CompuCom

Canada New Hire Benefits Enrollment Instructions

Step 1: Click on the	e "Inbo	x" icon on the Ho	me Page of Wo	rkday			
Sten 2:							
Click on the	e inbox	item that says "B	Benefit Change	<u>/our name</u>	<u>,</u> "		
Step 3: You will the Dependent Event Date 0 Initiated On 0 Submit Elections By 0	en begi s butto 1/23/2015 1/21/2015 2/24/2015	n selecting your b on after you selec	penefits. You m t Associate and	ay add elig Family cov	gible depe verage	ndents by c	licking the Enroll
Welcome to CompuCom Prior to enrollment, please	Systems, Inc. V e ensure you hav	We are glad you joined our organization.	search	Q N) and			
birth dates (for you and al Please be sure that you s it to <u>easyhr@compucom.</u> Please complete the new • Health Care Pla	I of your dependent ubmit your requi com or fax to 97 hire enrollment I	ents) and beneficiary information for life red documentation to easyHR within 31 2-856-0126. below. ncies	Dependents Create	► pr email			
Health Care Elections	2 items						
Benefit Plan	*Elect / Waive	Coverage					
Medical - Sun Life (Canada)	 Elect Waive 	Associate + Family (Canada)					
Dental - Sun Life Canada	Elect Waive						
4							
Continue s NOTE: If yo associate o	ave for Later Du choc nly or a	Cancel Dise medical cover associate plus fan	age, you will als nily.	so need to) choose de	ental covera	age for the same

<u>Step 4:</u>

Continue through the enrollment and select beneficiaries by clicking on the + sign.

		Beneficiaries			
	Beneficiary		*Beneficiary	*Primary Percentage / Contingent Percentage	
Basic Life - Sun Life (Associate)		٠			

NOTE: Sun Life requires a hard-copy form to be completed as well as this election. You will be able to find this form by going to TheWIRE (our intranet) and looking under the New Hire Instructions page.

<u>Step 6:</u>

Please submit any supporting documentation for your dependents to <u>easyHR@compucom.com</u> or by fax to 972-856-0126 within 31 days of hire.

February 2, 2015