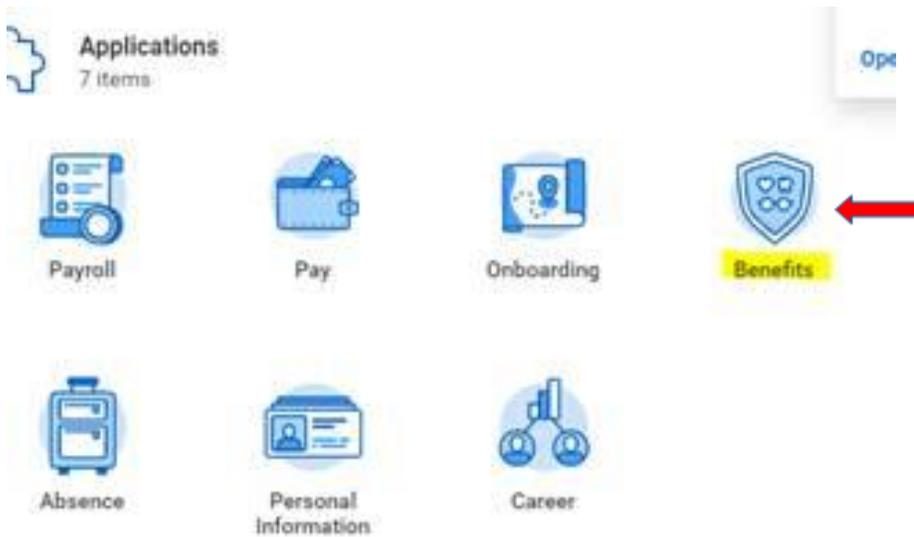
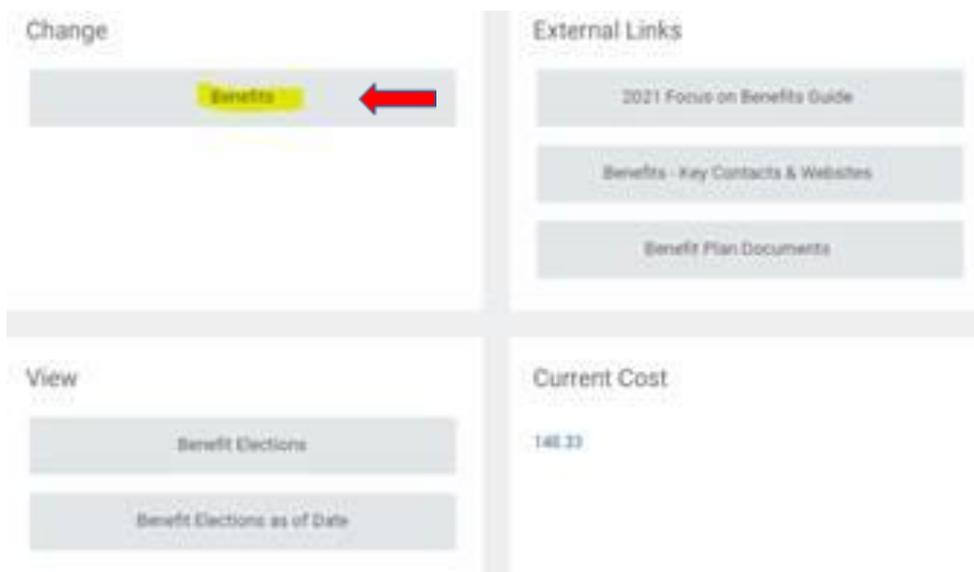


403(b) & 457 Enrollment for Workday

In Workday, Select the Benefits Icon,



Select Benefit under the Change Grid



Select the drop down from the Change Reason and select ***UMC Employees Only*** 403(b) and 457(b) Changes, select today's date and Submit. (unfortunately, we cannot backdate)

Change Reason * *UMC Employees Only* 403(b) and 4... ▼

Benefit Event Date * *UMC Employees Only* 403(b) and 457(b) Changes

Submit Elections By * *UMCP Employees Only* 401(k) Changes thru Transamerica

Benefits Offered

- Benefits Allowed to Change Anytime
- Birth/Adoption of Child
- Change Beneficiaries
- Children's Health Insurance Program Reauthorization Act (CHIPRA) gain or loss of Medicaid coverage
- Death of a Dependent
- Dependent Gains/Loses Other Coverage
- Divorce
- Marriage
- Qualified Medical Child Support Order (QMCSO)

Attachments

Drop files here

Select files

Change Reason * *UMC Employees Only* 403(b) and 4... ▼

Benefit Event Date * 08/17/2021 

Submit Elections By 09/16/2021

- Benefits Offered
- 403(b) Roth (Post-tax)
 - 403(b) Traditional (Pre-tax)
 - 457(b)
 - Employer Match

You must upload a screenshot here of your account number to verify your account has been opened and is ready to accept contributions in your name.

Attachments

Drop files here

or

Select files



Select Submit

Submit



In the **UP Next** selection, click Open.

Up Next



John Smith

Change Benefit Elections

Open

> **Details and Process**

On the next Screen select Let's Get Started.

Let's Get Started



Select the plan you want to contribute to and [Manage](#) or [Enroll](#).

Additional Benefits



457(b)
Waived

Enroll



403(b) Traditional (Pre-tax)
Primerica

Contribution

15%

Manage



403(b) Roth (Post-tax)
Waived

Enroll



Employer Match
UMC

Coverage

403(b)

Manage



 **403(b) Traditional (Pre-tax)**
Primerica

Contribution 15%

[Manage](#)



Select the Company Benefit Plan you want to contribute to from the Fund Companies listed.

Plans Available

Select a plan or Waive to opt out of 403(b) Traditional (Pre-tax).

4 items



*Selection	Benefit Plan	You Pay (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aspire (Edward Jones)	Included
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Lord Abbett	Included
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Primerica	Included
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Vanguard	Included



[Confirm and Continue](#) [Cancel](#)



Confirm and Continue.

Contribute

Enter a percentage that you will contribute to this plan.

Contribution (%)

Minimum Percentage: 2

Maximum Percentage: 100

Enter your contribution amount and Save.

Be sure to then [Manage](#) the Employer Match.



Employer Match

UMC

Coverage 403(b)

[Manage](#) ←

Plans Available

Select a plan or Waive to opt out of Employer Match.

1 item



*Selection	Benefit Plan
<input checked="" type="radio"/> Select ← <input type="radio"/> Waive	UMC

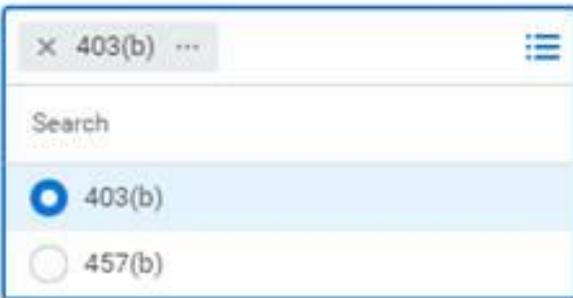
Confirm and Continue

[Confirm and Continue](#) ←

In the drop down you will need to select either the 403(b) or the 457 plan.

Coverage

Select the coverage that you would like for this plan.



Coverage *

Search

403(b)

457(b)

Select Save



Review and Sign.



Be certain to scroll down and check the I Accept box under your Electronic Signature and Submit.

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 IRS rules, you may not change your benefit elections during the calendar year unless you experience a qualifying life event.
- If you decline medical insurance, dental and vision enrollment for yourself or your dependents, including your spouse, because of other insurance coverage, you 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 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 and your dependents, provided you request enrollment within 31 days after marriage, birth, adoption or other qualifying life event.
- You understand that you will not pay income tax or FICA tax on your medical, vision, dental and Flexible Spending Account contributions. These benefits are paid on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- If you have any questions about this information, you may contact HR before you proceed further.

I Accept



Success, You're Enrolled