successfully Uploaded!

Comment

Upload

enter your comment

Submit Save for Later Cancel

- 9) On the **You have submitted screen**, click the **Open** button.
- 10) On the **Change Benefit Elections** screen, click the **Let's Get Started** button.
- 11) Follow the remainder of the steps in the **"Enroll in Benefits"** section beginning on page 7 to finalize your benefit changes.