2026 Open Enrollment Benefits Selection Checklist

Use this checklist to review your options in the online Open Enrollment Benefits Guide.
Record your selections below so you have all your decisions ready when you complete your enrollment in Workday.

INSTRUCTIONS

1. Review the online Open Enrollment Benefits Guide for detailed information on each benefit option.
2. Use this worksheet to select your choices for each benefit category.
3. Refer to this completed checklist when you're ready to make your official enrollment in Workday. Only benefit elections submitted in Workday will count as your benefit enrollment choices for 2026.

BENEFIT (VENDOR)	SELECTED PLAN OPTION	COVERAGE LEVEL	NOTES
Health Insurance (Allegiance, RxPreferred)	☐ Traditional ☐ HDHP	☐ Team Member Only ☐ Team Member + Spouse/Domestic Partner ☐ Team Member + Child(ren) ☐ Family	
Dental Insurance (Cigna)	☐ Standard ☐ Enhanced	☐ Team Member Only ☐ Team Member + Spouse/Domestic Partner ☐ Team Member + Child(ren) ☐ Family	
Vision Insurance (EyeMed)	☐ Voluntary Vision	☐ Team Member Only ☐ Family	
Medical Flex Spending	☐ Medical Flex ☐ Limited Flex	☐ $_____ per pay period ☐ $_____ per year	
Health Savings Account (only available with High Deductible Health Plan)	☐ HSA with HDHP	☐ $_____ per pay period ☐ $_____ per year	
Dependent Care Flex Savings Account	☐ Savings Account	☐ $_____ per pay period ☐ $_____ per year	
Short-term Disability employee-paid (Aflac)	☐ Voluntary Short-Term Disability	☐ $_____	
Critical Illness (Voya)	☐ Voluntary Critical Illness	☐ Team Member $_____ ☐ Spouse $_____ ☐ Child(ren) $_____	
Hospital Indemnity (Voya)	☐ Voluntary Hospital Indemnity	☐ Team Member Only ☐ Team Member + Spouse/Domestic Partner ☐ Team Member + Child(ren) ☐ Family	
Legal Insurance (ARAG)	☐ Voluntary Legal	☐ Coverage Elected	
Identity Theft (LifeLock)	☐ Essential ☐ Premier Plus	☐ Team Member Only ☐ Family	
Accident Insurance (Voya)	☐ Voluntary Accident Insurance	☐ Team Member Only ☐ Team Member + Spouse/Domestic Partner ☐ Team Member + Child(ren) ☐ Family	
Supplemental Life (The Hartford)	☐ Voluntary Supplemental Life	☐ $_____	
Supplemental Spouse/ Domestic Partner Life (The Hartford)	☐ Voluntary Life Insurance	☐ $_____	
Dependent Child(ren) Life (The Hartford)	☐ Voluntary Life Insurance	☐ $5,000 ☐ $10,000 ☐ $15,000	

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