Chapter 4-03

## ADD OR CHANGE BENEFICIARY

At any time during the year, you may change your Beneficiary for life insurance or accidental death and dismemberment (AD&D).

**Note**: To update or change your Beneficiary designation for the Hexcel 401(k) plan, go directly to the Fidelity website at www.401k.com

It's your information. Own it. Welcome to Workday! If you have trouble accessing the website, please contact the IT Service Desk at +1 866- 329-6931 or +44 1223-838-838. Sign In to Workday
User Name
Password
Sign In

- 1. Sign in to Workday
- Click the Benefits Worklet
   Note: The home page configuration may differ from the one shown depending on the requestor's security access.



3. Click the Change Benefits link below

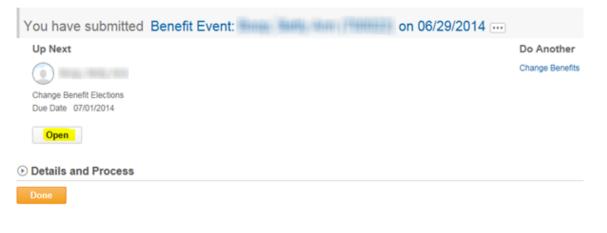


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 Click Update Beneficiaries and enter the Benefit Event Date. Since this Employee is enrolled in Basic AD&D, Basic Group Life, Supplemental Life and Voluntary AD&D, she'll be able to make Beneficiary changes to those plans.

	your Hexcel Benefits Enrollment. You report tact your local HR team if you have questions
Supporting	documentation is required for life events of E
Benefit Event	Type * Birth/Adoption Divorce/Legal Separation Marriage Medicare Eligibility Change Update Beneficiaries Update Spousal Surcharge
Benefit Event	Date * 06/29/2014 🖽
Submit Electio	ns By 07/03/2014
Enrollment Of	ering Types Basic AD&D Basic Group Life Supplemental Life Voluntary AD&D EE
Attachments	5
0	Attachment

- 5. An attachment is not required. Enter any comments you may have and click Submit
- 6. This next screen confirms that you have submitted your **Benefit Event**. If you click **Open** on this page, you will land on the first step of the process where you will update your Beneficiary.



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- 7. If you wish to complete the task at a later date or time, click Done
- 8. The task will be saved and the Employee will have an action item in their mail box the next time they sign in.
- 9. You're now on the **Change Benefit Elections Update Beneficiaries** page. There are 3 steps. Here, you'll be allowed to add, delete or modify your Beneficiary information.
  - The first step is displaying the insurance options you are currently enrolled in. Click **Continue** to proceed.

Note: The page will not allow you to make a change to the coverage amount.

Change Benefit Elections Update Beneficiaries for - Step 1 of 3 ....

Event Date	06/29/2014
Initiated On	06/29/2014
Submit Elections By	07/03/2014
· Health Inform	ation

Have you used tobacco in any form in the past 12 months?
○ Yes ● No

#### ⊙ Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 4 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage
Basic Group Life - Reliance (max \$50k) (Employee)	Elect     Waive	1.X Salary		\$50,000.00
Supplemental Life - Reliance (Employee)	Elect     Waive	5 X Salary		\$275,000.00
Basic AD&D - Reliance (\$50k max) (Employee)	<ul> <li>Elect</li> <li>Waive</li> </ul>	1 X Salary		\$50,000.00
Voluntary AD&D EE - Reliance (Employee)	C Elect			

Continue

Save for Later Cancel

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10.	In this next step,	you can add	or remove a	Beneficiary I	by clicking	on the 🔂	or	Θ	sign
-----	--------------------	-------------	-------------	---------------	-------------	----------	----	---	------

Event Date	06/29/2014				Total Cost	Total Credits
initiated On	06/29/2014				\$25.26 Bi-weekly Cost	\$0.00 Bi-weekh
Submit Elections B	ły 07/03/2014					
	y receives a benefit if you die. A contrigent beneficiary receives lary (ret) are deceased. Total Primary must equal 100%. Total C					
hantable organizate ur health plans, pro opendent under our ansfer all ownership	Estate, provide the full name of the Estate and Trust. If designals on, include the full address. If the beneficiary is not an eligible whole the SSN (of availative) and address. If the beneficiary is an in health plans, you will need to provide the SSN. If you want to in or ingfiss and privileges under this the and/or AD&D insurance po or an Assoched Assignment form.	eplendient under stigible revocably				
signation. Howeve	Inter anything if you do not want to make any changes to your be in, the designation you submit will replace all previous benefician on's Life and AD&D insurance.	y designations				
			Deneticiaries			
Benefit	t Plan	Requires Beneficiary			Beneficiaries	
Benefit	(Plan	Requires Beneficiary		*Beneficiary	*Primary Percentage / Contin	gent Percentage
	roup Life - Reliance (max \$50k) (Employee)		•	*Beneficiary		gent Percentage
		Beneficiary	•	*Beneficiary		gent Percentage
		Beneficiary			*Primary Percentage / Contin	
Basic O		Beneficiary			*Primary Percentage / Contin	100
Basic O	troup Life - Reliance (max \$50k) (Employee)	Beneficiary	Θ		Primary Percentage / Contin      Primary Percentage     Contingent Percentage	100
Basic O	troup Life - Reliance (max \$50k) (Employee)	Beneficiary	•	1000	*Primary Percentage / Contin	100
Basic O Basic A	troup Life - Reliance (max \$50k) (Employee)	Beneficiary	•	1000	Primary Percentage / Contin      Primary Percentage     Contingent Percentage      Primary Percentage      Primary Percentage	100 0
Basic O Basic A	troup Life - Reliance (max \$50k) (Employee) ID&D - Reliance (\$50k max) (Employee)	Beneficiary	• •	1000	Primary Percentage / Contin      Primary Percentage     Contingent Percentage     Contingent Percentage     Contingent Percentage	100 0 100 0
Basic O	troup Life - Reliance (max \$50k) (Employee) ID&D - Reliance (\$50k max) (Employee)	Beneficiary	• • •		Primary Percentage / Contin      Primary Percentage     Contingent Percentage      Primary Percentage      Primary Percentage	100 0

11. To add a Beneficiary click 
(1), then (1) and click on the option to **Create**. If the Beneficiary has already been created in Workday, then click on **Beneficiary Persons** and a list of your beneficiaries will display.

search			Q,	
Beneficiary P	ersons		►	
Trusts			Þ	
Create				
				*Beneficiary
				search 🗐
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- 1

### 12. Then click Add Beneficiary

search Q	
Top > Create	
Add Beneficiary	
Add Beneficiary Using Existing Contact	
Add Trust	
	*Beneficiary
	search 🗐

13. Complete the categories highlighted in yellow and click the next tab and continue filling out the required information

Helpful			
Tips	<b>Do not</b> click	ОК	until all tabs have been completed

Relationship	Sibling					
	-					
Use as Beneficiary	<b>S</b>					
Date of Birth	08/01/1975 🕮					
Age	(empty)					
Gender	× Female	-				
Uses Tobacco						
Full-time Student						
Student Status Start Date						
Student Status End Date						
Disabled						
Allow Duplicate Name						
Legal Name	Contact Information	National IDs	Additional Government IDs			
Country * United States of America						
Prefix	(3)					
First Name *						
Middle Name						
Last Name * Finance	-					
Suffix search	1					
_						

14. In the tab labeled **Contact Information** enter any field that has a \* next to it. Continue to the next tab, called National IDs

Phone Add Phone Add Phone Address Address  O Use Existing Address Country United States of America  Address Line 1 55 Main Street Address Line 2 City State Connectcut  Address  State Connectcut  Address  Address  State Connectcut  Address  State Connectcut  State	Legal Nar	me Contact Information	National IDs	Additional Government IDs
Address Address  Address  Address  Address  Address  County   United States of America  Address  County    State   Connecticut  State  Connecticut  Postal Code	Phone			
Add Address   Juse Existing Address   Country   Inited States of America   Address Line 1   \$55 Main Street   Address Line 2   City   \$ State   Connecticut   Base   Postal Code   \$06901   Country   Vagage   Type   * Bearch   * Home	Add Phone			
Add Address   Juse Existing Address   Country   Inited States of America   Address Line 1   \$55 Main Street   Address Line 2   City   \$ State   Connecticut   Base   Postal Code   \$06901   Country   Vagage   Type   * Bearch   * Home	Address			
Use Existing Address   Use Existing Address   Country   United States of America   Address Line 1   55 Main Street   Address Line 2   City   State   Connecticut   Broad   Postal Code   06901   Country   Use For   State Address   Visibility Comments      Add Email  Add Email  Add Instant Messenger		e		
Use Existing Address sourch (E) Country * United States of America (E) Address Line 1 * 55 Main Street Address Line 2 City * Stamford State * Connecticut (E) Postal Code * 06901 County (E) Postal Code * 06901 County (E) Usage Type * search (E) × Home Primary Work Primary Work Primary Home Primary Home Primary Home Street Address Visibility Comments Email Add Email Testant Messenger Kob Address				
Country   United States of America  Address Line 1  Solaria Street  Address Line 2  City  Stamford  State  Connecticut  State  Connecticut  State  Connecticut  State  Street  Connecticut  State  Connecticut  Comments  Comments	-	ress search	<li>(II)</li>	
Address Line 1 * 55 Main Street Address Line 2 City * Stamford State Connecticut I Postal Code * 06901 County I Usage Type * search * Home Primary Work Primary Work Primary Home Primary Home Search * Home Primary Home Frimary Home Email Add Email Instant Messenger Add Instant Messenger Vsb Address				
Address Line 2 City   Stamford  State  Connecticut  Postal Code  O6901 County  Usage  Type  Search  Home  Primary Work  Frimary Work  Comments  Statet Address  Visibility  Comments  Comments  Add Email  statat Messenger  Add Instant Messenger Veb Address	,			
City  Stamford State  Connecticut State Postal Code D6901 County Usage Type  Search Se	Address Line 1 *	55 Main Street		
State  Connecticut  Obego1  County  Usage  Type  Search  Home  Primary Work  Primary Home  Visibility  Use For  Search  Street Address  Visibility  Comments  Email  Add Email  nstant Messenger  Add Instant Messenger  Veb Address	Address Line 2			
Postal Code * 06901 County Usage Type * search C X Home Primary Work Primary Work Use For search C X Mailing X Mailing X Street Address Visibility Comments Email Add Email nstant Messenger Add Instant Messenger Veb Address	City *	Stamford		
County  Usage Type  *  Search  Home Primary Work Primary Work Search  Search  Mailing Street Address Visibility Comments Comments Comments Add Email Add Email Stant Messenger Add Instant Wessenger Veb Address	State *	Connecticut 🗐		
Usage Type * earch	Postal Code 🔹 🖈	06901		
Type * Bearch 1 * Home  Primary Work Primary Home  * Home  Primary Home *  * Home  Primary Home *  * Search 1 * Mailing * Street Address  Visibility Comments  Fmail  Add Email Instant Messenger Add Instant Messenger Veb Address	County			
Image: Norme   Primary Work   Primary Home   Image: Normer Norme   Image: Normer	Usage			
Primary Work   Primary Home   Image: Search   Search   Search   Mailing   Mailing   Mailing   Street Address   Visibility  Comments  Email  Add Email  Instant Messenger  Add Instant Messenger  Veb Address	Type *	search 🔳		
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Add Instant Messenger Veb Address	Add Email			
Add Instant Messenger Veb Address	nstant Messe	enger		
Veb Address				
Ann then Minings				
	Add Web Add	11022		
	O C	Cancel		

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- 15. In the **National ID**s tab, enter the Country, National ID type and Social Security Number. A drop down list appears if you click on
- 16. Continue to next tab if there are any additional government IDs you wish to add
- 17. Once all tabs are completed, now click OK to proceed.

	11.7%	-		01 - S				Through contract	Lines of
Θ	United	Stat	es of America 🧧	Social Security	Number (SSN)	555-55-5123	-		#
0	*Countr	У		"National ID Typ	pe	Identification #		Issued Date	Expiration Date
lational ID	)s								
Lega	al Name		Contact Information	Nationa	l IDs A	dditional Government IDs			
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18. Now that the Beneficiary has been added, you can now attach it to one or all of the insurance plans. Click on the **Prompt** icon to see a drop down list of your dependents and double click to attach them to the plan.

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	Top > Beneficiary Persons	
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- 20. The final step displays the insurance plan and the name of the Beneficiary. Verify the information is correct. To view and verify waived coverages and beneficiary designations, hit the arrow key to expand the section.
- 21. Once all information is correct, hit Submit

Change Benefit Elections Benefit Elections Review for Update Beneficiaries - Step 3 of 3 ...

TTO NO.	
Event Date	06/29/2014
Initiated On	05/29/2014
Submit Elections By	07/03/2014

#### Evidence of Insurability

Important: You have Evidence of Insurability pending for a previous enrolment. Your insurance elections may be affected based on that process.

lenefit P	tan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries
asic Gro Employee	up Life - Reliance (max \$50k) e)	05/01/2014	05/01/2014	1 X Salary	\$50,000.00		Parenters, 1944
uppleme	ental Life - Reliance (Employee)	05/01/2014	05/01/2014	5 X Salary	\$275,000.00		Termine, 1998
asic AD8	SD - Reliance (\$50k max) (Employee)	05/01/2014	05/01/2014	1 X Salary	\$50,000.00		Constant, 1998
Maine	ed Coverages						
<b>Traive</b>	eu coverages						
	-						
Bene	ficiary Designations						
Benef	ficiary Designations	Com	ment				File
Benef	ficiary Designations	Com	ment		No	Data	File
	ficiary Designations	Com	ment		No	Data	File
Benef tachmer	ficiary Designations	Com	ment		No	Data	File

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Submit Elections Confirmation	Update Benef	iciaries for	1000.000							
Initiated On 06/29/2014										
Submit Elections By 07/03/2014										
Event Date 05/29/2014										
You have successfully submitted your benefits e	nrollment. Select Print to	o launch a printable versio	n of this summary f	or your records.						
Evidence of Insurability										
mportant: You have Evidence of Insurability pend	ing for a previous enrolin	nent. Your insurance elect	tions may be affecte	ed based on that process						
Elected Coverages 3 items										
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Bi-wee	ikly)	Emplo	
Basic Group Life - Reliance (max \$50k) (Employee)	05/01/2014	05/01/2014	1 X Salary	\$50,000.00						
Supplemental Life - Reliance (Employee)	05/01/2014	05/01/2014	5 X Salary	\$275,000.00			\$25.26			
Basic AD&D - Reliance (\$50k max) (Employee)	05/01/2014	05/01/2014	1 X Salary	\$50,000.00						
							Total: \$2	5.26		
Naived Coverages										
Plan Type										
Voluntary AD&D EE										
ber Biller Berlevelere er										
Beneficiary Designations 3 items Benefit Plan			Requires Ben	eficiary		Beneficiaries				
					Beneficiary		Primary Percent	Primary Percentage / Contingent Pe		
Basic Group Life - Reliance (max \$50k) (Employee)			Yes	Yes		100		Primary Percentage     Contingent Percentage		
Basic AD&D - Reliance (\$50k max) (Employee)			Yes		Transier, 1998			Primary Percentage     Contingent Percentage		
Basic AD&D - Reliance (\$50k max) (Employee)							Consingent Pr			

- 23. You may print for your records
- 24. Hit **Done** to go back to the home screen.

### Helpful Tips

**Note**: Until the Benefit Partner approves the Employee's benefit change, the change(s) are not effective. The Benefit Partner will be notified via an action item in their email box.

Date	Content Modified
15 April 2015	Added new sign in graphic and modified screen snips to blur out employee names &
	informationDLB