

ONBOARDING & BENEFITS ENROLLMENT

WORKDAY USER GUIDE FOR NEW HIRES

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INTRODUCTION

Welcome to BB&T! The purpose of this guide is to introduce you to the **Workday** system and assist you in learning how to navigate the interface to complete important work-related tasks. Workday enables you to manage your personal work information all in one place from anywhere. As a new BB&T associate, Workday is where you will complete your **New Hire** and **Onboarding** tasks, as well as enroll in your benefits.

Other helpful resources

- BBTBenefits.com - BB&T's benefits website houses everything you need to know about our many benefits programs.
- [EXCELLENCE Associate Handbook](#) - The annually updated associate handbook contains information regarding benefits programs, retirement programs, policies and procedures and more.
- **Human Systems Service Center (HSSC)** - When you call the HSSC at **800-716-2455**, you can speak to trained BB&T representatives who can answer questions and concerns about a variety of topics. Once you reach the HSSC, you should listen carefully to the list of options given, and choose the one that best fits your question or concern.

WORKDAY TERMS & SYMBOLS

- Dashboard:** The main landing page of Workday that houses all of the icons you will use to access Workday features such as Absence, Pay, Benefits and more.
- Inbox:** Accessible on the left side of your Workday dashboard or in the top right corner of any Workday screen, this is where you will find all of your messages and task notifications.
- Task** An item that has been assigned to your workday inbox for you to complete.
- Radio Button**  The small circles you can click to select your choice when there are multiple options. They're like round checkboxes.
- Prompt**  The icon that looks like a tiny bulleted list. You can click this button to expand it, and it will give you a list of options.
- Plus**  You can use this symbol to add more line items, such as if you wanted to add multiple dependents or beneficiaries.
- Workday Icon** The blue thumbnails on the Workday dashboard that represent Workday features like Absence, Pay, Benefits and more.



COMPLETE ONBOARDING TASKS

Before you can begin your benefits enrollment, you must complete several onboarding tasks in Workday to get you set up in the system and introduce you to BB&T. The steps below will help you through the onboarding process the first time you access Workday.

This is where you'll see important announcements.

Click the first Task in your Inbox to get started.

This is your Inbox where all your tasks can be found.

The screenshot shows the BB&T Workday dashboard. At the top, there is a search bar and user information. Below the header, there is a welcome message: "Welcome, Associate Name (999999)". The dashboard is divided into two main sections. On the left, there is an "Announcements" section with one item, "Payroll Schedule", and an "Inbox" section with 10 items. On the right, there is an "Applications" section with 9 items, including "Workday Resource Center", "Absence", "Pay", "Benefits", "Personal Information", "Talent and Performance", "Career Opportunities", "Time", and "Reports".

Always scroll all the way down in the window to avoid missing information.

You will first be given a few helpful links that you should thoroughly review.

Click **Submit** when finished.

The screenshot shows the BB&T Workday Inbox. The left sidebar shows a list of tasks, including "Your Dashboard + Video from the CEO + Workday Video", "Payment Election Enrollment Event", "Complete Federal Withholding Elections", "Complete State and Local Withholding Elections", "Change Benefits for Life Event", "Code of Ethics / Handbook: P230041 Personal Lines Customer Service Representative | - Associate Name (999999)", and "Add your photo in Workday!". The main content area shows the details of the selected task, "Complete To Do: Your Dashboard + Video from the CEO + Workday Video". The task details include the overall process, overall status, due date, and instructions. The instructions state: "Provided below are 3 very important messages to ensure your career with BB&T is off to a great start! Please click each of the 3 links below and carefully review all of the information provided." Below the instructions, there is a link to "My Workday Dashboard". At the bottom of the task details, there is a "Submit" button.

Inbox

Actions (9)

Archive

Viewing: All

Sort By: Newest

- Your Dashboard + Video from the CEO + Workday Video
3 month(s) ago - Effective 02/01/2018
- Payment Election Enrollment Event
3 month(s) ago
- Complete Federal Withholding Elections
3 month(s) ago - Effective 02/01/2018
- Complete State and Local Withholding Elections
3 month(s) ago - Effective 02/01/2018
- Change Benefits for Life Event
3 month(s) ago - Effective 02/01/2018
- Code of Ethics / Handbook: P230041 Personal Lines Customer Service Representative I - Associate Name (999999)
3 month(s) ago - Effective 02/01/2018
- Add your photo in Workday!
3 month(s) ago - Effective 02/01/2018
- Change Emergency Contacts

You have marked as Complete

Onboarding for Associate Name (999999)

3 month(s) ago - Effective 02/01/2018

Others Awaiting My Action

Onboarding for Associate Name (999999)

> Details and Process

Done

Click Done.

You will click Done once you complete each separate task.

Inbox

Actions (9)

Archive

Viewing: All

Sort By: Newest

- Your Dashboard + Video from the CEO + Workday Video
3 month(s) ago - Effective 02/01/2018
- Payment Election Enrollment Event
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3 month(s) ago - Effective 02/01/2018
- Complete State and Local Withholding Elections
3 month(s) ago - Effective 02/01/2018
- Change Benefits for Life Event
3 month(s) ago - Effective 02/01/2018
- Code of Ethics / Handbook: P230041 Personal Lines Customer Service Representative I - Associate Name (999999)
3 month(s) ago - Effective 02/01/2018
- Add your photo in Workday!
3 month(s) ago - Effective 02/01/2018
- Change Emergency Contacts

Manage Payment Elections

3 month(s) ago

Associate: Associate Name (999999)

Default Country: United States of America

Default Currency: USD

Preferred Payment Method

Regular * Direct Deposit

Account Information

Account Holder Name: Associate Name

Sample Check



OK

Cancel

Next, you will set up your payment information.

- Viewing: All | Sort By: Newest
- Payment Election Enrollment Event
4 month(s) ago
- Change Benefits for Life Event
4 month(s) ago - Effective 02/01/2018
- Code of Ethics / Handbook: P230041 Personal Lines Customer Service Representative I - Associate Name (999999)
4 month(s) ago - Effective 02/01/2018
- Add your photo in Workday!
4 month(s) ago - Effective 02/01/2018
- Change Emergency Contacts
4 month(s) ago
- Self-Identification of Disability: P230041 Personal Lines Customer Service Representative I - Associate Name (999999)
4 month(s) ago - Effective 02/01/2018
- New Hire - Go to BBT.com!
4 month(s) ago - Effective 02/01/2018

Default Country United States of America
Default Currency USD

Preferred Payment Method

Regular Direct Deposit

Account Information

Account Holder Name Associate Name

Sample Check



Account Information

Account Nickname (optional)

Account Type
 Checking
 Savings

Bank Name

Routing Transit Number

Account Number

Additional Information

Bank Identification Code

OK

Scroll down and fill in the fields with the account information you'd like to use for direct deposits.

Click **OK** to continue.

Now you will complete your federal withholding elections for your W-4.

Complete the form with any information applicable to you.

- Actions (9) | Archive
- Viewing: All | Sort By: Newest
- Your Dashboard + Video from the CEO + Workday Video
3 month(s) ago - Effective 02/01/2018
- Payment Election Enrollment Event
3 month(s) ago
- Complete Federal Withholding Elections
3 month(s) ago - Effective 02/01/2018
- Complete State and Local Withholding Elections
3 month(s) ago - Effective 02/01/2018
- Change Benefits for Life Event
3 month(s) ago - Effective 02/01/2018
- Code of Ethics / Handbook: P230041 Personal Lines Customer Service Representative I - Associate Name (999999)
3 month(s) ago - Effective 02/01/2018
- Add your photo in Workday!
3 month(s) ago - Effective 02/01/2018
- Change Emergency Contacts
3 month(s) ago
- Self-Identification of Disability: P230041 Personal Lines Customer Service Representative I - Associate Name (999999)
3 month(s) ago - Effective 02/01/2018

Complete Federal Withholding Elections

3 month(s) ago - Effective 02/01/2018

Company BBT Insurance Services, Inc.
 Effective Date 02/01/2018
 Name Jamie Glotzbach
 Social Security Number 044921916
 Address 1123 Foxfire Road, Asheboro, NC 27205, United States of America

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

W-4 Data

View Blank Form

Nonresident Alien

If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.

Last Name Differs from SS

If your last name differs from that shown on your social security card, check here.

Submit

Save for Later

Cancel

Viewing: All | Sort By: Newest

- Your Dashboard + Video from the CEO + Workday Video
3 month(s) ago - Effective 02/01/2018
- Payment Election Enrollment Event
3 month(s) ago
- Complete Federal Withholding Elections**
3 month(s) ago - Effective 02/01/2018
- Complete State and Local Withholding Elections
3 month(s) ago - Effective 02/01/2018
- Change Benefits for Life Event
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3 month(s) ago
- Self-identification of Disability: P230041 Personal Lines Customer Service Representative I - Associate Name (999999)
3 month(s) ago - Effective 02/01/2018
- New Hire - Go to BBT.com!
3 month(s) ago - Effective 02/01/2018

LEGAL NOTICE

* Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
 * This year I expect a refund of all federal income tax withheld because I expect to have no tax liability
 If you meet both conditions, click the Exempt Box.

Your Name and Password are considered as your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you click in the "I Agree" checkbox, you are certifying that:

1. Under penalties of perjury, you declare that you have examined this certificate and to the best of your knowledge and belief, it is true, correct, and complete.
2. You understand that your payroll tax withholding election is a legal and binding transaction.
3. You understand that all submissions are contingent upon acceptance by your Payroll representative.

If you do not wish to use the electronic signature option, please contact your Payroll Department for a paper copy of the form.
 The form is not valid without a signature.

I Agree

enter your comment

Process History

- Associate Name (999999)
Complete Federal Withholding Elections- Awaiting Action

Submit

When the form is completed, click **I Agree** at the bottom of the page to give your electronic signature.

Click **Submit**.

BB&T Search

Inbox

Complete State and Local Withholding Elections

3 month(s) ago - Effective 02/01/2018

Associate: Associate Name (999999)

Company: X BB&T Insurance Services, Inc.

Effective Date: 02/01/2018

State: * X North Carolina

Withholding Form Type * X NC-4 - Withholding

OK Cancel

Next is your state and local withholding elections.

You will complete this the same way you did your federal elections, including checking the **I Agree** box.

ELECT HEALTH CARE COVERAGE

BB&T Search

Inbox

Actions (7) Archive

Viewing: All Sort By: Newest

Payment Election Enrollment Event
4 month(s) ago

Change Benefits for Life Event
4 month(s) ago - Effective 02/01/2018

Code of ethics / Handbook: P230041 Personal Lines Customer Service Representative I - Associate Name (999999)
4 month(s) ago - Effective 02/01/2018

Add your photo in Workday!
4 month(s) ago - Effective 02/01/2018

Change Emergency Contacts
4 month(s) ago

Self-identification of Disability: P230041 Personal Lines Customer Service Representative I - Associate Name (999999)
4 month(s) ago - Effective 02/01/2018

New Hire - Go to BRT.com!
4 month(s) ago - Effective 02/01/2018

Change Benefit Elections
New Hire/Rehire for Associate N

Total Cost: \$0.00 Semi-monthly Cost
Total Credits: \$0.00 Semi-monthly Credit
Total Semi-monthly Cost: \$0.00

Event Date: 02/01/2018
Initiated On: 02/02/2018
Submit Elections By: 03/09/2018
4 month(s) ago - Effective 02/01/2018

You can elect Medical, Dental and Vision for you, your spouse, your children or family (which includes you, spouse, and children)

Definition of Dependents:
Spouse: Your legally married spouse - we DO NOT cover common law spouses
Children: your children under age 26 (includes natural child, stepchild, or adopted child)
Qualifying Child:--

- is a dependent of associate's child or a brother, sister, stepbrother, or stepsister of the associate or a dependent of any such relative;
- has the same principal place of abode as the associate for more than half of the year;
- has not attained age 26 (there is a special rule for disabled children); and
- has not provided more than half of his or her own support for the year.

If you elect to join LifeForce, you will need to also complete lab work and the Health Assessment. Your lab form is available on Peak Health's website at www.peakhealth.net

When you enter a dependent for the first time, you must click the "Contact Information" tab and either choose the dependent's address from the "Use Existing Address" list or enter an address. You also must scroll down to Usage and choose an option for the Type of address (Home, Work, etc.)

You may not elect benefits for a dependent who is a benefits-eligible employee of BB&T.

If both you and your spouse are benefits-eligible employees of BB&T, only one of you may cover your child on a benefit.

Buttons: **Continue** Save for Later Cancel

Now it's time to enroll in your BB&T benefits.

By default, the process begins in the Inbox window. You can use the arrow icon to make the window full screen.

Click **Continue**.

* has not attained age 26 (there is a special rule for disabled children); and
* has not provided more than half of his or her own support for the year.

If you elect to join LifeForce, you will need to also complete lab work and the Health Assessment. Your lab form is available on Peak Health's website at www.peakhealth.net.

Health Care Elections

Benefit Plan *Elect / Waive

Benefit Plan	Elect / Waive	Coverage	Associate Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Benefit Credit (Semi-monthly)	Prov
Medical - BCBSNC HDHP Consumer	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				0.00	http
Medical - BCBSNC PPO Select	<input checked="" type="radio"/> Elect <input type="radio"/> Waive					
Dental - Ameritas DEN	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Employee Only	\$15.24		0.00	Am
Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Employee Only	\$8.40		0.00	htt
			79.22	297.01	\$0.00	

Buttons: **Continue** Save for Later Cancel

There are 2 types of medical coverage you can choose from, plus dental and vision.

You can choose to enroll existing dependents or add a new dependent listing.

Use the **Radio** buttons to elect or waive your preferred medical coverage.

If applicable, click the **Prompt** button to enroll dependents in your medical coverage.

You can skip the next section if you do not plan to add a dependent to your medical coverage elections.

Adding a Dependent to Your Medical Coverage

Choose if you'd like your dependent to also be a beneficiary.

BB&T Search

← 2 of 7

Add My Dependent From Enrollment Associate Name (999999) Actions

4 month(s) ago Effective 02/01/2018

Use your new dependent as a beneficiary?

Yes

No

OK Cancel

Click **OK**.

Fill out the information about your dependent(s) as instructed.

Fields marked **required(*)** must be filled.

Once all necessary fields are complete, click **OK**.

Add My Dependent From Enrollment

4 month(s) ago Effective 02/01/2018

Name

Country * United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

Personal Information

Relationship *

Date of Birth * MM / DD / YYYY

Age (empty)

Gender * select one *

Citizenship Status

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

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

OK Cancel

- has not attained age 29 (there is a special rule for divorced spouses); and
- has not provided more than half of his or her own support for the year.

If you elect to join LifeForce, you will need to also complete lab work and the Health Assessment. Your lab form is available on Peak Health's website at www.peak-health.net.

• When you enter a dependent for the first time, you must click the "Contact Information" tab and either choose the dependent's address from the "Use Existing Address" list or enter an address. You also must scroll down to Usage and choose an option for the Type of address (Home, Work, etc.).

• You may not elect benefits for a dependent who is a benefits-eligible employee of BB&T.

• If both you and your spouse are benefits-eligible employees of BB&T, only one of you may cover your child on a benefit.

• Premium adjustments for your new benefit elections will be included in your paycheck(s).

Health Care Elections 4 items

Benefit Plan	*Elect / Waive	Enroll Dependent	Associate Contribution (Semi-monthly)	Employer Contribution (Semi-monthly)	Benefit Credit (Semi-monthly)	Prov.
Medical - BCBSNC HDHP Consumer	<input type="radio"/> Elect <input checked="" type="radio"/> Waive				0.00	http
Medical - BCBSNC PPO Select	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Dependent Name: Employee + Spouse	\$261.84	\$297.01	0.00	http
Dental - Ameritas DEN	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Employee Only	\$15.24		0.00	Am
Vision - VSP	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	Employee Only	\$8.40		0.00	http
			285.48	297.01	\$0.00	

Your type of coverage will change automatically according to your dependent elections.

You can scroll over in the Health Care Elections window to see costs associated with election changes.

You will see your dependent changes appear in the **Health Care Elections** window.

Continue

Click **Continue**.

You have Dependents covered under your Health Care plans without a Social Security Number. You must enter their Social Security Number or choose Not Available if you do not have access to their SSN at this time. You must follow up with the Benefits Department to update this missing information.

Dependent IDs 1 item

Dependent	National ID Type Name	*Identifier ID Entered / Reason ID is Not Available
Dependent Name	Social Security Number (SSN)	<input type="checkbox"/> Identifier ID Entered <input type="checkbox"/> Reason ID is Not Available

You will then be asked to enter your dependent's SSN or a reason why it is not available.

Continue

Click **Continue**.

If you choose the **Consumer Medical Option**, you are automatically enrolled in this **HSA**. If not, this option will be unavailable like shown.

Health Savings Elections 1 item

Benefit Plan	*Elect / Waive	Contribution Range (Annual)	Supporting Information
HSA - Stanley, Hunt, DuPre & Rhine	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year: 21 Your estimated contributions made this year: 0.00 How much do you want to contribute for the total year?: 0.00 How much do you want to contribute per paycheck (Semi-monthly)? 0.00	Provider Website: http://SHDR.com/tbandt

Click **Continue**.

Continue Save for Later Go Back Cancel

> Spending Account Plan Dependencies

This FSA is only available if you choose the **Select Medical Option**. This is not available to those who choose the **Consumer Medical Option**.

Decide if you'd like to elect any supplemental **Spending Accounts** such as health care or transportation.

Continue

Click **Continue**.

> Insurance Plan Dependencies and Coverage Limitations

As a BB&T associate, you will automatically be enrolled in **Basic Life** insurance.

Here, you can choose to add more insurance coverage in addition to your **Basic Life** coverage.

If you elect certain insurance options, you will click the **Prompt** button to choose how much of your salary you would like your coverage level to be.

When you are finished, click **Continue**.

Continue Save for Later Go Back

ELECT 401(k) CONTRIBUTIONS

> Retirement Savings Plan Dependencies

Use the radio buttons and form fields to set up your **401(k) contribution** types and percentages.

Continue

Click **Continue** when you are finished.

The beneficiary designations you make for Basic Life also will apply to your Supplemental Life insurance benefits. There is not a separate beneficiary designation 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 complete a beneficiary designation form for the plan and return the form(s) to Benefits Administration. If you do not complete and return a spousal waiver form when it is required, your non-spouse beneficiary designation will remain in effect. 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](#)).

Beneficiary Designations 7 items

Benefit Plan	Provider Website	Requires Beneficiary	Actions
Basic Life - Hartford Life (Employee)	http://www.thehartford.com	<input type="checkbox"/>	
401(k) - BB&T Employee	http://www.hbt.com/plntrac	<input type="checkbox"/>	

Beneficiary Persons

Tru

Create

Primary Percentage / Contingent Percentage

Primary Percentage

Contingent Percentage

Continue

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

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

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

Enter the percentage you'd like each beneficiary to receive.

Click **Continue**.

REVIEW AND SUBMIT YOUR ELECTIONS

Change Benefit Elections Benefit Elections Review for New Hire/Rehire - Step 8 of 8 [Actions](#)

Total Cost: \$295.48 Semi-monthly Cost Total Credits: \$0.00 Semi-monthly Credit Total Associate Net Cost/Credit: \$295.48 Semi-monthly Cost

Details

- 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 800-716-3455, 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 7 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Associate Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Benefit Credit (Semi-monthly)
Medical - BCBSTNC PPO Select	02/01/2018	02/01/2018	Employee + Spouse		Dependent Name		\$261.84	\$297.01	
Dental - Ameritas DEN	02/01/2018	02/01/2018	Employee Only				\$15.24		
Vision - VSP	02/01/2018	02/01/2018	Employee Only				\$8.40		
Disability - Hartford Life 50% Monthly Benefits Base Salary (Employee)	02/01/2018	02/01/2018	50% of Salary	\$1,365.54				\$1.50	
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			

Use the scroll bars to review the benefit elections you've chosen in the **Elected Coverages** window.

Scroll down to read over the agreements on the bottom of the page.

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

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 charges incurred because of my failure to attend any health evaluation appointment or because of my failure to give a 24 hour notice of cancellation of any appointment. I also understand if I reschedule three consecutive 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.

I Agree

enter your comment

Process History

Associate Name (999999)
Change Benefits for Life Event- Awaiting Action

If you are satisfied with your elections, click **Submit**.

Submit Save for Later Go Back Cancel

Submit Elections Confirmation New Hire/...

Initiated On
02/02/2018

Submit Elections By
03/03/2018

Event Date
02/01/2018

4 month(s) ago - Effective 02/01/2018

Total Associate Cost/Credit
\$285.48 Semi-monthly Cost

Here is where you'll see the semi-monthly cost of your elections.

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

If the top of this page says "Save For Later Confirmation," you have **NOT** completed your enrollment. Your benefit elections have **not** been submitted and will **not** be sent to our carriers. Please make sure you submit your elections by your deadline.
If the top of this page says "Submit Elections Confirmation," you have completed your enrollment. Your benefit elections will be submitted and will be sent to our carriers. Please Print this confirmation for your records by clicking the print button to launch a printable version of this summary.

Elected Coverages 7 Items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Associate Cost (Semi-monthly)	Employer Contribution (Semi-monthly)	Benefit Credit (Semi-monthly)
Medical - BCBSNC PPO Select	02/01/2018	02/01/2018	Employee + Spouse		Dependent Name		\$261.84	\$297.01	
Dental - Ameritas DEN	02/01/2018	02/01/2018	Employee Only				\$15.24		
Medical - URB	02/01/2018	02/01/2018	Employee Only				\$8.40		

Print Done

Now you can print or save a copy for yourself using the **Print** button. When you're finished, click **Done**.

Please keep in mind that you won't be able to make any changes to your benefit elections (except for 401(k) contributions and beneficiary designations) until the next Annual Benefits Enrollment period in November, unless you experience a qualified Life Event.

REVIEW IMPORTANT DOCUMENTS

← 3 of 7

Code of Ethics / Handbook Review Documents for Onboarding for Associate Name (999999) *Actions*

4 month(s) ago - Effective 02/01/2018

Documents

Document Link: 2017 EXCELLENCE Associate Handbook

Instructions: INSTRUCTIONS: Click the link to review the 2017 EXCELLENCE Associate Handbook. Click the "I agree" check box.

Signature Statement: 2017 EXCELLENCE ASSOCIATE HANDBOOK ACKNOWLEDGMENT

I ACKNOWLEDGE THAT THE 2017 EXCELLENCE ASSOCIATE HANDBOOK ("HANDBOOK") AND INFORMATION ABOUT BB&T'S BENEFITS ARE AVAILABLE THROUGH THE BB&T BENEFITS WEBSITE AT BBTBENEFITS.COM. I UNDERSTAND THAT I AM RESPONSIBLE FOR READING AND ABIDING BY THE POLICIES AND PROCEDURES CONTAINED IN THE HANDBOOK.

I UNDERSTAND AND ACKNOWLEDGE THAT MY EMPLOYMENT WITH BB&T IS AT-WILL EMPLOYMENT, WHICH MEANS, UNLESS OTHERWISE STIPULATED IN AN EXECUTED EMPLOYMENT AGREEMENT THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT NOTICE BY BB&T AND THAT I MAY TERMINATE MY EMPLOYMENT WITH BB&T AT ANY TIME. NOTHING IN THIS HANDBOOK ALTERS THE AT-WILL NATURE OF MY EMPLOYMENT WITH BB&T. FURTHER, I UNDERSTAND AND ACKNOWLEDGE THAT NO ONE EXCEPT THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE IS AUTHORIZED TO ALTER THE AT-WILL NATURE OF THE EMPLOYMENT OF ANY ASSOCIATE AT BB&T, AND THAT ANY SUCH ALTERATION MUST BE IN WRITING, SIGNED BY THE CHAIRMAN AND CHIEF EXECUTIVE OFFICER OR HIS DESIGNEE, AND CLEARLY STATE THAT THE PURPOSE OF THE WRITING IS TO ALTER THE AT-WILL EMPLOYMENT RELATIONSHIP.

THE POLICIES AND/OR PROCEDURES IN THE HANDBOOK ARE OFFERED BY BB&T AS GUIDELINES. I UNDERSTAND AND ACKNOWLEDGE THAT BB&T RESERVES THE ABSOLUTE DISCRETION TO DEVIATE FROM THE POLICIES AND/OR PROCEDURES SET FORTH HEREIN AND TO ALTER, AMEND, DELETE, OR REVISE THE POLICIES AND/OR PROCEDURES SET FORTH HEREIN AS IT DEEMS APPROPRIATE AND IN THE BEST INTERESTS OF BB&T, TO THE EXTENT PERMITTED BY LAW.

I Agree

Document Link: BB&T Code of Ethics for Associates

Instructions: INSTRUCTIONS: Click the link to review the BB&T Code of Ethics. Click "I agree" below to indicate your compliance with the BB&T Code of Ethics. If there are any exceptions to your compliance with the Code, describe and note the terms of those exceptions in the Comments field below. Click the "Submit" button below to complete this task.

DEADLINE - This task must be completed within 30 days of receipt.

Signature Statement: I certify that I have read the BB&T Code of Ethics and I agree to abide by the provisions of the Code as a part of my employment obligations owed to BB&T.

I Agree

The next step is to view the BB&T **EXCELLENCE Associate Handbook** and **Code of Ethics**, and certify that you have done so.

You will be required to recertify this annually.

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

Submit

Save for Later

Cancel

Done

Click **Submit** and then on the next page, click **Done**.

UPDATE YOUR PERSONAL INFO

← 2 of 5



Complete To Do Add your photo in Workday! Actions



4 month(s) ago - Effective 02/01/2018

For P230041 Personal Lines Customer Service Representative I

Overall Process Hire: Associate Name (999999)

Overall Status Successfully Completed

Due Date 02/06/2018

Instructions Add your photo in Workday today! All associates are encouraged to have a photo in Workday. Instructions:

- Click the link to 'Add / Edit Photo - Instructions' so you have the instructions readily available
- Click the button 'Change My Photo'

REMINDER: After you add your photo, be sure to return to this task and click 'Submit' to remove it from your Inbox

Change My Photo

Next you will add a photo of yourself in Workday which will be used for all of your BB&T accounts.

Related Links 1 item



Related Link	Link Description
Add / Edit Photo - Instructions	These instructions will provide information on how to upload your photo into Workday and details on BB&T's Photo Requirements.

Policy Requirements:

- Associates should wear professional or business casual work attire.
- Only the associate should appear in the photo. This "head shot" should be shoulders up, front view of the associate's face with no surroundings.
- Background should be a solid color with no patterns or objects.
- Photo size should be less than 1,024 KB. Workday will display a message if your photo is incorrectly sized when you upload it.

Click here for [Detailed Instructions](#).

Current

No current photo.



Proposed

Attachments *

Drop file here

or

Select files

Drag and drop or upload an appropriate photo of you following the guidelines listed.



enter your comment

Submit

Save for Later

Cancel

Click **Submit**.



← 3 of 5

Change Emergency Contacts Associate Name (999999) ATLANTA

4 month(s) ago

Primary Emergency Contact

Legal Name

Legal Name *

Relationship

Relationship *

Preferred Language

Preferred Language

Primary Address

Add

Submit Save for Later Cancel

Fill in the information for your emergency contact(s) making sure to complete all **required(*)** fields.

Click **Submit**.

← 4 of 5

Change Self-Identification of Disability

4 month(s) ago - Effective 02/01/2018

Voluntary Self-Identification of Disability

Form: CC-305

OMB Control Number: 1250-0005

Expires: 01/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. [1] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

Please select one of the below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

[1] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

enter your comment

Process History

Associate Name (999999)
Self-Identification of Disability - Awaiting Action

Submit

Now you will need to disclose whether or not you have a disability.

Scroll down and choose the option most applicable to you.

Click **Submit**.

← 5 of 5

Complete To Do **New Hire - Go to BBT.com!** Actions

Finally, your last step is to view the information on BBT.com.

4 month(s) ago - Effective 02/01/2018

For P230041 Personal Lines Customer Service Representative I

Overall Process Hire: Associate Name (999999)

Overall Status Successfully Completed


Due Date 02/06/2018

Instructions Click the link below to learn more about the services provided by BB&T:

[Associate Banking Benefits](#)

Go to [BBT.com](#) to review BB&T's Internet site:

[BBT.com](#)

 enter your comment

Click **Submit**.

Submit

Save for Later

Close

Congratulations, you have completed your new hire onboarding and benefits enrollment!



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.