

BENEFICIARY CHANGES

WORKDAY USER GUIDE FOR MAKING
BENEFICIARY CHANGES



You can change your beneficiaries for your benefits at any time during the year. Read on for step-by-step instructions to complete the process for changing beneficiary information.

Change Benefits

Associate Name (999999) [Actions](#)

- Choose your Benefit Event Type from the list below. If your Benefit Event Type is not listed, contact Benefits Administration at 000-716-2455, option 1.
- Enter your Benefit Event Date and hit the Tab key.
- If your Benefit Event Type requires you to submit documentation, you must send that information to Benefits Administration for approval before you can change your benefit elections. After you submit required supporting documentation, you will be notified in your Workday Inbox that you can make election changes.
- Premium adjustments for your new benefit elections will be included in your paycheck(s).

Benefit Event Type

Benefit Event Date

Elections By

Available Offering Types

- HSA
- Basic Life
- AD&D
- 401(k)

You will see a preview of what you will be able to change once you enter the Benefit Type and Date.

Click **Submit**.

[Submit](#) [Save for Later](#) [Cancel](#)

You have submitted

Benefit Event: Associate Name (999999) on 06/25/2018 [Actions](#)

Up Next

[Associate Name](#)
Change Benefit Elections
Due Date: 06/24/2018

Do Another

[Change Benefits](#)

Click **Open** to begin making your changes.

[Open](#)

Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 3 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage	Associate Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Br (S m)
Basic Life - Hartford Life (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	2 X Salary		\$66,000.00		\$9.00	
AD&D - Hartford Life EE Only (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive						
AD&D - Hartford Life Family (Employee + Family)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive						

[Continue](#) [Save for Later](#) [Go Back](#) [Cancel](#)

The next 2 pages will show you a quick summary of your current enrolled benefits that will be affected by a beneficiary change.

Click **Continue** to move past them and navigate to the beneficiary designation page.

Retirement Savings Plan Dependencies

Retirement Savings Elections 1 item

Benefit Plan	*Elect / Waive	Associate Contribution	Allowed Associate Contribution	Provider Website
401(k) - BB&T Employee	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Percent 6	Percentage Maximum 50	http://www.bbt.com/plantrac

[Continue](#) [Save for Later](#) [Go Back](#) [Cancel](#)

The beneficiary designations you make for Basic Life also will apply to your Supplemental Life insurance benefits. There is not a separate form for Supplemental Life.

Married Employees Contributing to the 401(k) Plan
 Married Employees Whose Subsidiary Participates in the Pension Plan

If you are married, your spouse is automatically your 100% Primary beneficiary for your 401(k) and pension benefits, if applicable. If you are not married, you must designate a beneficiary. If you are married, you must complete a spousal waiver form for the plan and return the form(s) to Benefits Administration by a Notary Public. If you do not complete and return a spousal waiver form when it is required, your non-spouse beneficiary designation will remain in effect.

Click on the following links: [401\(k\) Spousal Consent to Non-Spouse Beneficiary Form](#) and [Pension Spousal Consent to Non-Spouse Beneficiary Form](#).

You can either choose from already listed persons or create a new beneficiary listing.

This check means a beneficiary is required for this benefit.

To add a beneficiary, click the **Plus** symbol. Then click the **Prompt** symbol, and a drop-menu will appear.

You can remove a beneficiary using the **Minus** button.

Add Beneficiary

Associate Name (999999) Actions

If you choose the option to **Add Beneficiary**, provide beneficiary information as instructed.

Be sure to scroll all the way down in the window to avoid missing important information.

Click **OK** to finish creating new beneficiary listing.

You should now see your new beneficiary listing appear.

These fields are where you can enter the percentage you'd like the beneficiary to receive.

Primary is your main beneficiary and contingent is your secondary beneficiary.

Click **Continue** when finished.

Change Benefit Elections

Benefit Elections Review for Beneficiary Change - Step 5 of 5 (Actions)

Total Cost: \$0.00 Semi-monthly Cost
Total Credits: \$0.00 Semi-monthly Credit
Total Associate Net Cost/Credit: \$0.00 Semi-monthly Cost

Associate: Associate Name (999999)
Event Date: 06/25/2018
Initiated On: 06/22/2018
Submit Elections By: 06/25/2018

This page will show you a benefits summary according to your beneficiary changes.

- You must scroll down and provide your Electronic Signature before clicking the Submit button.
- After you click the Submit button, you will no longer be able to make changes in Workday to your benefit elections. In order to make changes while you still are within your enrollment period, you must contact Benefits Administration at 800-716-2455, option 1.
- If you choose the Save for Later option below, you **MUST** remember to return to the system and click the Submit button **before** your enrollment period ends. If you do not click the Submit button during your enrollment period, any election changes you made will be discarded and will not go into effect.

Elected Coverages: 2 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employer Contribution (Semi-monthly)	Benefit Credit (Semi-monthly)
Basic Life - Hartford Life (Employee)	02/01/2018	02/01/2018	2 X Salary	\$66,000.00		Beneficiary Name	\$9.00	
401(k) - BB&T Employee	03/01/2018	03/01/2018	6%			Beneficiary Name		
							Total:	\$9.00

Scroll down the page and carefully read over the disclosure agreements.

Disclosure and Consent Release

For All Employees Electing Medical Benefits

- I authorize Peak Health, PA to release to the administrator of the BB&T Health Care Plan information relating to my health and fitness, as necessary to participate in the BB&T Health Care Plan. I acknowledge and agree that this information may be shared with BB&T's Case Management Program administrator and BB&T's CarePlus administrator to assist with the identification of health conditions. In turn, BB&T's Case Management Program administrator and CarePlus administrator may invite me to join one or more appropriate case management or wellness programs.
- I understand the BB&T Health Care Plan has a bona fide need for this confidential information for program planning, evaluation and measurement purposes only.
- I agree if I am identified as having a high-risk for one or more chronic diseases, I can be contacted regarding participation in programs that may help control such diseases.

Release of Liability and Limited Consent to Disclosure for Employees Joining LifeForce

- I understand my participation in the BB&T LifeForce Program is voluntary.
- I acknowledge participation in a health promotion program of this type involves exercise and physical exertion.
- I agree to limit my participation, including my physical exertion in the BB&T LifeForce Program, to a level that will not cause me injury or harm, and I assume full responsibility for my actions in attempting to meet my health goals.
- I assume all responsibility and liability for any accident or injury arising out of my participation in the BB&T LifeForce Program.
- I agree to indemnify and hold BB&T Corporation and its affiliates, its employees, successors, and agents, harmless from any or all claims, actions, damages and losses arising out of or relating to any injury or harm that I have now or in the future suffer during or in any connection with my participation in the BB&T LifeForce Program. Notwithstanding the above, nothing contained in this Release will be deemed to release any of my rights, or the rights of my heirs, successors, or assigns, to make any claim and to collect any proceeds from any provider of health, casualty, life or disability insurance for which coverage has been written.
- I acknowledge that I will not be eligible for Workers' Compensation with respect to any injury I may sustain because of my participation in the BB&T LifeForce Program.
- I agree to make every effort to attend my scheduled health evaluations with the BB&T LifeForce Program's designated representative Peak Health, PA. BB&T Corporation will bear the cost of the health evaluation appointment unless I fail to keep any health evaluation appointment or fail to provide timely notice of cancellation of any appointment. I hereby consent to BB&T's deduction from my pay of any charge-back appointments, my department's cost center will be charged for the cost of one LifeForce appointment.
- I understand in order to continue receiving LifeForce Program benefits I must reschedule and make up any missed health evaluations with Peak Health within 30 days after a canceled appointment. Even if I am unable to attend any such rescheduled appointment within that 30 day period, I agree that I must still make progress toward my program health goals.
- I understand I must meet the requirements of my Phase and complete the Health Assessment on an annual basis by the last day of the month of my first appointment of the year, in order to earn my medical credit (if applicable, based on my LifeForce Phase). I understand if my spouse is covered under the BB&T Medical Program, they will also be required to complete the Health Assessment in order to receive my full medical credit. My spouse must complete the Health Assessment by the last day of the month of my first appointment of the year. If my spouse does not complete the Health Assessment by the deadline, my medical credit will be reduced until the month following their completion.
- Failure to make progress toward my health goals may result in loss of medical premium discounts.

Click **I Agree** to give your electronic signature.

I Agree

Click **Submit**.

Submit

Save for Later

Go Back

Cancel

Once you click submit, you have completed your beneficiary change. You will be brought to another benefits summary page where you can save or print your information.

Certain beneficiary changes require additional documentation to complete. For example, designating a beneficiary other than your spouse (if applicable) for the BB&T Corporation 401(k) Savings Plan requires spousal consent.



Questions? If you have any questions after reviewing this guide, you may email Benefits@BBandT.com or call the Human Systems Service Center at 800-716-2455, option 1.