Open Enrollment Workday Instructions

Starting Open Enrollment Event 2
Switching Insurance Coverage 3
Updating Dependents 4
Health Savings Account Elections 7
Dependent Care FSA Elections 9
Voluntary Benefits 11
Completing your Open Enrollment Event 13

Click to jump to a specific section.

*Use these instructions when reviewing or making a change to your current elections. If no changes need to be made, you do not need to submit your elections. Please note, if you do not **submit,** changes will not be submitted.*

Starting Open Enrollment Event

From the main homepage of FIIRE under Quick Links, click on the "Workday" icon, or open a new window in Edge to access the Workday platform to get started.

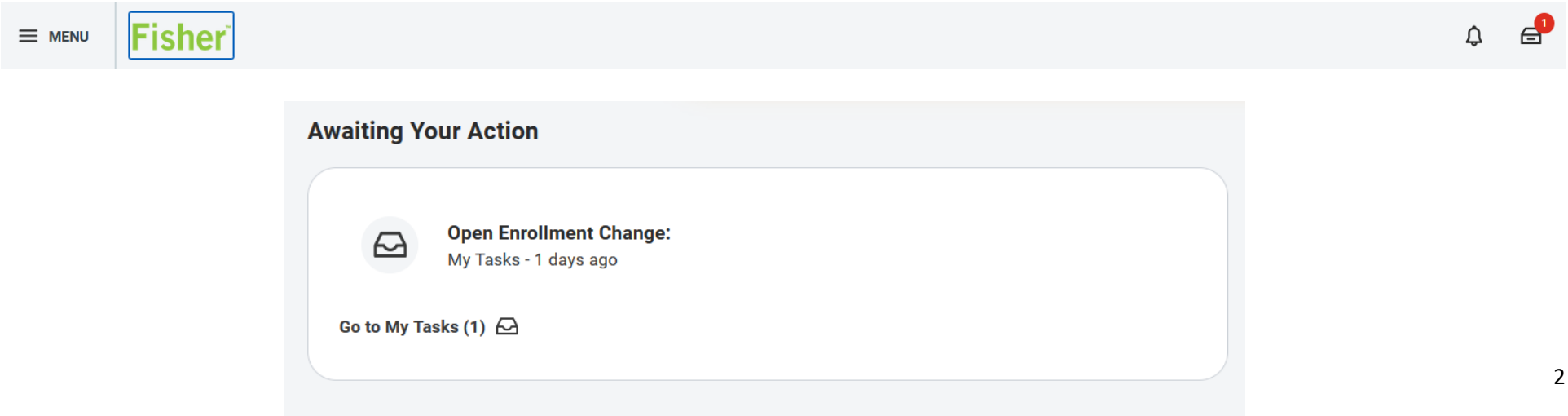


From the main page in Workday, click on the "Inbox" icon. There are two options:

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

Your Open Enrollment event will be waiting for you in the inbox. Click "Let's Get Started" to begin.

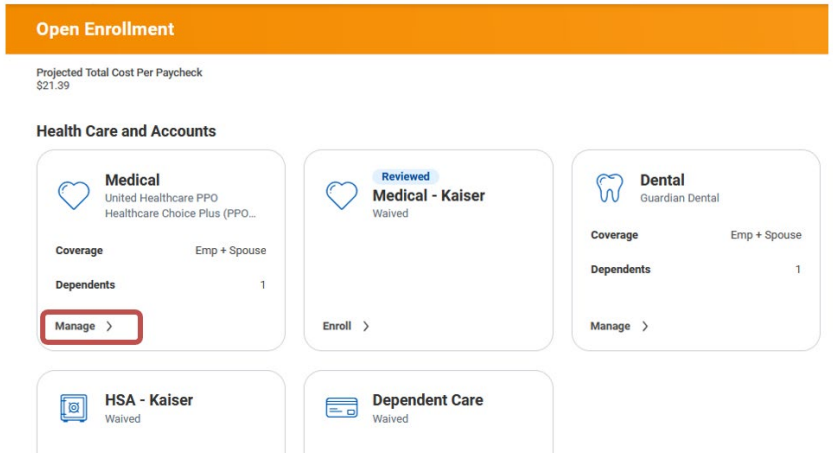
Please Note: You can save the enrollment form at any point and complete it at a later time. To pick up where you left off, just go into your Inbox.



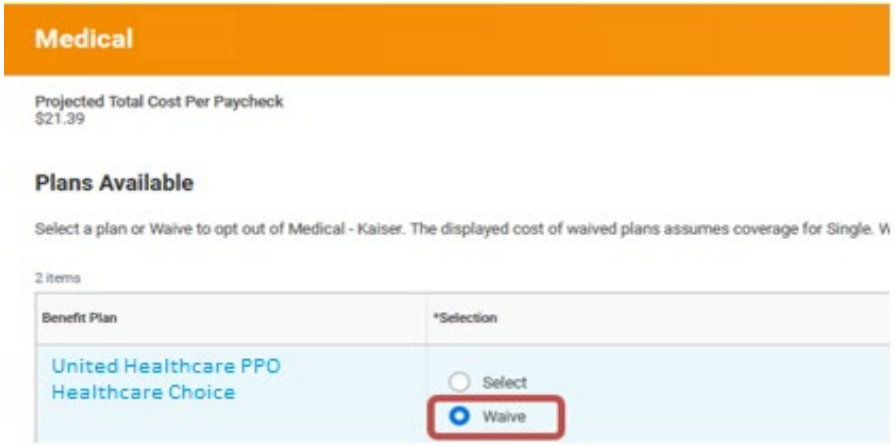
Switching Insurance Coverage

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

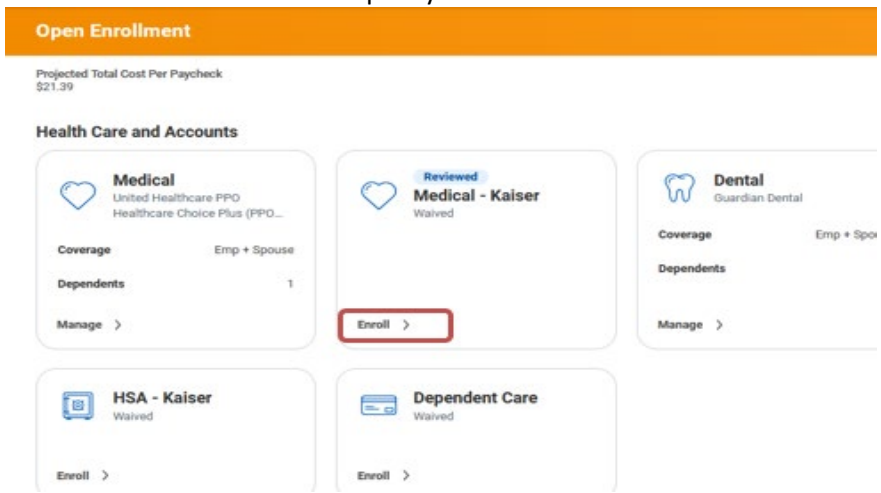
1. Click “Manage” under the current plan you are enrolled in



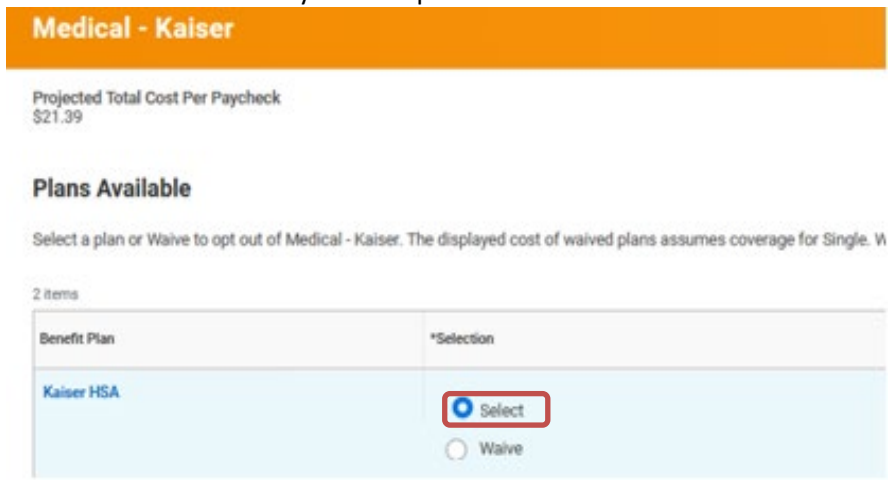
2. Click “Waive” on your current plan and **Confirm and Continue**.



3. Select “Enroll” in new plan you wish to enroll in

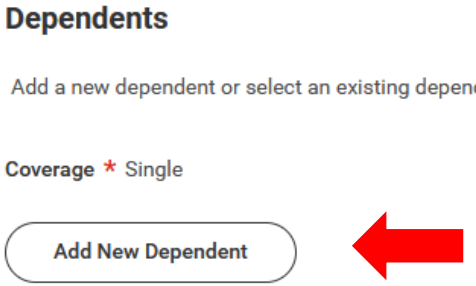


4. Click “Select” on your new plan and **Confirm and Continue**.



Updating Dependents

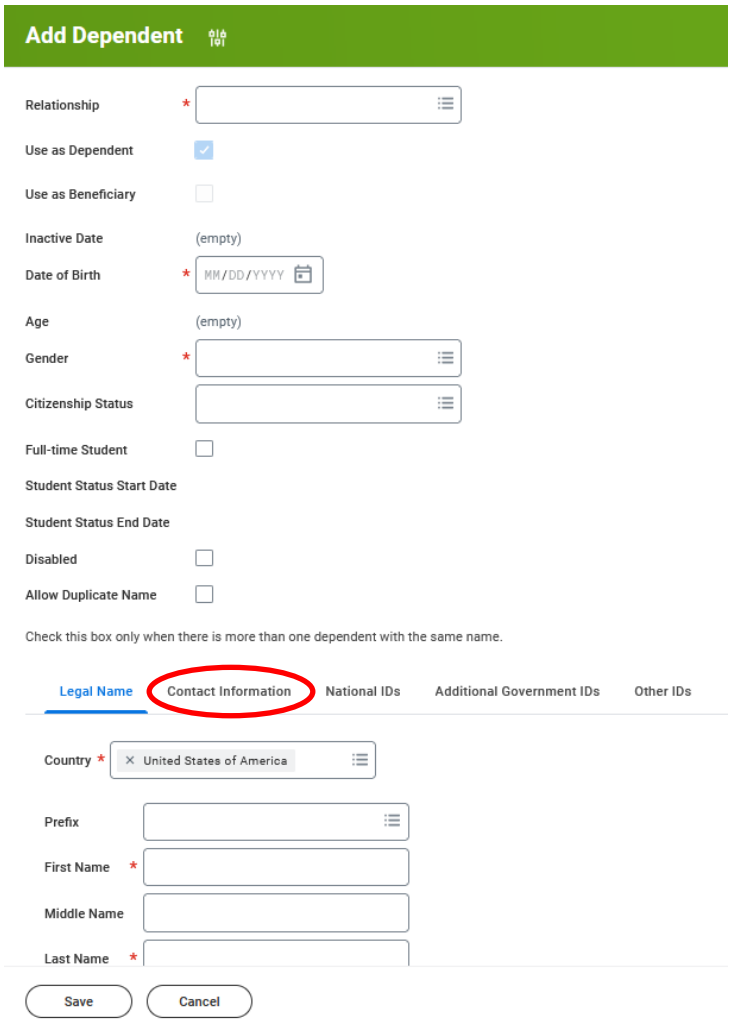
Fisher reserves the right to audit plan dependents at any time and remove non-qualified dependents. Eligible dependents include: your legal spouse*, your registered domestic partner (by state law), or dependent children up to the age of 26 (regardless of student or marital status).



Your existing dependents will populate 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.

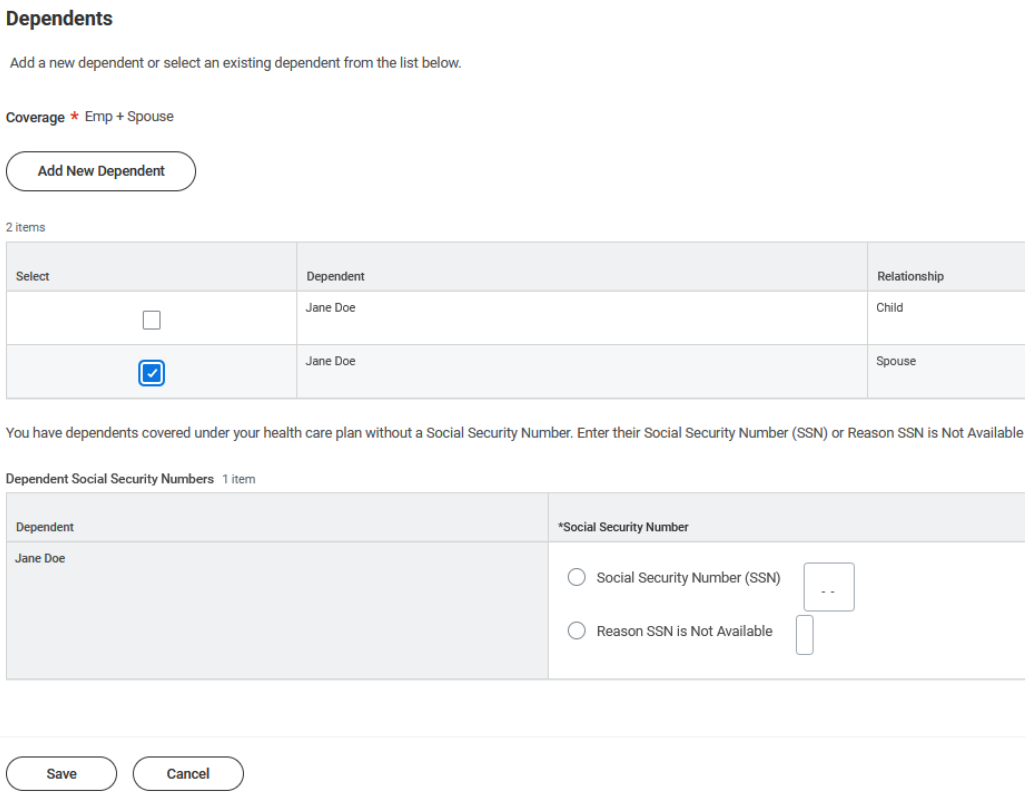
Click “Contact Information” tab then click “Add” under the address section.

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”.

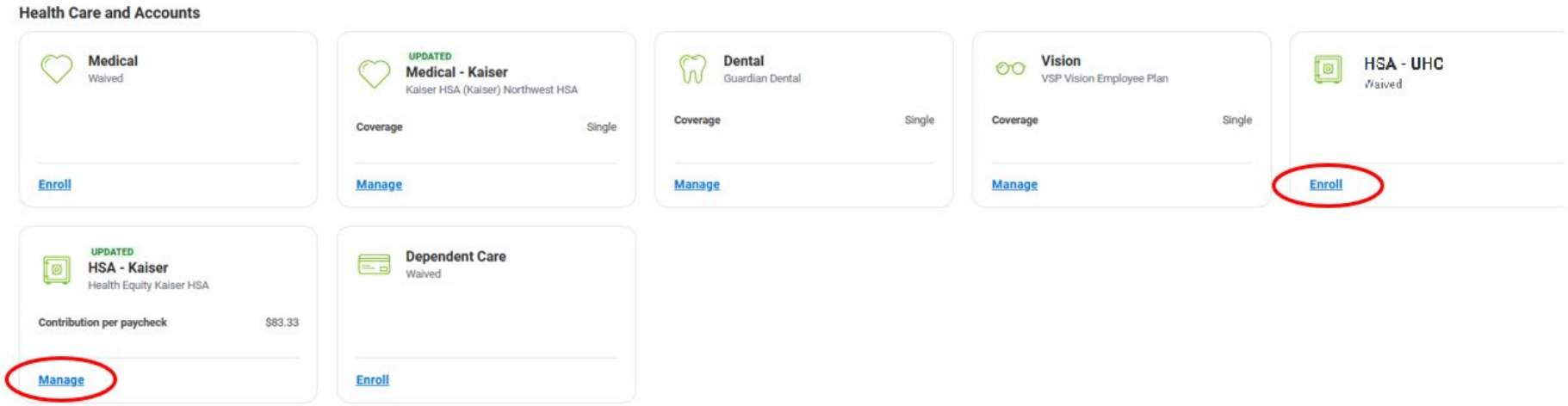
Click on Manage under Wellness then click “Confirm and Continue”.

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

Health Savings Account Elections

Learn more about Health Savings Accounts here.

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

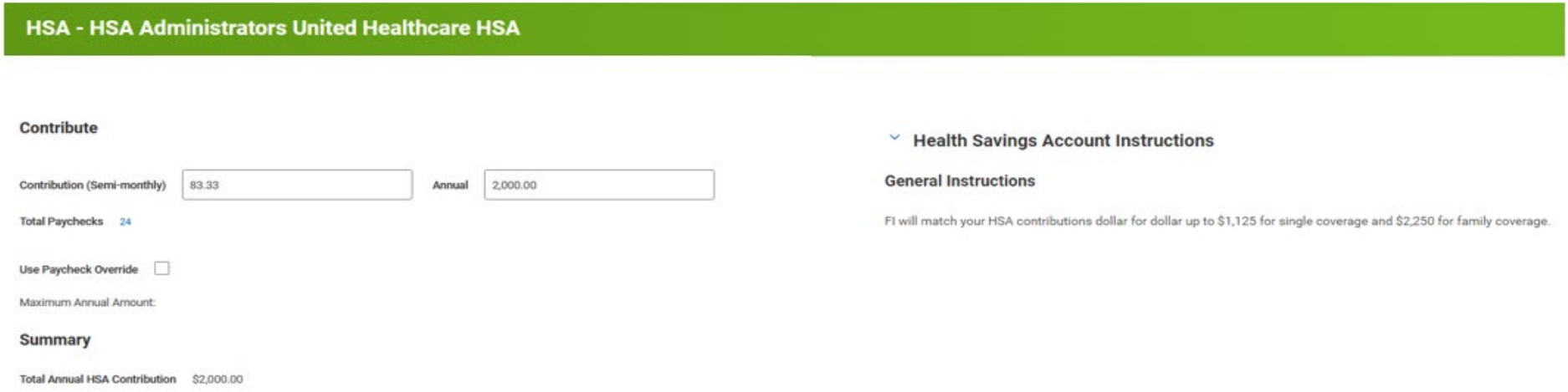


Click “Enroll” or “Manage” under the HSA plan that corresponds to your medical plan.

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

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

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)



semi-monthly basis.

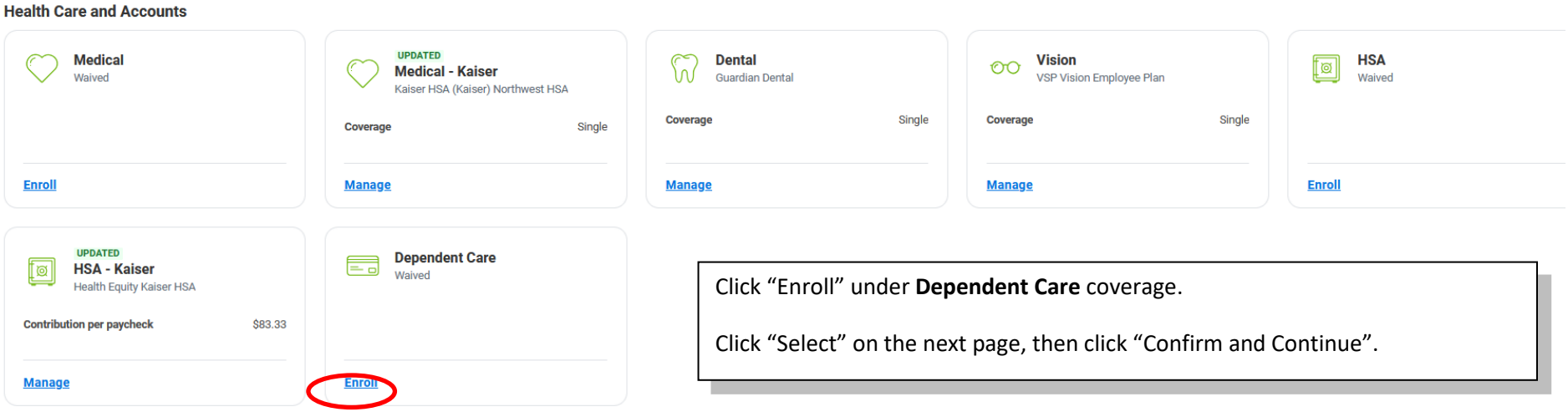
- If you are interested in maximizing your HSA contributions by front-loading, please reach out to ~Benefits Services or x808-5886 for assistance with your election.

1. Enter the amount you would like to contribute in the Per Paycheck box.
2. Click on Select on the next page, then click Confirm and Continue.

Dependent Care FSA Elections

Learn more about Dependent Care FSAs here.

SKIP THE BELOW SECTION 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”.



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

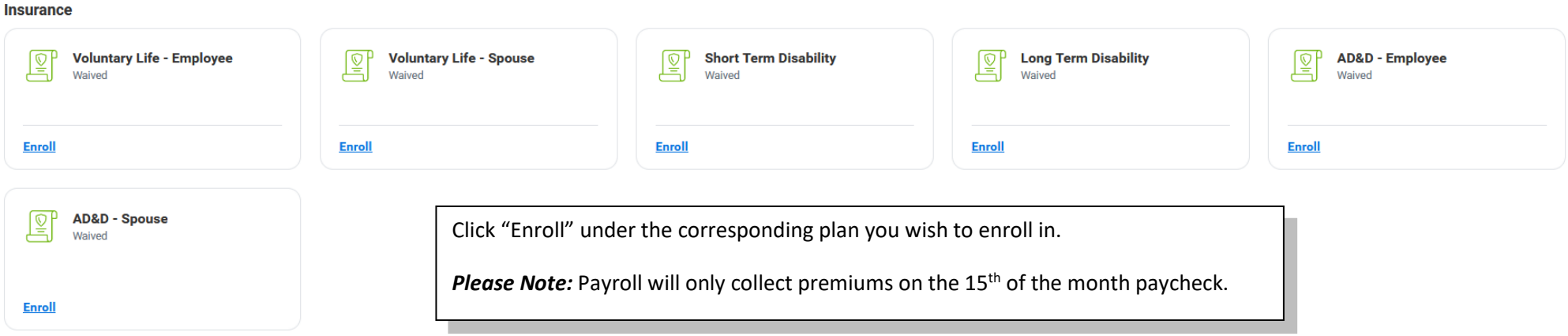
Payroll will only collect on the 15th of the month paycheck.

Please Note: If your W2 earnings (Base + Bonus + Commissions) exceeds $160,000 for 2027, the maximum you are allowed to contribute is $2,000.

Voluntary Benefits

Voluntary Benefits are employee-paid, optional benefits including Life Insurance, Short and Long Term Disability, and AD&D Insurance. Learn more about here.

SKIP THE BELOW SECTION 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.

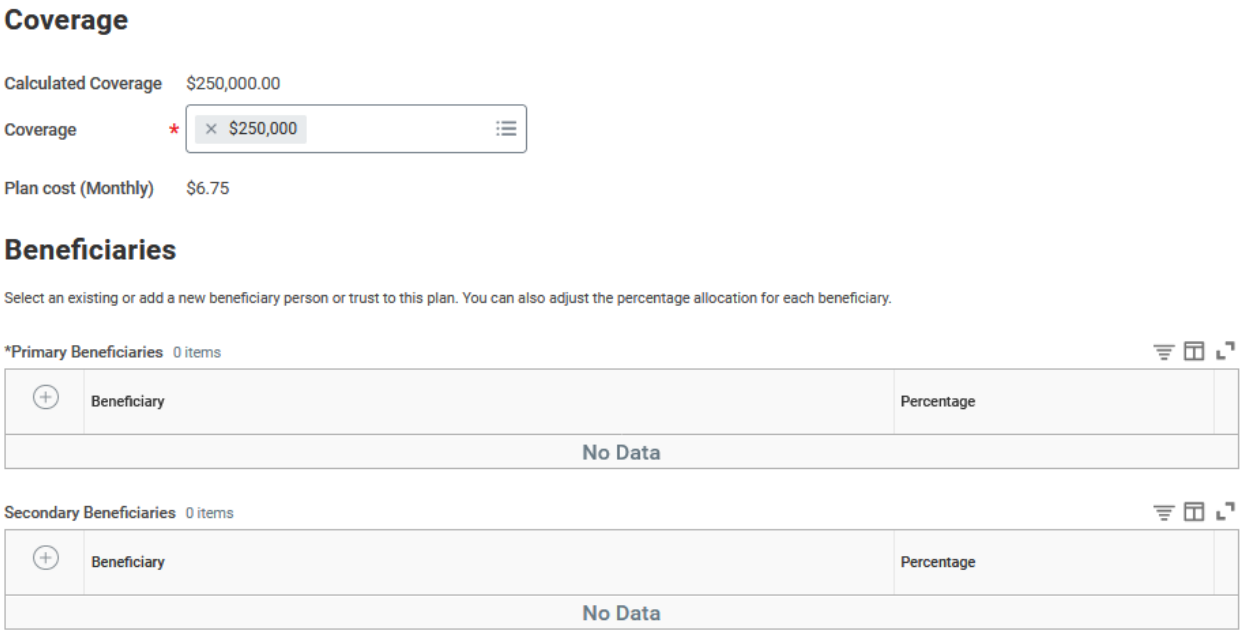
Enter the amount of requested coverage.

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 Standard on how to complete the EOI process.



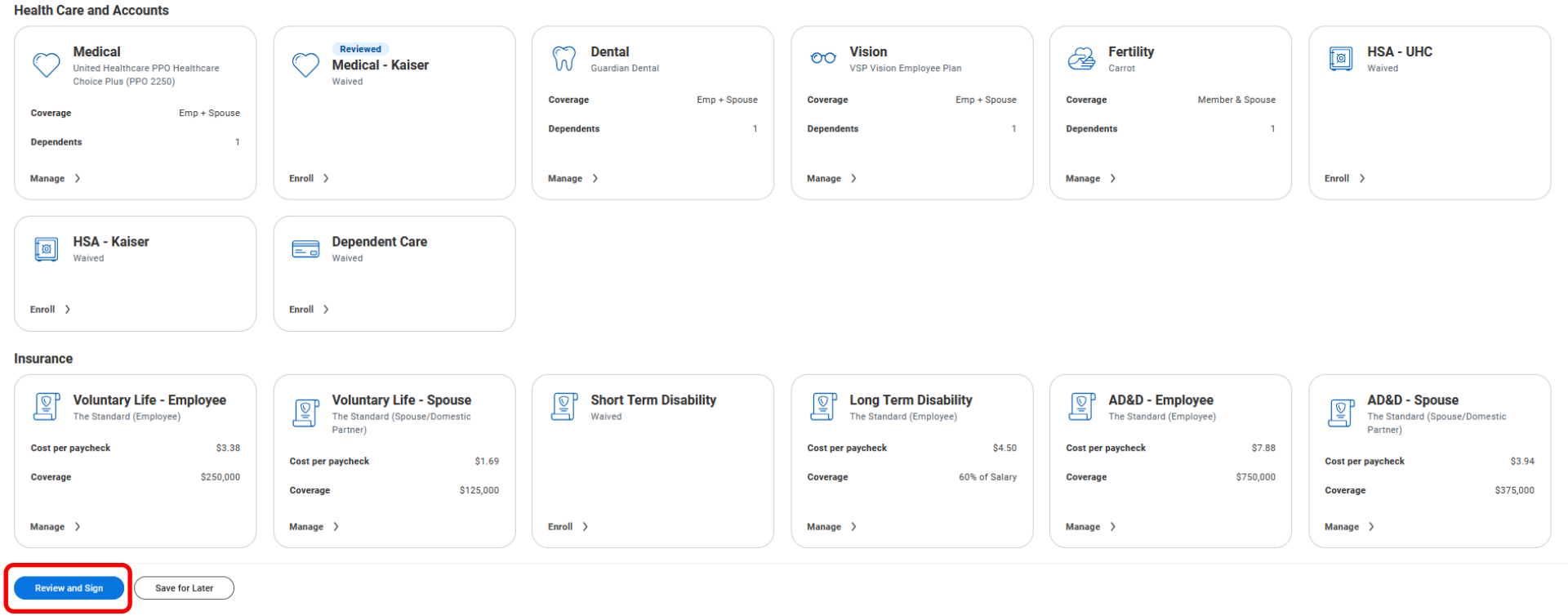
1. If you elected Life and/or AD&D Insurance, you will need to enter Beneficiary information. Click on the "+" icon and then the icon. Then select:
   a. "Beneficiary Persons" for dependents who you've already enrolled into a medical and/or dental & vision plan
   b. "Create" for a beneficiary that is not a dependent

   If your dependent is not listed under "Beneficiary Persons", please reach out to the Benefits Team for assistance.

   Please Note: A Beneficiary is required for all Life and AD&D plans that you elect into.
2. Indicate your beneficiaries as "Primary" or "Contingent" and allocate a percentage for them.
3. Click the "Continue" button.

Completing your Open Enrollment Event

Carefully review your elections.



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 belief. I understand that it is the basis on which coverage r 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 application have been approved by United Healthcare and/or Kais
- 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