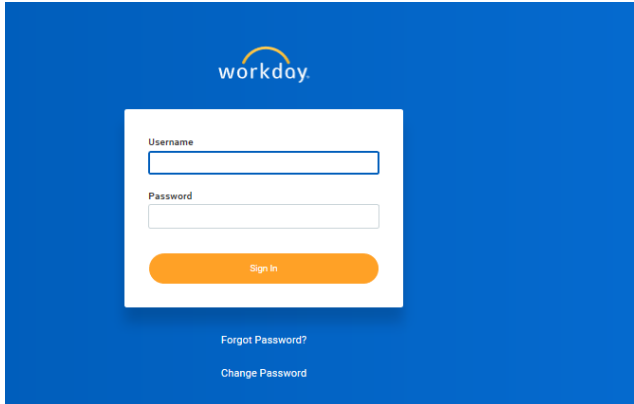


2025 TD SYNEX Open Enrollment

November 1 – November 15

Workday Enrollment Instructions

1. Login to [Workday](#).



2. Once you login, you will see your Workday Homepage. Here you will see an Open Enrollment event kicked off in your inbox. Click on the task.

Awaiting Your Action

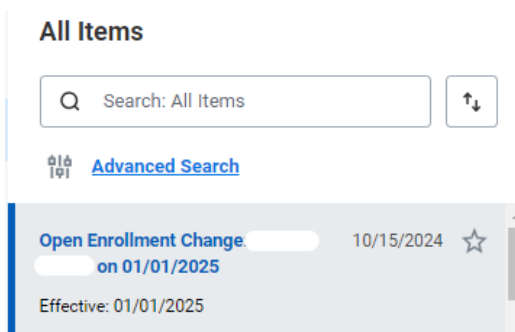


Open Enrollment Change:

on 01/01/2025

My Tasks - 21 hour(s) ago

3. You will be directed to your Workday inbox where you can get started by clicking on the “Let’s Get Started” icon.



Change Benefits for Open Enrollment

US - Open Enrollment

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started

4. You can start making benefit elections for Open Enrollment 2025. **Please note you are electing for a full plan year: 1/1/2025 through 12/31/2025.**

- a. There are three sections: Health Care and Accounts, Insurance, and Additional Benefits.
- b. There is a “Review and Sign” icon at the bottom.

The screenshot displays the 'US - Open Enrollment' interface. At the top, a blue header bar contains the title 'US - Open Enrollment' and a user icon. Below the header, the 'Projected Total Cost Per Payroll Period' is shown as '\$0.00'. The interface is divided into three main sections, each with a red-bordered header box: 'Health Care and Accounts', 'Insurance', and 'Additional Benefits'. Each section contains a grid of benefit options, each with a shield icon, a title, a status (e.g., 'Waived', 'Enroll', 'Change'), and a 'Manage' or 'Enroll' link. A blue circle labeled 'a' points to the 'Health Care and Accounts' header, and a blue circle labeled 'b' points to the 'Review and Sign' button at the bottom left. A 'Save for Later' button is also visible next to the 'Review and Sign' button.

Health Care and Accounts		
US - Medical Waived	US - Dental Waived	US - Vision Waived
US - Health Savings Account (HSA) Waived	US - Healthcare Flexible Spending Waived	US - Limited Purpose Flexible Spending Account Waived
US - Dependent Care Flexible Spending Waived	US - Voluntary Accident (Supplemental) Waived	US - Voluntary Hospital Indemnity (Supplemental) Waived

Insurance		
US - Voluntary Critical Illness Waived	US - Accidental Death and Dismemberment (AD&D) Group Practice TDB (Employee) Change	US - Basic Life Group Practice TDB (Employee) Change
US - Short Term Disability (STD) Group Practice TDB (Employee) Change	US - Long Term Disability (LTD) Group Practice TDB (Employee) Change	US - Supplemental Employee Life Waived
US - Supplemental Spouse Life Waived	US - Supplemental Child Life Waived	

Additional Benefits		
US - Life Employment Assistance Waived	US - Legal Waived	US - Identity Protection Waived

Review and Sign **Save for Later**

5. Review Health Care Elections for Medical, Dental, and Vision. Make enrollments as necessary by selecting either the “Manage” or “Enroll” link.

This screenshot shows a close-up of the 'Health Care and Accounts' section. It contains three benefit cards: 'US - Medical' (Waived), 'US - Dental' (Waived), and 'US - Vision' (Waived). Each card has an 'Enroll' link at the bottom, which is highlighted with a red box in the image.

Health Care and Accounts		
US - Medical Waived	US - Dental Waived	US - Vision Waived
Enroll	Enroll	Enroll

6. Once you click “Enroll”, you can Select or Waive a plan. If you would like to add a dependent, click on the icon “Confirm and Continue” on the bottom left.

Benefit Plan	*Selection
Anthem HDHP High Deductible	☐ Select ☒ Waive
Anthem HDHP Low Deductible	☐ Select ☒ Waive
Anthem PPO	☐ Select ☒ Waive
Kaiser HDHP Northern CA	☐ Select ☒ Waive
Kaiser HMO Northern CA	☐ Select ☒ Waive

7. You will be prompted to a new window. If you need to add dependents, select an existing dependent and/or click on “Add New Dependent” and follow the prompts (skip to #8 below). Otherwise, click “Save” to move to the next plan.

Dependents

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

Coverage * Employee Only

Plan cost per paycheck \$38.29

2 items

Select	Dependent	Relationship	Date of Birth
☐		Child	
☐		Spouse	

8. (Skip this step if you did not add a new dependent in prior step.) You will be prompted to a new window. Select if you want the dependent to be a beneficiary and click the “Use as Beneficiary” checkbox.

Add My Dependent From Enrollment

Humpty Dumpty [Actions](#)

☐ Use an Existing Beneficiary or Emergency Contact

☒ Create Dependent

Use as Beneficiary ☐

Instructional Text
Click OK to add dependents.

9. Enter the Dependent’s information. Fields such as Relationship, Date of Birth, Gender, Legal Name, and Address are mandatory to complete. If you have added a Dependent, you will be prompted to provide a Social Security Number for that Dependent. Once completed select SAVE at the bottom.

← Add My Dependent From Enrollment

Name

Country ✖ United States of America

Prefix

First Name

Middle Name

Last Name

Suffix

Allow Duplicate Name ☐

Check this box only when there is more than one dependent with the same name.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

Personal Information

Relationship

Date of Birth MM / DD / YYYY

Age (empty)

Gender Select one

Tobacco Use

Uses Tobacco ☒ Yes ☐ No

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

Save Cancel

© 2020 Plaintiff Green Dtl. for Child 1

Phone & Email

Use Existing Phone ☐ [Add New Phone](#) for Humpty

10. You should see the dependent name appear under the Add New Dependent column. Here you must ensure to select the dependents you would like to add to your Medical, Dental, or Vision Plans by clicking on the checkboxes. If you need to add more dependents, follow the same steps as above. Otherwise, click SAVE at the bottom.

Dependents

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

Coverage * Employee + Spouse

Plan cost per paycheck \$278.64

Add New Dependent

2 items

Select	Dependent	Relationship	Date of Birth
☒	Spouse 1	Spouse	07/11/1966
☐	Test Child	Child	01/01/2020

11. Review Health Savings Account Elections by clicking on the “Enroll” link. You must have enrolled in an HDHP Medical Plan to be eligible for HSA, otherwise it will show as a greyed-out section. **HSA is an active enrollment for 2025.** Choose Select or Waive as per your requirement and click Continue at the bottom.

Select a plan or Waive to opt out of US - Health Savings Account (HSA).

2 items

Benefit Plan	*Selection	You Contribute (Biweekly)	Company Contribution (Biweekly)
Fidelity High Deductible HSA	☐ Select ☒ Waive		

If you choose Select, this will prompt you to make the amount election on the next screen when you continue. Make elections and SAVE.

US - Health Savings Account (HSA) - Fidelity High Deductible HSA

Projected Total Cost Per Paycheck
\$22.15

Contribute

Per Paycheck Annual

Total Paychecks 26

Maximum Annual Amount: \$4,300.00

12. Review Spending Account Plan Elections by clicking on the “Enroll” link. *Note that the Limited Purpose Flexible Spending Account Plan is only eligible for those enrolled in an HDHP Medical Plan. FSA is an **active enrollment**.* Choose Select or Waive as per your requirement and click Continue at the bottom.

US - Healthcare Flexible Spending

Projected Total Cost Per Paycheck

Plans Available

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

1 item

*Selection	Benefit Plan Details	You Contribute (Biweekly)	Company Contribution (Biweekly)
☐ Select ☒ Waive	TRI-AD		

If you choose Select, this will prompt you to make the amount election on the next screen when you continue. The period you are electing for is 1/1/2025-12/31/2025. Make elections and SAVE.

US - Healthcare Flexible Spending - TRI-AD

Projected Total Cost Per Paycheck
\$22.15

Contribute

Per Paycheck

0.00

Annual

0.00

Total Paychecks 26

Minimum Annual Amount: \$130.00

Maximum Annual Amount: \$3,200.00

13. Review Voluntary Accident (Supplemental) and Voluntary Hospital Indemnity (Supplemental) Plan Elections by clicking on the “Enroll” link. *Note that these Voluntary plans are intended to **supplement** (not replace) your core benefit plans.* Choose Select or Waive as per your requirement and click “Confirm and Continue” at the bottom. Select dependents on the next page, if applicable.

US - Voluntary Accident (Supplemental)

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of US - Voluntary Accident (Supplemental). The displayed cost of waived plans assumes coverage for Employee Only.

1 item

Benefit Plan	*Selection	You Pay (Biweekly)
MetLife	☒ Select ☐ Waive	\$4.56

14. Under the next section “Insurance,” review Voluntary Critical Illness Plan Elections by clicking on the “Enroll” link. Choose Select or Waive as per your requirement and click Continue at the bottom.

US - Voluntary Critical Illness

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of US - Voluntary Critical Illness.

4 items

Benefit Plan	*Selection
MetLife (Employee)	☐ Select ☒ Waive
MetLife Employee + (Child(ren))	☐ Select ☒ Waive
MetLife Employee + (Family)	☐ Select ☒ Waive
MetLife Employee + (Spouse/Domestic Partner)	☐ Select ☒ Waive

Confirm and Continue

Cancel

15. You are automatically enrolled in Basic Life, AD&D, STD and LTD. If you wish to enroll in additional life coverage for either you and/or your dependents, select one or more of the Supplemental Life plans. Choose Elect or Waive as per your requirement and click Continue at the bottom.

US - Supplemental Employee Life

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of US - Supplemental Employee Life.

1 Item

*Selection	Benefit Plan	You Pay (Biweekly)
☒ Select ☐ Waive	Lincoln Financial (Employee)	

You will be required to make Beneficiary Designations for Basic Life, AD&D and Supplemental Life (if elected). Enter Beneficiary information by clicking the Add icon and designate desired percentage. Click SAVE at the bottom.

US - Basic Life - Lincoln Financial TDSNX (Employee)

Projected Total Cost Per Paycheck
\$22.15

Coverage

Calculated Coverage \$76,124.69

Coverage 1 X Salary

Beneficiaries

Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

*Primary Beneficiaries 1 item

	Beneficiary	Percentage
+ -		0

Secondary Beneficiaries 0 items

	Beneficiary	Percentage
No Data		

Save

Cancel

16. Review the Additional Benefits Elections. The Life Empowerment Assistance Program (LEAP) is company paid and will be greyed out. Click Confirm and Continue at the bottom and SAVE.

US - Life Empowerment Assistance Program

Projected Total Cost Per Paycheck

Plans Available

1 item

*Selection	Benefit Plan Details
☒ Select ☐ Waive	

Confirm and Continue

Cancel

17. Review the two additional Voluntary plans: Legal and Identity Protection.

To enroll in the Legal plan, click on the “Enroll” link. Click Select > Confirm and Continue > SAVE.

US - MetLife Legal

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of US - MetLife Legal.

1 item

*Selection	Benefit Plan Details	You Pay (Biweekly)
☒ Select ☐ Waive		\$8.54

Confirm and Continue

Cancel

To enroll in the Identity Protection plan, click on the “Enroll” link. Choose Select or Waive as per your requirement and click Confirm and Continue at the bottom, then SAVE.

US - Identity Protection

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of US - Identity Protection.

2 items

Benefit Plan	*Selection
MetLife Employee Only	☒ Select ☐ Waive
MetLife Family	☐ Select ☒ Waive

18. Once you have saved all your changes, click the “Review and Sign” icon on the bottom left to see a summary of all elections made.

US - Open Enrollment

Approved Total Cost Per Paycheck: \$02.19

Health Care and Accounts

US - Medical Insurance/Health Savings Accounts Enroll or Waive Enroll	US - Dental Enroll	US - Vision Enroll
US - Health Savings Account (HSA) Enroll	US - Healthcare Flexible Spending Enroll	US - Limited Purpose Flexible Spending Account Enroll
US - Dependent Care Flexible Spending Enroll	US - Voluntary Accident (Supplemental) Enroll	US - Voluntary Hospital Indemnity (Supplemental) Enroll

Insurance

US - Voluntary Critical Illness Enroll	US - Accidental Death and Dismemberment (AD&D) Enroll US Plan Period: 10/01/2024 (Enroll)	US - Basic Life Enroll US Plan Period: 10/01/2024 (Enroll)
US - Short Term Disability (STD) Enroll US Plan Period: 10/01/2024 (Enroll)	US - Long Term Disability (LTD) Enroll US Plan Period: 10/01/2024 (Enroll)	US - Supplemental Employee Life Enroll
US - Supplemental Spouse Life Enroll	US - Supplemental Child Life Enroll	

Additional Benefits

US - Life Employment Assistance Program Enroll	US - Legal Enroll	US - Identity Protection Enroll
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Review and Sign Save For Later

19. You will be prompted to review the Elected Coverages. Review and ensure all elections are correct. There is an Electronic Signature checkbox at the bottom. Please review the listed disclosures and click on the “I Accept” checkbox. Then select Submit at the bottom.

View Summary

Projected Total Cost Per Paycheck
\$22.15

Selected Benefits 6 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
US - Medical	01/01/2025	01/01/2025	Employee Only			\$22.15
Anthem HDHP High Deductible						
US - Accidental Death and Dismemberment (AD&D)	01/01/2025	01/01/2025	1 X Salary			Included
Lincoln Financial TDSNX (Employee)						
US - Basic Life	01/01/2025	01/01/2025	1 X Salary			Included
Lincoln Financial TDSNX (Employee)						
US - Short Term Disability (STD)	07/01/2022	07/01/2022	60% of Salary			Included
Lincoln Financial TD SNX (Employee)						
US - Long Term Disability (LTD)	07/01/2022	07/01/2022	60% of Salary			Included
Lincoln Financial TD SNX (Employee)						
US - Life Empowerment Assistance Program	07/01/2023	07/01/2023				Included
WFO						

Waived Benefits 14 items

US - Dental	Waived
US - Vision	Waived
US - Voluntary Accident (Supplemental)	Waived

20. Your elections have now been submitted. We strongly encourage you to print/save your Benefits Statement and keep for your records.

Submitted

You've submitted your elections.

Important Dates:

Benefits go into effect 01/01/2025

Final day to update benefits 10/24/2024

21. If you wish to revise your elections after you have submitted, you may do so at any time within the Open Enrollment period of 11/1-1/15, by clicking on the Pay and Benefits app > **Edit** under the Open Enrollment Event:

