



QUALIFYING LIFE EVENT (QLE) JOB AID

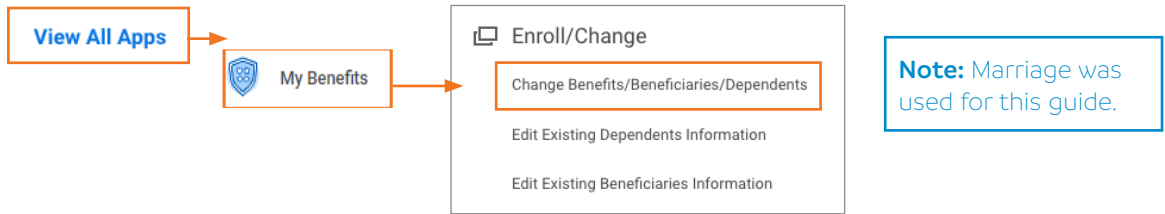
CONTENTS

BENEFIT ELECTIONS	2
ADD DEPENDENT	6
DESIGNATE BENEFICIARY	7
SUBMIT BENEFIT ELECTIONS	8

BENEFIT ELECTIONS

Follow these steps to change your benefit elections when you have a qualifying life event, such as a marriage, birth or adoption of a child, divorce, etc.

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



3. Select the appropriate **Change Reason** from the drop-down menu, then enter the **Benefit Event Date**.
 - **Note:** You must make your QLE changes within 30 days of the Qualifying Life Event.
4. Attach the appropriate **documentation**. Some Qualified Life Events (QLE) require supporting documentation (*marriage certificate, birth certificate, proof of other coverage, etc.*).
5. Click **Submit**.

Change Reason * Marriage / Domestic Partnership

Benefit Event Date * 06/01/2023

Submit Elections By 06/30/2023

Benefits Offered: 529 College Savings, Basic AD&D, Basic Life, Dental, Dependent Care FSA, More (10)

Attachments: Drop files here, Select files

select one:
Beneficiary Change
Birth/Adoption of a Child
Death of Child
Death of Spouse - Add Coverage
Death of Spouse - Drop Coverage
Dependent (Spouse/DP/Child) Gains Other Coverage
Dependent Child Loses Other Coverage
Dependent Spouse/DP Loses Other Coverage
Divorce / Dissolution of Domestic Partnership
Employee Gains Other Coverage
Employee Loses Other Coverage
FSA Day Care Expense/Cost Change
HSA Contribution Change
Marriage / Domestic Partnership
Voluntary Life Insurance Change

Submit Save for Later Cancel

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

6. Click **Open**.

You have submitted

Up Next: Jonnie Smith | Change Benefit Elections

[View Details](#)

Open

- Click **Let's get Started**.

Change Benefit Elections

Initiated On 05/31/2023

Submit Elections By 06/30/2023

Let's Get Started

- Your current benefit elections are displayed on the cards. Click **Manage** to add your new dependent to any of the plans shown. *(Medical was chosen first for this guide.)*

Health Care and Accounts

Medical
Blue Shield of California HDHP / HSA

Cost per paycheck

Coverage Employee Only

Manage

Dental
Guardian PPO Buy-Up

Cost per paycheck

Coverage Employee Only

Manage

Vision
Vision Service Plan (VSP) PPO Core

Cost per paycheck

Coverage Employee Only

Manage

- Your current health care plan will be selected by default. Click **Confirm and Continue**.
- All existing dependents will display. Click **Add New Dependent**.
- The **Create Dependent** radio button is selected by default.
- Check the **Use as Beneficiary** box to make the new dependent available for selection as an existing beneficiary.
- Click **OK**.

Plans Available

4 items

*Selection	Benefit Plan Details	You Pay (Biweekly)	Company Contribution
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Shield of California EPO		
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Blue Shield of California HDHP / HSA		
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Shield of California PPO		
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Kaiser Permanente HMO		

Confirm and Continue

Cancel

Dependents

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

Coverage * Employee Only

Plan cost per paycheck

Add New Dependent

Add My Dependent From Enrollment

Jonnie Smith ⋮

Use an Existing Beneficiary or Emergency Contact

Create Dependent

Use as Beneficiary

Adding a dependent to your Exelixis plans is easy! Simply select 'OK' and provide the required information for your dependent and then decide which plans you'd like to enroll them in. Required information includes but is not limited to, date of birth, SSN, and address.

Action: Before you move on decide if you'd like to use this dependent as a beneficiary. If yes, then check the box above and your dependents information will be duplicated as a beneficiary, and you can add them to your insurance plans as a primary or secondary beneficiary.

OK

Cancel

3

Workday Version: 2023R1
Last Updated: May 2023

EXELIXIS[®]

14. Complete each field denoted by a red asterisk*.

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Note: Dependent children are eligible for coverage from birth to age 26. If your dependent child is disabled, check the Disabled box. Disabled child may continue coverage only if covered under the plan prior to turning age 26.

15. Your **Address** and **Contact** Information auto-populates. Click **Save**.

Address

Use Existing Address

Country *

Address Line 1

Address Line 2

City

State

Postal Code

County

Phone & Email

Use Existing Phone

Country Phone Code

Phone Number

Phone Extension

Note: If the dependent's contact information is not the same as yours, click the **X** to clear the fields and enter the new information.

16. Your **Coverage** is automatically updated and **new dependent** will be shown.

17. Enter the **SSN#** of your new dependent. If SSN# is not available, you must provide a **Reason**.

- **Note:** A SSN# must be provided for all dependents; newborn dependents can be enrolled pending a SSN#.

18. Click **Save**.

Coverage *

Plan cost per paycheck

1 item

Select	Dependent	Relationship
<input checked="" type="checkbox"/>	Marie Smith	Spouse

Dependent Social Security Numbers 1 item

Dependent	*Social Security Number
Marie Smith	<input checked="" type="radio"/> Social Security Number (SSN) <input type="text"/> <input type="radio"/> Reason SSN is Not Available <input type="text"/>

19. The Medical card is updated with your new Coverage. Click **Manage** to update other plans as necessary.
 - **Note:** Your current Dental and Vision benefits will automatically be selected by default. Click **Confirm and Continue**. Check the **box** next to your new dependent record and click **Save**.
20. **Healthcare FSA (Optional).** You can choose to newly enroll or change your existing contribution. Click **Manage** to update existing contributions.

The screenshot displays the 'Health Care and Accounts' interface. It features six main cards:

- Medical:** Updated status, Blue Shield of California HDHP / HSA, Employee + Spouse coverage, 1 dependent. A 'Manage' button is at the bottom.
- Dental:** Guardian PPO Buy-Up, Employee Only coverage. A 'Manage' button is at the bottom.
- Vision:** Vision Service Plan (VSP) PPO Core, Employee Only coverage. A 'Manage' button is at the bottom.
- Health Savings Account:** Health Equity, \$50.00 contribution per paycheck. A 'Manage' button is at the bottom.
- Healthcare FSA:** REVIEWED status, Waived. An 'Enroll' button is at the bottom.
- Limited Purpose FSA:** Waived. An 'Enroll' button is at the bottom.

 On the right side, there are two callout boxes:

- The top one shows a 'Select' radio button selected, a 'Waive' radio button, and a 'Confirm and Continue' button.
- The bottom one shows a checked box next to the name 'Marie Smith' and a 'Save' button.

21. Click **Confirm and Continue**.
22. If you choose to contribute, you have the option to enter your contribution with either an amount **Per Paycheck** or an **Annual** amount. If you enter a per paycheck amount, Workday will auto-calculate the amount in the Annual field.
 - **Note:** You can use the number of remaining paychecks for reference when entering the amount. Please note the Maximum Annual Amount displayed.
23. Click **Save**. You will be returned to the main screen.

The first screenshot shows the 'Health Savings Account' configuration screen. It includes a 'Projected Total Cost Per Paycheck' field, a 'Plans Available' section with a table, and 'Confirm and Continue' and 'Cancel' buttons.

*Selection	Benefit Plan Details	You Contribute (Biweekly)	Company Contribution (Biweekly)
<input type="radio"/> Select	Health Equity	\$50.00	
<input type="radio"/> Waive			

 The second screenshot shows the 'Contribute' screen. It displays 'Your estimated contributions made this year 0.00'. There are input fields for 'Per Paycheck' (50.00) and 'Annual' (750.00), along with 'Remaining Paychecks 15'. A 'Maximum Annual Amount: \$5,750.00' is also shown. A 'Summary' section indicates 'Total Annual HSA Contribution \$750.00'. 'Save' and 'Cancel' buttons are at the bottom.

24. Life Insurance — the following options are available. Click **Manage** to designate beneficiary(ies).
(Instructions on page 7)

- **Basic Life** and **Basic AD&D** plans. (Company Paid)
- **Voluntary plans** (Employee Paid).
You can choose to newly enroll or change your existing coverage. **Note:** Life coverage can be elected/increased with EOI (Evidence of Insurability) required for coverage over Guarantee Issue amounts.

Note: If you are adding a beneficiary(ies) in step 24, follow and complete the instructions on page 7 before proceeding to step 25.

25. Click **Review and Sign** to begin the submission process. (Instructions on page 9)

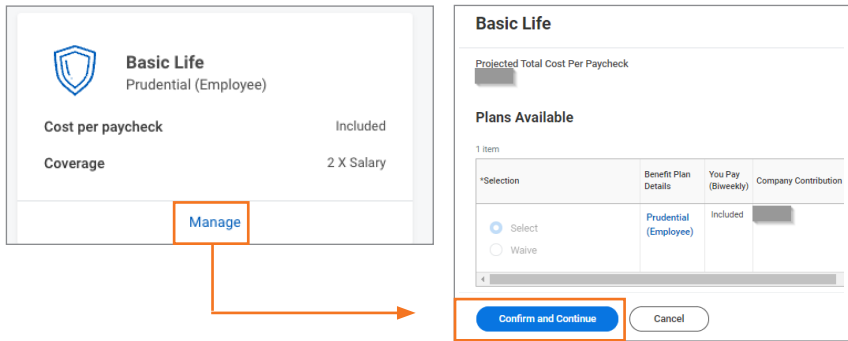
Insurance

Plan Name	Prudential (Employee)	Status	Cost per paycheck	Coverage	Action
Basic Life	Prudential (Employee)	Included	Included	2 X Salary	Manage
Basic AD&D	Prudential (Employee)	Included	Included	2 X Salary	Manage
Voluntary Life	Prudential (Employee)	Waived	-	-	Enroll
Voluntary Spouse Life	Prudential (Employee)	Waived	-	-	Enroll
Voluntary Child Life	Prudential (Employee)	Waived	-	-	Enroll
Voluntary AD&D	Prudential (Employee)	Waived	-	-	Enroll

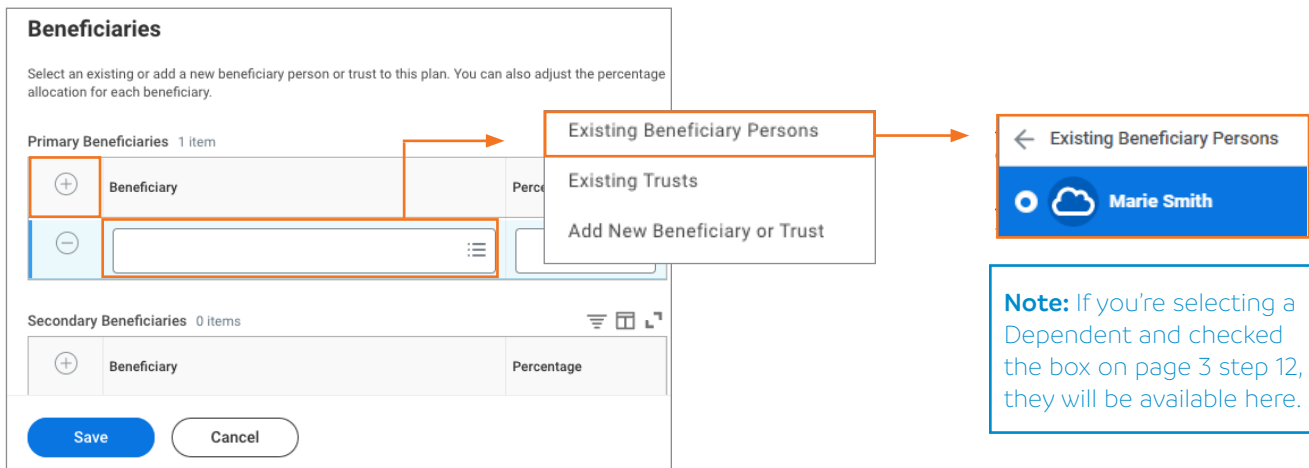
Review and Sign | Save for Later

DESIGNATE BENEFICIARY

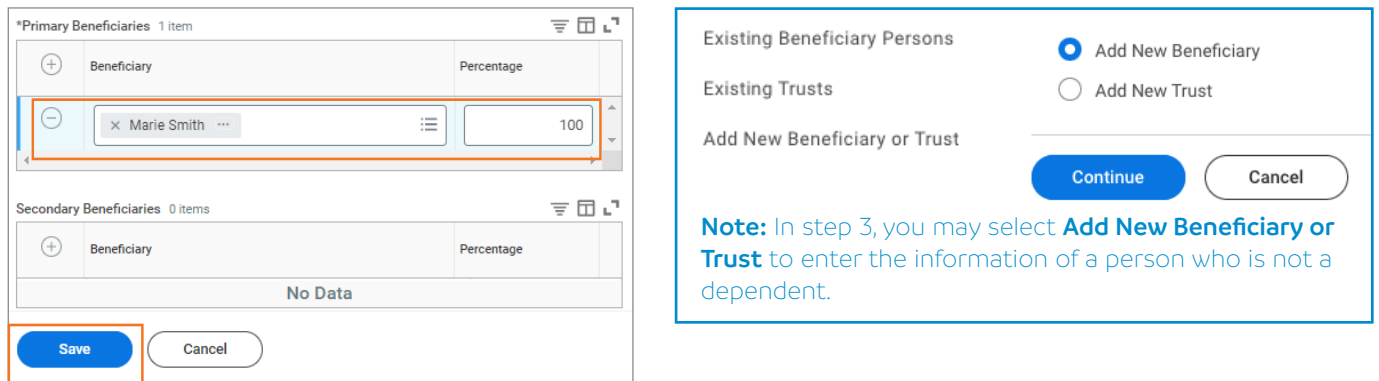
1. Click **Manage** on the **Basic Life** or **Basic AD&D** card.
2. The radio buttons are grayed out for the company provided insurance plans. Click **Confirm and Continue**.



3. Click the **Add(+)** icon to add a **Primary** or **Secondary 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.



4. 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%**.
5. Click **Save** once you have selected/added all beneficiaries.



SUBMIT BENEFIT ELECTIONS

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

Marriage / Domestic Partnership

Projected Total Cost Per Paycheck

Enrollment Instructions

Here is a [link](#) to our HIPAA Notice of Privacy Practices for Self-Funded Benefit Plans

Health Care and Accounts

Medical
Blue Shield of California HDHP / HSA
Cost per paycheck: [redacted]
Coverage: Employee + Spouse
Dependents: 1
Manage

Dental
Guardian PPO Buy-Up
Cost per paycheck: [redacted]
Coverage: Employee + Spouse
Dependents: 1
Manage

Vision
Vision Service Plan (VSP) PPO Core
Cost per paycheck: [redacted]
Coverage: Employee + Spouse
Dependents: 1
Manage

Review and Sign Save for Later

Limited Purpose FSA

2. Review the Summary of your elections. The **Projected Total Cost Per Paycheck** is displayed in the top-left corner.

View Summary

Projected Total Cost Per Paycheck

Carefully 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 changes until the next Open Enrollment, or you experience a Qualified Change in Status or Qualifying Life Event.

Once you've reviewed and determined you're ready to submit, scroll down to the bottom of the page, attach any required documents or files, and accept the Legal Notice for Electronic Signature.

If you notice something you'd like to change or want to come back to your enrollments later, you can select Cancel or Save for Later.

After you submit your benefit election updates, the coverage begin dates might change. Review your impacted plans in the Messages section.

Selected Benefits 6 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Blue Shield of California HDHP / HSA	06/01/2023	06/01/2023	Employee + Spouse	Marie Smith		[redacted]
Dental Guardian PPO Buy-Up	06/01/2023	06/01/2023	Employee + Spouse	Marie Smith		[redacted]

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 submitted. When you check the "I Agree" checkbox, you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct from your earnings the amount of your premiums or other contributions (if any) for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not change your benefit elections during the year unless you experience a qualified change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account contributions. They are paid through the Flexible Benefits Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- 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.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, because of other medical insurance coverage in the future be able to enroll yourself or your dependents in this plan, provided you request enrollment within 31 days after your other coverage 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 spouse, or your dependents, provided you request enrollment within 31 days after the marriage, birth or adoption.

I Accept

Submit Save for Later Cancel

Submitted

You've submitted your elections.

Congratulations! Your benefit elections have been submitted and are now waiting for approval. Once approved by HR your elections will be sent to each of our providers on our next scheduled file feed and their systems will update within 72 hours of receiving the file.

Remember, except for H.S.A., your benefits will retro back to your start date. Any expenses incurred between your start date and the time your coverage is active with our providers can be submitted for reimbursement.

If you have any concerns or questions you can reach out to benefits@exelixis.com or submit a ticket in [Footprints](#).

View 2023 Benefits Statement

Done