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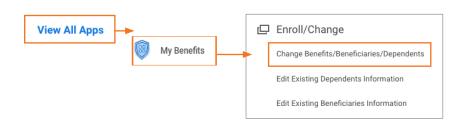
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# **BENEFICIARY CHANGE**

Follow these steps to change your beneficiary.

- Click View All Apps on your Workday home page, then select the My Benefits app. 1.
- Click Change Benefits/Beneficiaries/Dependents in the Enroll/Change column to change your benefit elections. 2.



3. Select the Beneficiary Change Change Reason from the drop-down menu, then enter the Benefit Event Date.

#### 4. Click Submit.

| Change Reason *      | Beneficiary Change 🔻   | <ul> <li>Instructions</li> </ul>  |
|----------------------|--|---|
| Benefit Event Date * | 06/01/2023   | Making Changes During the Year<br>Unless making changes to your H.S.A. Contributions and Voluntary Life Elections and<br>Beneficiaries, once you've made your elections for the plan year, you cannot make any chang<br>until the next Open Enrollment. The only exception to this IRS regulations is if you experience |
| Submit Elections By  | 06/01/2023   | Qualified Change in Status, or a Qualifying Life Event. Depending on the Qualifying Life Event<br>you'll be able to make certain changes to your elections outside of the Open Errollment perio   |
| Benefits Offered     | Basic AD&D<br>Basic Life<br>Voluntary AD&D<br>Voluntary Life | Examples of a Qualifying Life Event include:     Marriage, legal separation, or divorce     Birth or adoption of a child     Change in employment status for you or your spouse that results in gaining or losing cow age   |
| Attachments          |  | Change in a dependent's benefits eligibility status (e.g., a dependent child exceeds the mi<br>mum age for coverage)     Loss of a dependent (death)  |
|                      | Drop files here  | Note: If you miss the 30-day window, you may not change your benefits until the next Open<br>Errollment.  |
|                      | or Select files  | Next Steps<br>Once you've submitted this change request with supporting documentation you will receive<br>To-Do action Item in your inbox with next steps pertaining to your specific change reason.  |
|                      |  | Questions<br>If you have questions about your benefits or the enrollment process, contact the ABD Benefit<br>Help Desk (Monday-Friday, 8 a.m5 p.m.) by calling 866-271-8123 or emailing <u>ExelivisBen</u><br><u>@abddanswers.com</u> . You can also submit your benefit-lelated questions by logging a ticket          |

**Note:** If you have questions on your benefits or the enrollment process, contact the Benefits Team at <u>benefitshelpdesk@exelixis.com</u>. You can also submit your benefit related questions by logging a ticket through JSM.

#### 5. Click Open.

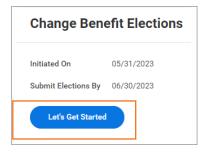
| You have submitted                               |   |
|--|---|
| Up Next: Jonnie Smith   Change Benefit Elections | s |
| <u>View Details</u>                              |   |
| Open   |   |







## 6. Click Let's get Started.



7. The benefits that allow beneficiaries will display. Click **Manage** to update your beneficiaries to any of the plans shown. Basic Life was chosen first for this guide.

| Insurance   |   |                          |
|---|---|--------------------------|
| Basic Life           Prudential (Employee)           Cost per paycheck         included | Basic AD&D<br>Prudential (Employee)<br>Cost per paycheck included | Voluntary Life<br>Waived |
| Coverage 2 X Salary   | Coverage 2X Salary  | Errol                    |
| Manage  | Manage  |                          |
| Voluntary AD&D<br>Waived  |   |                          |
|   |   |                          |

## 9. Click Confirm and Continue.

| ion Benefit Plan Details (Biweeday) Company Contribution (Biweeday)<br>Select (Employee) Included   | Projected Total Cost Per P<br>\$0.00 | aycheck |          |                                |     |
|---|--------------------------------------|---------|----------|--------------------------------|-----|
| Benefit Plan<br>Details         You Pay<br>(Biweekly)         Company Contribution (Biweekly)           Select         Prudential<br>(Employee)         Included         Image: Company Contribution (Biweekly)   | Plans Available                      |         |          |                                |     |
| Image: Select         Prudential<br>(Employee)         Included         Image: Select         Image | 1 item                               |         |          | ≣⊡                             | 1 L |
| Prudential included<br>Select (Employee)<br>Walve   | *Selection                           |         |          | Company Contribution (Biweekly | )   |
|   | <ul> <li>Select</li> </ul>           |         | Included |                                | -   |
|   | O Waive                              |         |          |                                |     |
|   |                                      |         |          |                                |     |
|   |                                      |         |          |                                | •   |
|   |                                      |         |          |                                |     |





**10.** Click the **Add(+)** icon to add a **Primary** or **Secondary Beneficiary**. If you **are** adding an existing beneficiary Click the **field** and select **Existing Beneficiary Persons**.

• **Note:** You must have a Primary beneficiary before you can add a Secondary beneficiary. The same person cannot be both a Primary and Secondary beneficiary.

### Beneficiaries

| Select an existing or add a new beneficiary person or trust to this plan. You ca<br>allocation for each beneficiary. | elso adjust the percentage Existing Beneficiary Existing Trusts Percen Add New Beneficiary  | <ul> <li>Existing Beneficiary Persons</li> <li>Marie Smith</li> </ul> |
|--|---|---|
| Secondary Beneficiaries 0 items       ①       ①       Beneficiary       Save       Cancel                            | The second seco |   |
| Secondary Beneficiaries 0 items  | 후 교객<br>Percentage  |   |
| Save Cancel  |   |   |

- The Percentage must equal 100%. You may have multiple primary beneficiaries, but the total percentage must equal 100% (e.g., Beneficiary A = 75% and Beneficiary B = 25%). No matter how many beneficiaries you add, ensure the Primary Percentage always adds up to 100%. If you have added a Secondary Beneficiary that total must also equal 100%.
- 12. Click Save once you have selected/added all beneficiaries.

|  | Existing Beneficiary Persons<br>Existing Trusts<br>Add New Beneficiary or Trust | Add New Beneficiary     Add New Trust  Continue Cancel                 |
|--|---|--|
| Beneficiary     Percentage     No Data     Save     Cancel |   | select <b>Add New Beneficiary or</b><br>ation of a person who is not a |





1. Click **Review and Sign** when you are ready to submit your changes.

| Beneficiary Change                                  |                        |  |                        |                          | XII |
|---|------------------------|--|------------------------|--------------------------|-----|
| rojected Total Cost Per Paycheck<br>0.00            |                        |  |                        |                          |     |
| <ul> <li>Enrollment Instructions</li> </ul>         |                        |  |                        |                          |     |
| ere is a <u>link</u> to our HIPAA Notice of Privacy | Practices for Self-Fur | nded Benefit Plans                             |                        |                          |     |
| Insurance   |                        |  |                        |                          |     |
| REVIEWED<br>Basic Life<br>Prudential (Employee)     |                        | UPDATED<br>Basic AD&D<br>Prudential (Employee) |                        | Voluntary Life<br>Waived |     |
| Cost per paycheck<br>Coverage                       | Included<br>2 X Salary | Cost per paycheck<br>Coverage                  | Included<br>2 X Salary | Enroll                   |     |
| Manage  |                        | Manage   |                        |                          |     |
| Voluntary AD&D<br>Waived                            |                        |  |                        |                          |     |
| Enroll  |                        |  |                        |                          |     |
| Review and Sign Save for I                          | Later                  |  |                        |                          | (   |

2. Review the Summary of your elections.

| rojected Total Cost Per Paycheck   |                                   |                         |                        |               |                              |            |  |
|--|-----------------------------------|-------------------------|------------------------|---------------|------------------------------|------------|--|
| arefully review your benefit elections below. As a reminder, unless you're making changes to your H.S.A Contributions or Voluntary Life Elections and Beneficiaries, you cannot make any<br>hanges until the next Open Enrollment, or you experience a Qualified Change in Status or Qualifying Life Event.<br>Ince you've reviewed and determined you're ready to submit, scroll down to the bottorn of the page, attach any required documents or files, and accept the Legal Notice for Electronic<br>ignature. |                                   |                         |                        |               |                              |            |  |
| you notice something you'd like to change  | e or want to come back to your er | nrollments later, you o | an select Cancel or Sa | ve for Later. |                              |            |  |
| , , , ,  |                                   |                         |                        |               |                              |            |  |
| elected Benefits 2 items   |                                   |                         |                        |               |                              | ╤ 🗆 L' 🏼 🖽 |  |
| , , , ,  | Coverage Begin<br>Date            | Deduction Begin<br>Date | Coverage               | Dependents    | Beneficiaries                | ≂ ⊡ L" Ⅲ Ⅲ |  |
| elected Benefits 2 items   |                                   |                         | Coverage<br>2 X Salary | Dependents    | Beneficiaries<br>Marie Smith |            |  |
| elected Benefits 2 items   | Date                              | Date                    | -                      | Dependents    |                              |            |  |
| elected Benefits 2 items Plan Basic Life   | Date                              | Date                    | -                      | Dependents    |                              |            |  |

- 3. Scroll to the bottom of the page and click the I Agree box to provide your Electronic Signature, then click Submit.
- 4. Click View Benefits Statement to download and print a copy of your benefit elections or click **Done**. Your elections route to the Benefits Partner for approval.

| Electronic Signature   |   |
|--|---|
| Legal Notice: Please Read  |   |
| Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being s check the "I Agree" checkbox, you are certifying that:  | ubmitted. When you  |
| <ul> <li>You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amoun miums or other contributions (if any) for the benefit options elected above.</li> </ul>   | t of your pre-  |
| <ul> <li>You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during year unless you experience a qualified change in status.</li> <li>You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. The are paid through the Flexible Benefits Plan on a pre-tax basis.</li> </ul>                                | Submitted 🖅 🗄   |
| <ul> <li>Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.</li> <li>Each year, during the annual enrollment period, you will have the option to change certain coverages whether or not you have had a qualified status event during the calendar year.</li> <li>If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance cox</li> </ul>             | You've submitted your elections.<br>Corgranulations' You benefit elections have been submitted and are now waiting for approval. Once approved by HF your   |
| <ul> <li>In you decline medical insulative enrolment of yourself of your dependents, including your spouse, because of other medical insulative con<br/>may in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other of<br/>ends. In addition, if you have a new spouse or dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself, your a</li> </ul> | Congliculations from overine effections have been sourning on and are from wailing for approval. Once approval by the your<br>elections will be sent to each of our providers on our next scheduled file feed and their systems will update within 72 hours of<br>receiving the file. |
| your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.   | Remember, except for H.S.A., your benefits will retro back to your start date. Any expenses incurred between your start date<br>and the time your coverage is active with our providers can be submitted for reimbursement.   |
| I Accept   | If you have any concerns or questions you can reach out to <u>benefits@exelixis.com</u> or submit a ticket in <u>Footprints</u> .   |
| Submit Save for Later Cancel   | View 2023 Benefits Statement  |
| ·  | Done  |



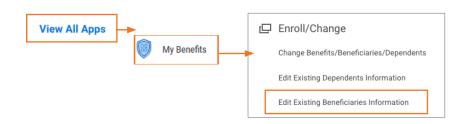


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# EDIT EXISTING BENEFICARIES

Follow these steps to edit your existing beneficiary.

- 1. Click View All Apps on your Workday home page, then select the My Benefits app.
- 2. Click Edit Existing Beneficiaries Information in the Enroll/Change column to change your benefit elections.



3. Click Edit to update the desired beneficiary.

| Beneficiaries Jonnie  | e Smith 🚥    |                   |      |
|-----------------------|--------------|-------------------|------|
| Beneficiaries 2 items |              |                   | ×    |
| Beneficiary           | Relationship | Benefit Elections |      |
| Marie Smith           | Spouse       |                   | Edit |

5. Enter updates and click Submit.

| Edit My Beneficiary Jonn | nie Smith 🚥                        |   |
|--------------------------|------------------------------------|---|
|                          | Beneficiary Personal Information   |   |
|                          | Legal Name                         |   |
|                          | Legal Name *<br>Marie Smith        | I |
|                          | Relationship                       |   |
|                          | Relationship *<br>Spouse           | I |
|                          | Date of Birth                      |   |
|                          | Date of Birth<br>01/01/1985        | I |
|                          | Age<br>38 years, 4 months, 30 days |   |
|                          | Date of Death                      |   |
|                          | Date of Death<br>(normality)       | 1 |
| Submit Save for Later    | Cancel                             |   |



