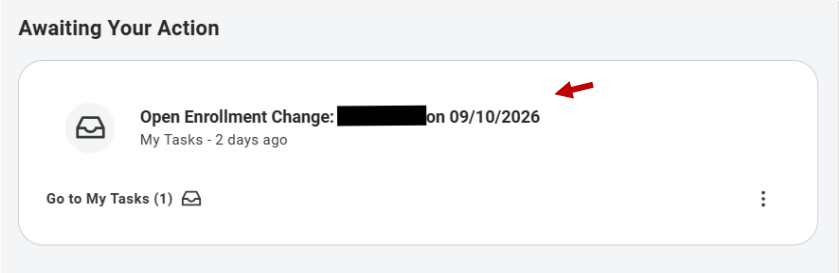
Choosing the **Opt Out of County Medical** option for the new plan year in your Open Enrollment Event.

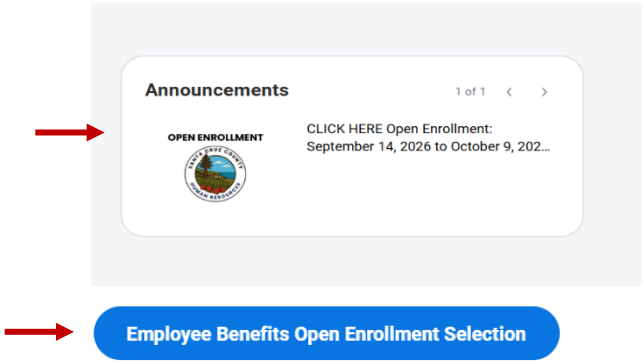
1. Login to Workday using this link: [Workday cosantacruz - Sign in to Workday]

2. Upon logging in, you will be directed to the Workday home screen. There are a few ways to get to your "Open Enrollment Change" task.

   a. Under the greeting, you will see an Open Enrollment task in the "Awaiting Your Action" section.

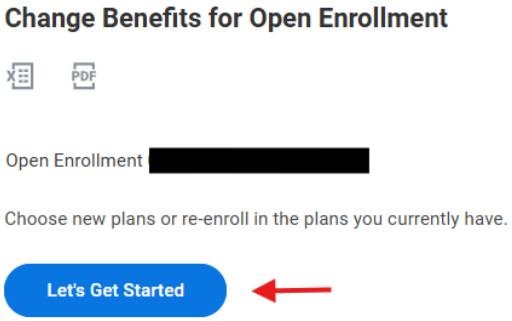


   b. On your Home Page, Locate the "Announcements" section on the right side, Click the "Open Enrollment" announcement, read and scroll to the bottom of the message and click "Employee Benefits Open Enrollment Selection"



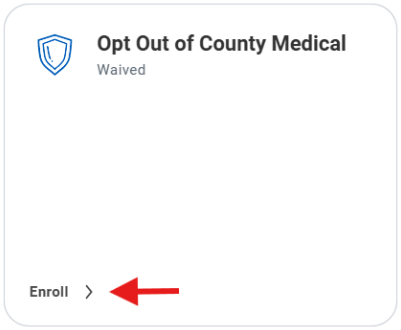
   c. Go to your Inbox by clicking on the inbox icon in the top right-hand corner.

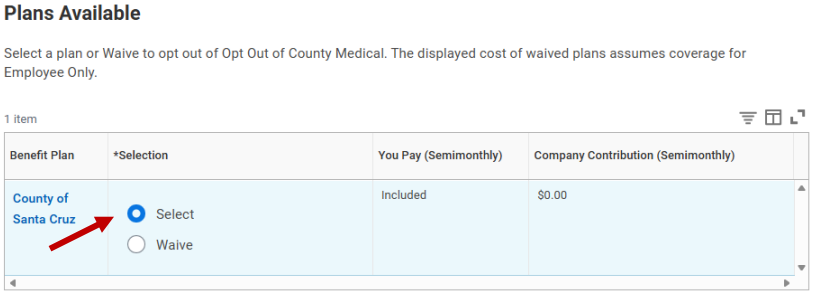
   Select the "Open Enrollment Change" task and click "Let's Get Started" to begin.



3. You will be redirected to the Open Enrollment selections page. Note that each benefit will have a separate tile, displaying your current elections or waived benefits. Please review each benefit carefully, even if you do not intend to make any changes.

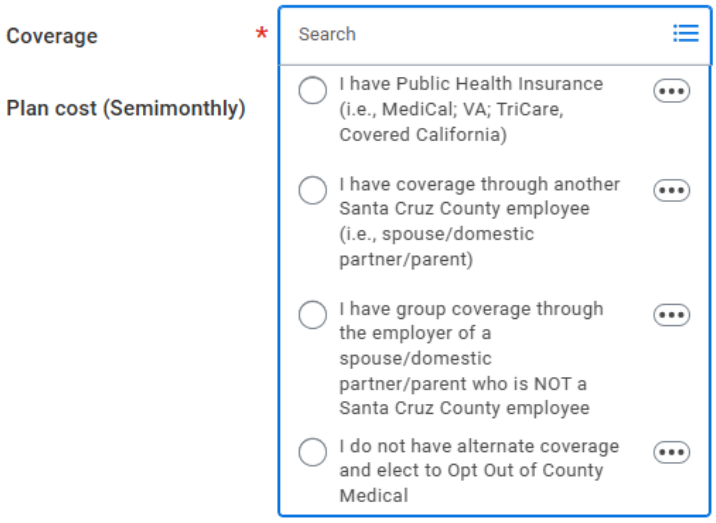
4. Click “Enroll” or “Manage” on the “Opt Out of County Medical” tile; on the next screen from the available benefit plan options, choose “Select” to opt out of “County of Santa Cruz” Benefit Plan. Click Confirm and Continue.



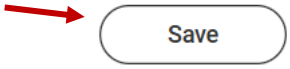


Note: The General Instruction to the right and ensure you review this information carefully prior to making your selections.

5. Click inside the Coverage box to display the options and select the Coverage that applies to you.



6. Select the “Save” button once you have selected your coverage.

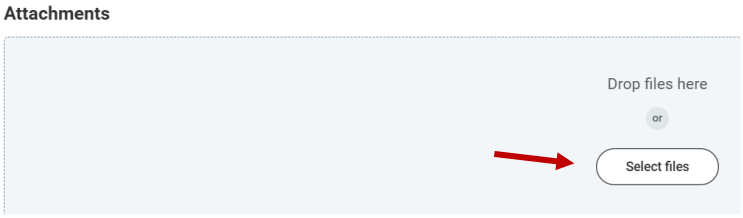


7. Once you have reviewed all your benefit options and made any desired changes. Select “Review and Sign”.

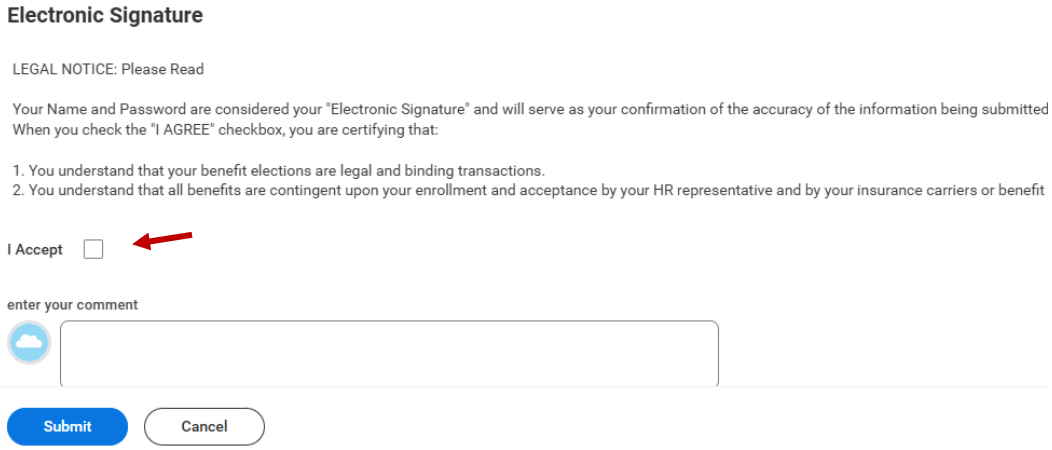
8. When you select “Review and Sign”, you will be directed to a summary page, which will include your elections, cost, and a selection for attachments.

9. **To receive the cash benefit for the conditional opt-out program, you must provide and attach proof of an alternate coverage in the form of a membership card or letter to this submission,** and attest to having minimal essential coverage as defined by the Internal Revenue Service (IRS) through another group health plan (or other plan deemed acceptable by the IRS) for yourself and for all individuals for whom you reasonably expect to claim a personal exemption deduction for the taxable plan year to which the opt out payment applies. You must provide the County with proof of and attestation to coverage every plan year.

10. Use the “Select files” button to attach the appropriate documentation.



11. Review the Electronic Signature acknowledgement statement and select the box “I accept” before selecting ‘Submit”



1. Now that your selections have been submitted, you can review them by clicking on the “View benefits statement”. To print this statement, use the PDF button in the top right-hand corner to export, download, save or print for your personal records.

If you have questions or need additional assistance, please contact the Human Resources Employee Benefits Unit: (831) 454–2241
benefits.questions@santacruzcountyca.gov