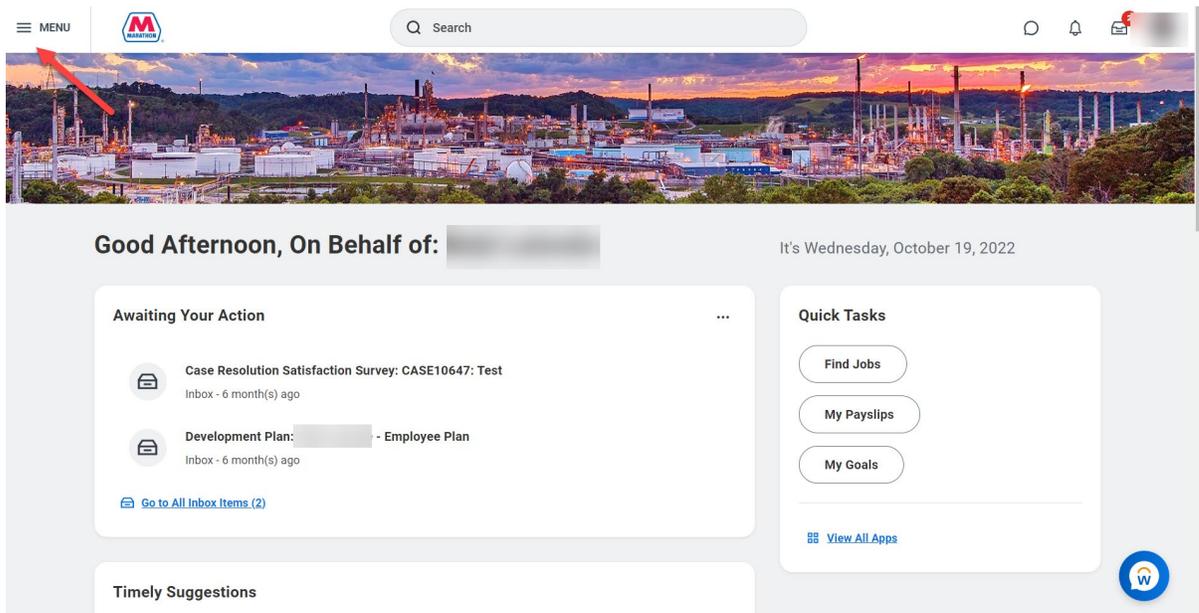




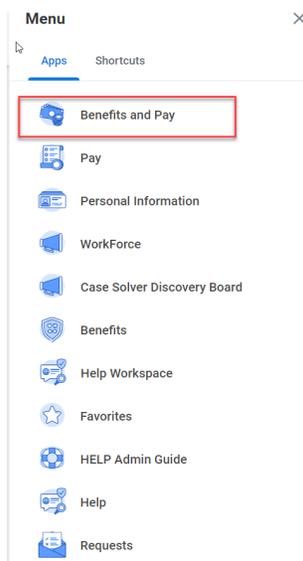
Tip Sheet for Benefit Changes

This document provides guidance to employees who need to make changes to their benefits in Workday due to a life event, or if they'd like to change their HSA contribution at any time. **If you need to make changes due to divorce, please see the Tip Sheet for Benefits Changes due to Divorce. For all other changes, please see below.**

1. From your home screen, select **Menu**.



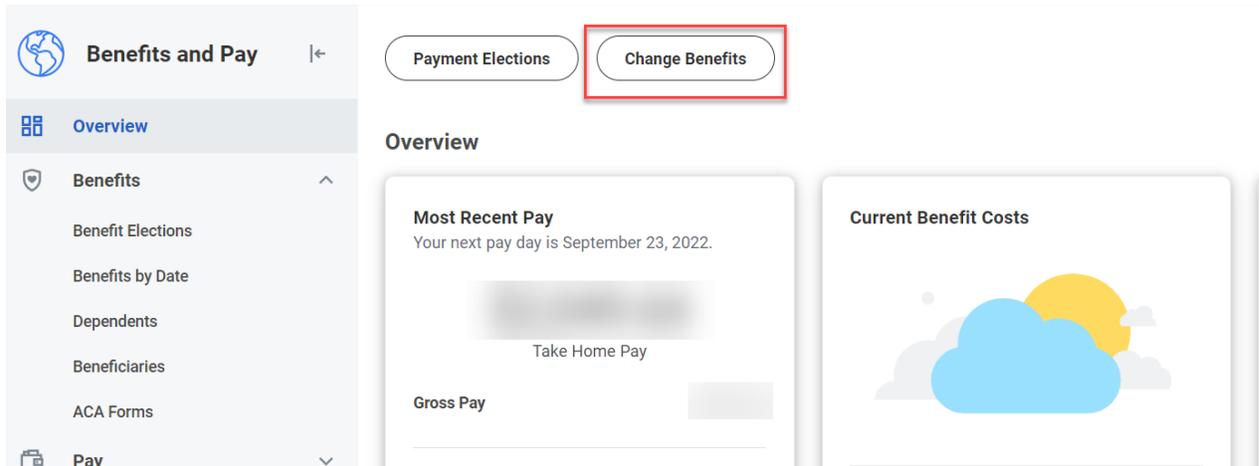
2. Select the **Benefits and Pay** app.





Tip Sheet for Benefit Changes

3. Select the **Change Benefits** icon. You can also find the **Change Benefits** icon by clicking on **Benefit Elections** under the Benefits menu.



4. Select the Change Reason: (Birth, Gain of Other Coverage, etc) and enter in the date of the event. Please note, for all other changes outside of HSA Election changes, benefits can only be changed within 31 days (including the date) of a qualifying life event.

Change Benefits ...

Change Reason * Birth/Adoption/Placement for Adoption
 Divorce/Termination of Domestic Partnership
 Gain of Other Coverage
 HSA Election Change
 Loss of Other Coverage - Dependent
 Loss of Other Coverage - Employee
 Marriage/Domestic Partnership

Instructions

- You may request a change to your benefits if you have experienced a qualifying life event within the last 31 days. You are required to update your benefits, due to divorce, even if outside of the 31 day window.
- HSA contribution changes (available only to active employees) can be updated at any time.
- Documentation is required for all benefit changes. Click here to view a list of acceptable documentation. (hyperlink added later to provide list of acceptable documentation – not available at this time)
- Divorce Events: Before initiating a divorce event, you will need to navigate back to the previous screen by utilizing the cancel button below. Then click on "Dependents" and update the relationship for your spouse to ex-spouse. You may then return to this screen to begin your benefit changes.
- Retirees/Non-employees: Dependents acquired after retirement are not eligible for MPC Benefits. Therefore, you are not able to submit a marriage/domestic partnership or birth/adoption event.

5. You will then be required to enter the date of the event. Once entered, an **Attachments** window will appear. Upload the necessary documents (Birth Certificate, Marriage Cert, etc) and click **Submit**. If you are unsure what documentation is required, please visit the Your Benefit Elections tile on myMPCbenefits.com. (Tile





Tip Sheet for Benefit Changes

Coming in 2023)

Attachments

MPC Document for Upload.docx
✓ Successfully Uploaded!

Comment

Upload

enter your comment

Process History

saved for Later Just now

Submit Save for Later Cancel

- A message will appear that your event has been submitted. Click **Open**. (If you miss this pop up or accidentally “x” out of it, please refer to step 7 b).

MENU  Search

Benefits and Pay

- Overview
- Benefits
- Pay
- Compensation

Success! Event submitted
Up Next: | Change Benefit Elections
[View Details](#)
Open

Needs Attention

NOT STARTED
Benefit Event
Divorce/ Termination of Domestic Partnership
Submit elections by October 31, 2022.
[Enroll](#)





Tip Sheet for Benefit Changes

7. a. A new window should appear, click **Let's Get Started**.



b. If you get off track, navigate back to your Workday home screen by clicking on the Marathon logo. Under **Awaiting Your Action**, select the **Benefit Change** task. Then click **Let's Get Started**.



Awaiting Your Action



Benefit Change - Divorce/ Termination of Domestic Partnership : [redacted] on 10/01/2022
Inbox - 22 hour(s) ago

Quick Tasks

My Applications

My Org Chart



Change Benefit Elections

10 minute(s) ago - Effective 09/29/2022

Initiated On 10/19/2022

Submit Elections By 10/29/2022

Let's Get Started





Tip Sheet for Benefit Changes

8. You may then begin to make changes by clicking **Manage** under the desired benefit.

Health Care and Accounts

Medical Anthem - Classic Cost per paycheck \$114.65 Coverage EE + Child Dependents 4 Manage	Dental Delta Cost per paycheck \$15.51 Coverage EE + Child Dependents 4 Manage	Vision Anthem VIS Cost per paycheck \$5.08 Coverage EE + Child Dependents 4 Manage
HSA Waived Enroll	FSA Payflex Healthcare Contribution per paycheck \$57.69 Manage	

9. After you have completed your benefit changes, click **Review and Sign**.

Health Care and Accounts

Medical Anthem - Classic Cost per paycheck \$114.65 Coverage EE + Child Dependents 4 Manage	Dental Delta Cost per paycheck \$15.51 Coverage EE + Child Dependents 4 Manage	Vision Anthem VIS Cost per paycheck \$5.08 Coverage EE + Child Dependents 4 Manage
HSA Waived Enroll	FSA Payflex Healthcare Contribution per paycheck \$57.69 Manage	

Insurance

Optional Employee Life MetLife (Employee) Cost per paycheck \$26.69 Coverage 5 X Salary Review and Sign Save for Later	Optional Spouse Life Waived Enroll	Optional Child Life MetLife (Child) Cost per paycheck \$1.23 Coverage \$30.00 Manage
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Tip Sheet for Benefit Changes

10. A View Summary screen will appear. You will need to scroll down, and click **I Accept**. Then click **Submit**.

ment from any information that plan requests related to health care information, claims, and other payments.

4. Subrogation. I agree to complete and sign any documents reasonably necessary to enable the Company to subordinate itself into my or my dependents position so as to be able to pursue my or my covered dependents legal rights to collect from said third party any costs the Company benefit plan(s) incurred to the extent that I have first been compensated for the same by the plan(s) for the same.

5. Agreement to Benefit Plan Terms and Conditions and Deduction Authorization. I have reviewed the benefit plan enrollment materials and I agree to the terms and conditions listed there and as otherwise provided for under the benefit plans (including, but not limited to, all benefit plan provisions that bar me from assigning to a third party any of my rights or claims under a benefit plan). I voluntarily authorize deductions (pre-tax or otherwise, as applicable) from my pay for my benefit plan choices that require me to pay all or a portion of the cost of coverage based on the current rate and any future or retroactive rate changes (increases or decreases), and that my authorization here constitutes a salary reduction agreement under applicable laws.

6. Over-payments. I agree that if the Company determines I have been overpaid wages, such over-payments may be recalled from my bank if done by the date paid, or deducted from my future wages and/or any other form of compensation or payroll disbursements, as permitted by applicable laws. If I terminate employment prior to full repayment through payroll deduction, I agree that any unpaid balance of the debt will be deducted from my final paycheck, as permitted by applicable laws, and that I will be responsible for paying the Company directly for any remaining outstanding balance owed.

7. Affirmation and Understanding. I affirm under penalty of perjury that my statements in the benefit plan enrollment materials above as to dependent eligibility are true and complete to the best of my knowledge. I further understand that any misrepresentation of any of the statements, or my submission of a false claim under any Company benefit plan, may result in serious consequences to me and/or the individuals that I claim as eligible dependents, including loss of benefits, discipline up to and including termination of my Company employment, or other appropriate legal or employment action.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

If you are not actively at work on the date the new or increased multiple of coverage for you and/or your covered dependents would normally become effective, coverage will become effective after you are returned from leave (including intermittent leave) and complete ten workdays.

Actively at work means you are not on a leave, including intermittent leave, and are performing the usual and customary duties of your job on a Full-time or Part-time basis. More information on this provision of the Plan can be found in the Plan documents.

I Accept

enter your comment

Process History

Change Benefits for Life Event- Awaiting Action

Submit Save for Later Cancel

11. Please note that all benefit change requests are subject to approval by the Benefits Service Center and require documentation within 31 days of the life event (including the date of the event). If you are not sure what documentation is required, please visit www.myMPCbenefits.com and click on the **Your Benefit Elections** tile (tile coming in 2023).

