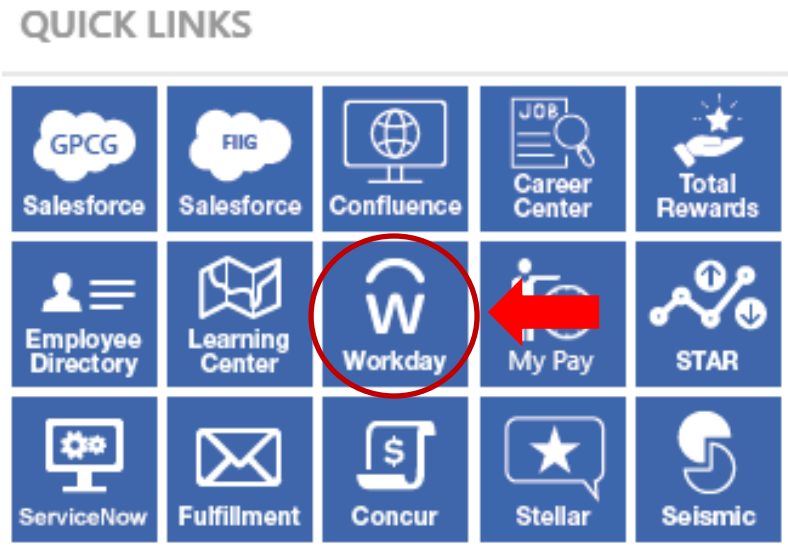
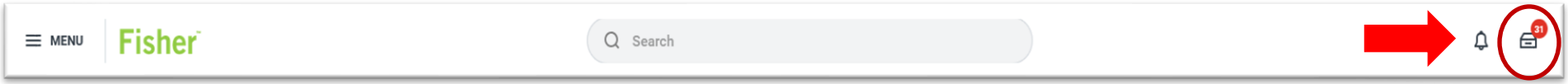
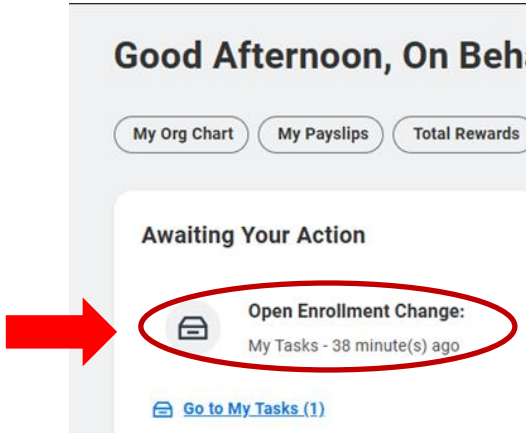
Workday Open Enrollment Instructions

Use these instructions when making a change to your current elections.
If no changes need to be made, you do not need to submit your elections.

From the main homepage of FIIRE under Quick Links, click on the “Workday” icon, or open a Firefox window to access the Workday platform to get started.





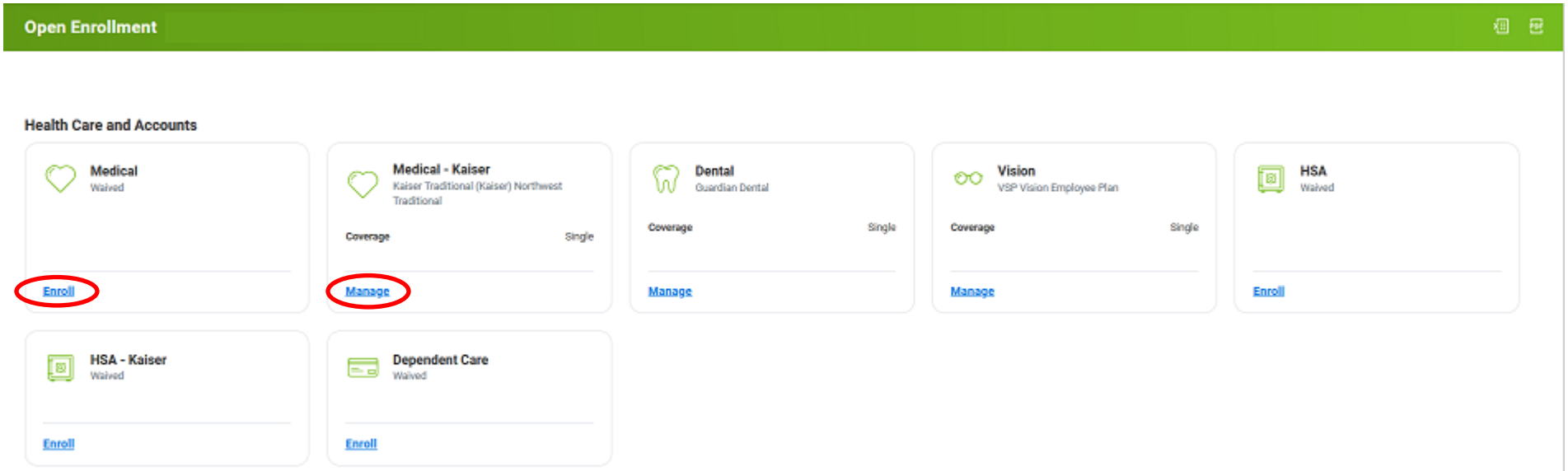


From the main page in Workday, click on the “Inbox” icon. There are two options:

- The envelope in the top right corner
- The inbox icon under Announcements

Your Open Enrollment event will be waiting for you in the inbox.

Please Note: You can save the enrollment form at any point and complete it at a later time. To pick up where you left off, just go into your Inbox.



If you wish to switch insurance coverage for the new plan year:

1. Click “Manage” under the current plan you are enrolled in.
2. Click “Waive” right next to your plan.
3. Click “Confirm and Continue”.

Under the new medical insurance, click “Enroll”, then “Select” right next to the plan you wish to enroll in.

Medical - Kaiser

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of Medical - Kaiser. The displayed cost of waived plans assumes coverage for Single. Workday displays the cost for a waived plan only if it offers Single coverage.

2 items

Benefit Plan	*Selection	Company Contribution (Semi-monthly)
Kaiser HSA (Kaiser) Northwest HSA	(•) Select ( ) Waive	$253.22
Kaiser Traditional (Kaiser) Northwest Traditional	( ) Select (•) Waive	$322.45

Dependents

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

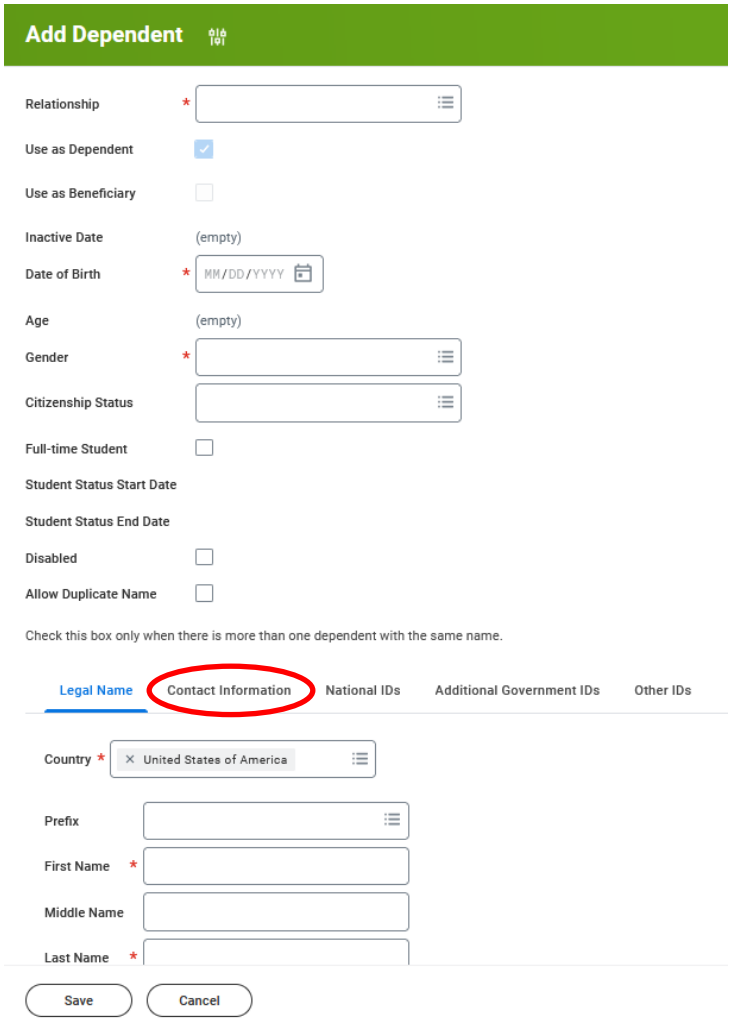
Coverage * Single

Add New Dependent

Your existing dependents will populate here automatically.

Click on the dependents you wish to enroll into the new plan.

If adding a dependent, click “Add New Dependent” and click “OK”.



Complete all identification fields with a red *asterisk.

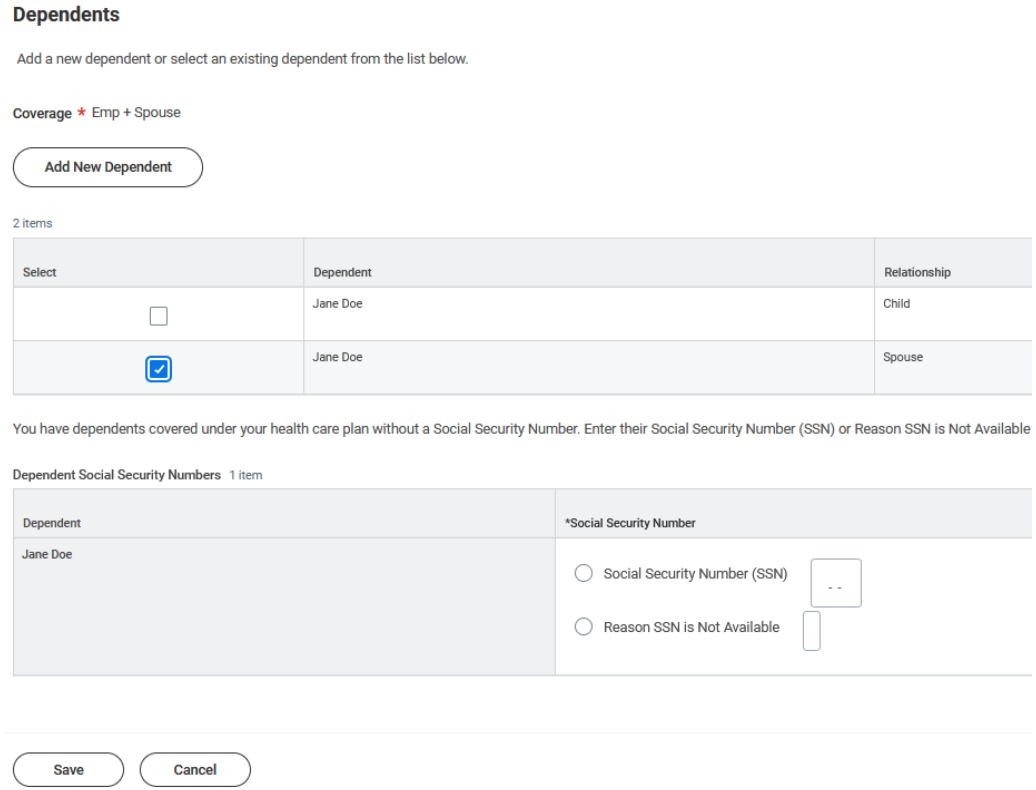
Click “Contact Information” tab then click “Add” under the address section.

Link your address to your dependent’s profile by clicking on ☰ next to “Use Existing Address”. Then click “By Contact” and select your name.

Please note: only manually type in the address if it is different from yours or any other dependent enrolled in your benefits.

Under usage type, click “Home”.

Click “Save”.



SSN is not required for newborn children, but should be entered for all other dependents.

Click “Save.”

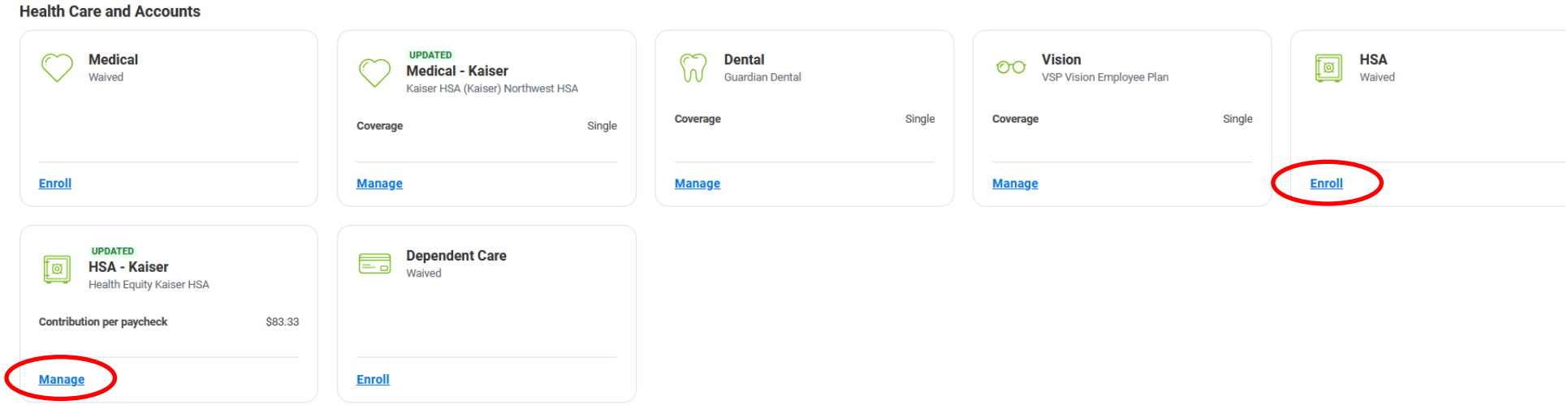
Repeat directions with Dental and Vision coverage, as applicable.

Select the dependent(s) you’d like to enroll and click “Save”.

Click on Manage under Wellness then click “Confirm and Continue”.

Select the dependent(s) you’d like to enroll and click “Save”.

SKIP THE BELOW STEPS IF YOU ARE NOT ENROLLING IN AN HSA

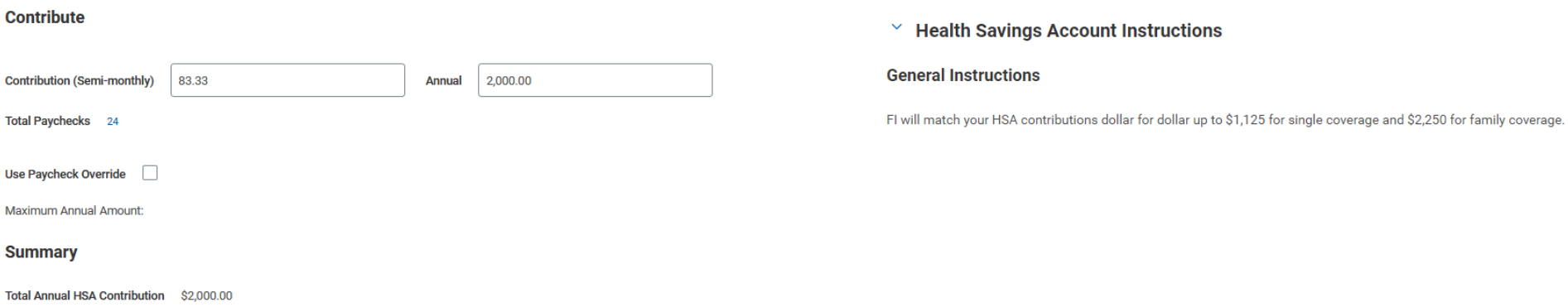


Click “Enroll” or “Manage” under the HSA plan that corresponds to your medical plan.

- UHC PPO 2250 > HSA
- Kaiser HSA > HSA - Kaiser

Click “Select” on the next page, then click “Confirm and Continue”.

HSA - HSA Administrators United Healthcare HSA



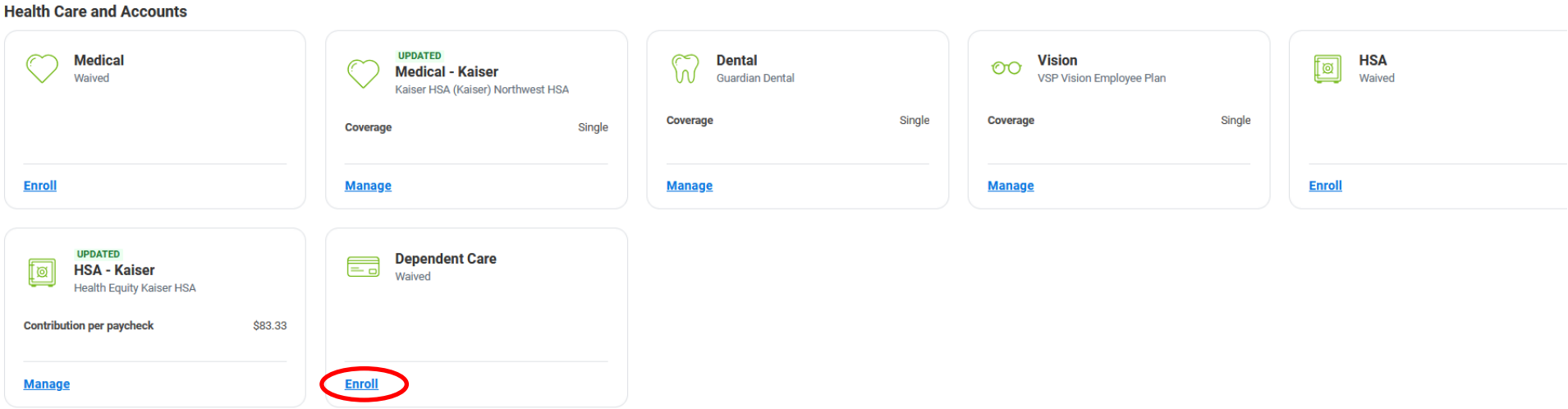
FI will match your HSA contributions dollar for dollar up to $1,125 for single coverage and $2,250 for family coverage ($1,000 or $2,000 for Kaiser Permanente).

1. Enter the total annual election for 2026 and hit enter. (Your annual contributions are capped lower than the IRS maximum to account for the FI match)
2. Workday will automatically calculate the monthly or semi-monthly contribution field.
3. Your annual contribution will be divided evenly amongst 12 paychecks during 2026.
4. Contributions will start on your January 15th paycheck.

Please note:

- Contributions are deducted **once a month**, not semi-monthly.
- Benefits deductions will be taken on the first paycheck (15th) of every month.
- You should expect the calculated semi-monthly contribution amount to be **doubled and only taken once a month**, if you are paid on a semi-monthly basis.
- If you are interested in maximizing your HSA contributions by front-loading, please reach out to ~Benefits Services or x808-5886 for assistance with your election.

SKIP THE BELOW STEPS IF YOU ARE NOT ENROLLING IN THE DEPENDENT CARE FSA



Click “Enroll” under **Dependent Care** coverage.

Click “Select” on the next page, then click “Confirm and Continue”.

Contribute

Contribution (Monthly) 200.00 Annual 2,400.00

Summary

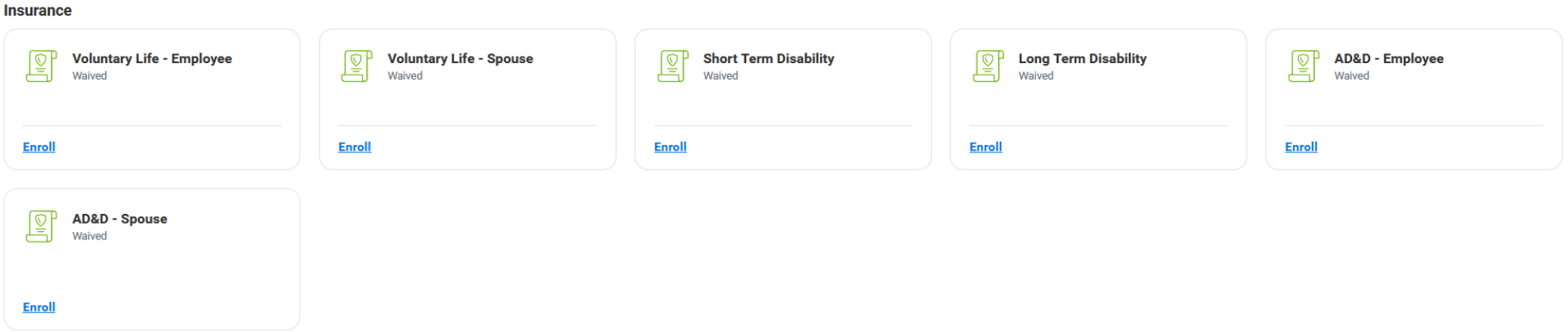
Contribution (Monthly)	$200.00
Total Annual Contribution	$2,400.00

Enter the monthly amount you would like to contribute in the per paycheck box. Click “Save”.

Payroll will only collect on the 15th of the month paycheck.

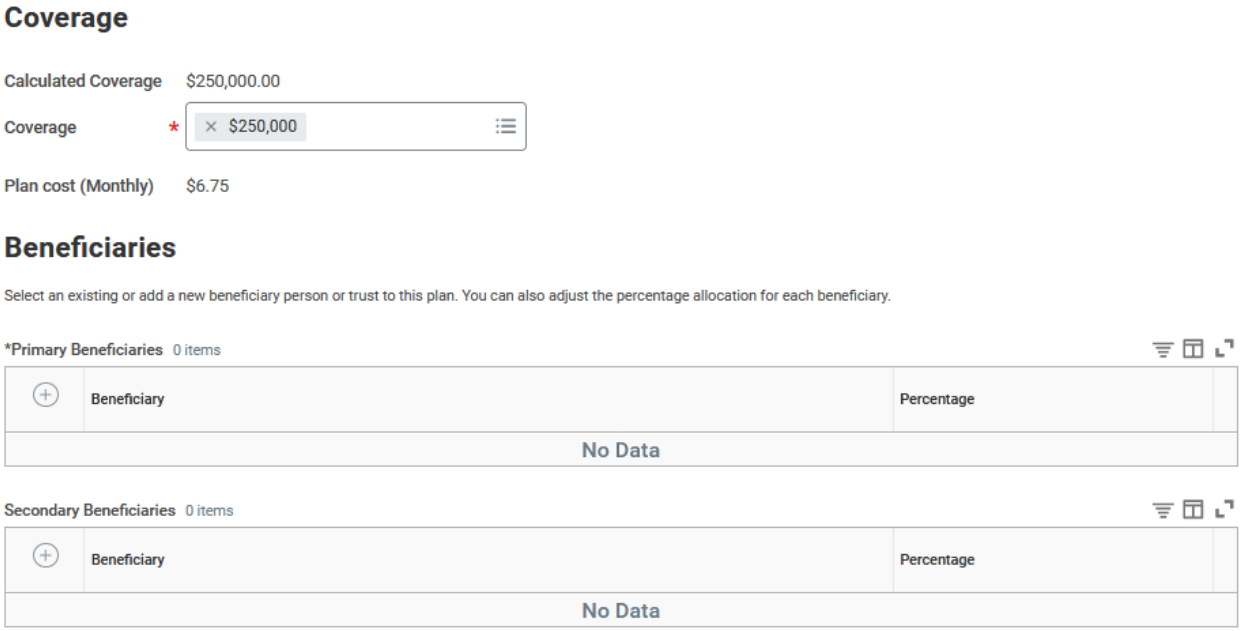
Please Note: If your W2 earnings (Base + Bonus + Commissions) exceeds $155,000 for 2026, the maximum you are allowed to contribute is $2,000.

SKIP THE BELOW STEPS IF YOU DO NOT WANT TO ENROLL IN VOLUNTARY BENEFITS



Click “Enroll” under the corresponding plan you wish to enroll in.

Please Note: Payroll will only collect premiums on the 15th of the month paycheck.



Enter the amount of requested coverage.

Enter at least one beneficiary for voluntary life and/or AD&D insurance. The percentage must total 100% between the primary and contingent beneficiary(ies), as applicable. A spouse's beneficiary will be the employee.

Complete all identification fields with a red *asterisk.

For Short-term /or Long-term disability coverage, you will click "Select" to enroll. No beneficiary will be required.

Please note: Evidence of Insurability (EOI) will be required on new short/long-term enrollments and new or additional life insurance coverage amount. You will receive an email from The Hartford on how to complete the EOI process.

Health Care and Accounts

Medical
Waived
Enroll

Medical - Kaiser
Kaiser Traditional (Kaiser) Northwest Traditional
Coverage: Single
Manage

Dental
Guardian Dental
Coverage: Single
Manage

Vision
VSP Vision Employee Plan
Coverage: Single
Manage

HSA
Waived
Enroll

HSA - Kaiser
Waived
Enroll

Dependent Care
Waived
Enroll

Insurance

Voluntary Life - Employee
The Hartford Employee (Employee)
Cost per paycheck: $12.30
Coverage: $200,000
Manage

Voluntary Life - Spouse
The Hartford Spouse/Domestic Partner (Spouse/Domestic Partner)
Cost per paycheck: $6.15
Coverage: $100,000
Manage

Short Term Disability
Waived
Enroll

Long Term Disability
The Hartford Employee (Employee)
Cost per paycheck: $25.89
Coverage: 60% of Salary
Manage

AD&D - Employee
The Hartford Employee (Employee)
Cost per paycheck: $2.00
Coverage: $200,000
Manage

AD&D - Spouse
Waived
Enroll

Review and Sign | Save for Later

Once you are done with the enrollment, click “Review and Sign”.

On the next page, scroll down the Electronic Signature page and click “I Accept” and click “Submit”.

Electronic Signature

- **I AGREE:** All information on this form is correct and true to the best of my knowledge and be
  deduct from my earnings the contribution (if any) required toward the cost of this plan.
- I understand that coverage does not become effective until this and my employer's applicatio
- Authorization for Disclosure of Personal Information: by signing below, you authorize any "provider of care", insurer, plan, or Fisher Investment's auth
  you and yourapplying family members, including medical information regarding substance abuse or mental/emotional conditions. This information r
  managing this Agreement/Policy. In addition, you authorize United Healthcare to obtain personal and medical record information (as those terms are
  authorization will remain valid as follows: (1) for 30 months from the date of authorization for the purposes of processing the application, a policy re
  term of coverage. You understand that you are entitled to a copy of this form and that aphotocopy is as valid as theoriginal.
- NON-PARTICIPATING PROVIDER: I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provide
- HIV TESTING PROHIBITED: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtainir
- EFFECTIVE DATE: The effective date of coverage is subject to United Healthcare and/or Kaiser Permanente approval. I am aware that I have 30 days
  status occurs.
- If I am enrolled in an employer-sponsored benefit plan that is subject to ERISA (Employee Retirement Income Security Act of 1974, 29 U.S.C. section
  may have with respect to an adverse benefit determination for a health claim may be submitted to voluntary binding arbitration after the ERISA claim
- KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST (500 NE Multnomah Suite 100, Portland, OR 97232): It is a crime to knowingly provide fal
- Washington Enrollees Important information for Washington state residents: Link

I Accept ☑

Submit | Save for Later | Cancel