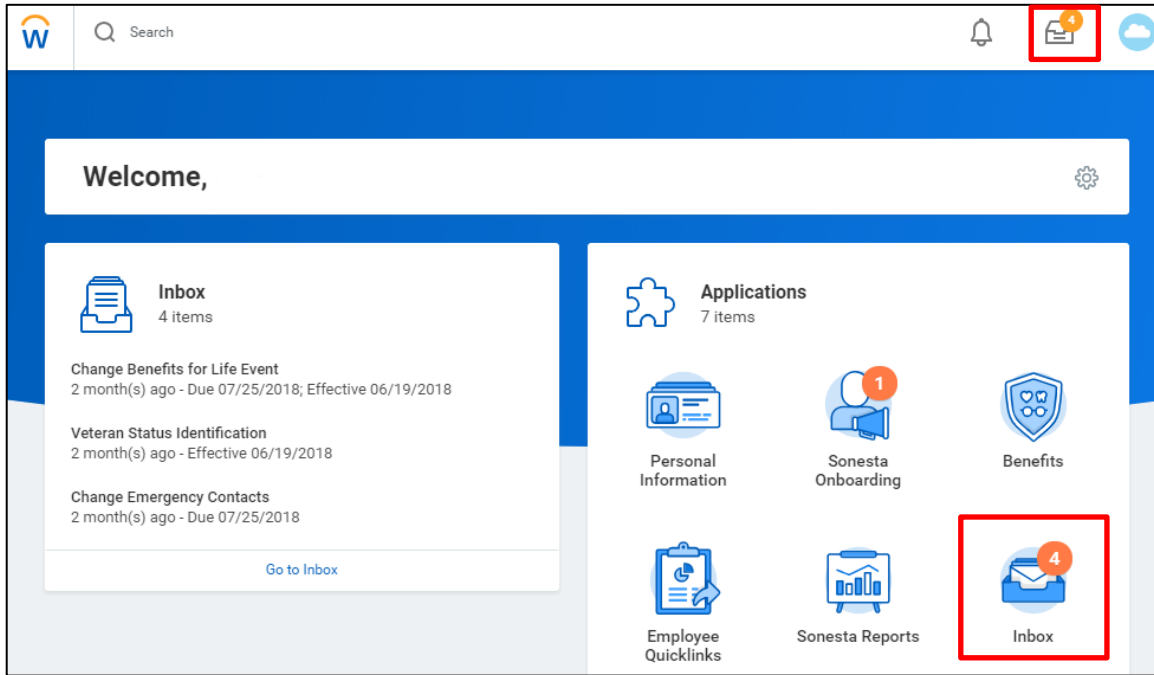


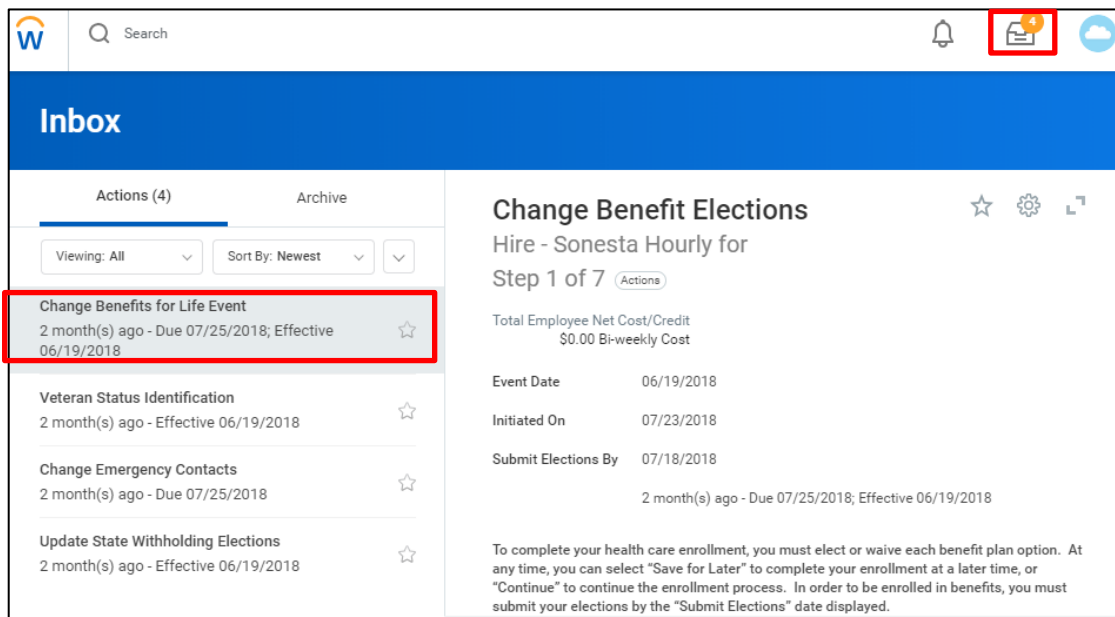
## Let's Get Started

Follow this guide to complete Sonesta's benefits enrollment in Workday.

1. Log into Workday and view your Workday home page. Navigate to your Inbox worklet on the home page or through the Inbox in the right hand corner of the screen.



2. Once in your inbox, notice that you have a benefits enrollment task in your inbox. After the item has been reviewed and/or changes have been made, remember to click **Submit**.



3. Click on the arrows in the top right of the screen to open the page into the full window.

## Change Benefit Elections

Hire - Sonesta Hourly for

Step 1 of 7 Actions

Total Employee Net Cost/Credit  
\$0.00 Bi-weekly Cost

Event Date 06/19/2018

Initiated On 07/23/2018

Submit Elections By 07/18/2018

2 month(s) ago - Due 07/25/2018; Effective 06/19/2018

To complete your health care enrollment, you must elect or waive each benefit plan option. At any time, you can select "Save for Later" to complete your enrollment at a later time, or "Continue" to continue the enrollment process. In order to be enrolled in benefits, you must submit your elections by the "Submit Elections" date displayed.

Continue

4. For your benefit elections task, review and make any applicable changes to Health Care Elections, including Medical, Dental, and Vision. Scroll if necessary to access all the information. Click **Continue**.

**\*\*Please note, in order to waive your medical benefits, you must ELECT TO WAIVE. In the coverage field, you must also select the reason that you are electing to waive.**

Please note, if you are waiving Sonesta's medical plans you must Elect the Medical COVERAGE WAIVED plan listed below and indicate your reason for waiving.

Benefit Plan	*Elect / Waive	Enroll Dependents	Coverage
Medical - Blue Cross Blue Shield of MA COVERAGE WAIVED	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - Blue Cross Blue Shield of MA HDHP B. Saver (HSA)	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - Blue Cross Blue Shield of MA PPO C. Core	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		<input type="text" value="Employee Only"/>
Medical - Blue Cross Blue Shield of MA PPO D. Select	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		
Medical - Blue Cross Blue Shield of MA PPO E. Premium First	<input type="radio"/> Elect <input checked="" type="radio"/> Waive		

Continue Save for Later Cancel

- If you elected the Saver plan, you must make an HSA election. If you did not elect the Saver plan, this screen will be grayed out. Click **Continue**.

> Health Savings Account Plan Dependencies

Health Savings Election 2 items

Benefit Plan	*Elect / Waive	Contribution Range (Annual)
Health Savings Account - Health Equity	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 17  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 (Bi-weekly)? 0.00

- Review and make any applicable changes to Flexible Spending Accounts. If you elected the Saver Health Care Plan with an HSA account you cannot participate in the Health Care FSA. Click **Continue** to move forward.

> Spending Account Plan Dependencies

Spending Account Elections 2 items

Benefit Plan	*Elect / Waive	Contributions	Supporting Information
Health Care FSA - WageWorks	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 17  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 (Bi-weekly)? 0.00	Minimum Contribution (Annual) \$250.00  Maximum Contribution (Annual) \$2,650.00
Dependent Care FSA - WageWorks	<input type="radio"/> Elect <input checked="" type="radio"/> Waive	Your number of remaining payroll deductions for the year 17  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 (Bi-weekly)? 0.00	Minimum Contribution (Annual) \$250.00  Maximum Contribution (Annual) \$5,000.00

- Review and make any applicable changes to Life, AD&D and Disability Insurance elections. Click **Continue**.

> Insurance Plan Dependencies and Coverage Limitations

Insurance Elections 12 items

Benefit Plan	*Elect / Waive	Coverage Level	Covers Dependents	Calculated Coverage
Basic Life - Aetna (Employee)	<input checked="" type="radio"/> Elect <input type="radio"/> Waive	1 X Salary		\$23,000.00

- Review and make any applicable changes to beneficiary information. Click **Continue**.

You are required to designate a beneficiary for each of the plans listed below. At any time, you can select "Save for Later" to complete your enrollment at a later time, or "Continue" to continue the enrollment process.

You have the option to designate a beneficiary as Primary or Contingent. Anyone designated as a Contingent Beneficiary would only receive the benefit if the Primary beneficiary is unable to receive it. If you are designating multiple beneficiaries, please be sure that the percentages you assign add up to 100%.

You must designate a beneficiary for each of the plans listed below even if you are choosing the same person for each benefit. To designate a beneficiary, click the plus sign next to each benefit.

Please note that the beneficiaries you designate for the Basic Life benefit will also apply to the Basic AD&D benefit.

Beneficiary Designations 1 item L

Benefit Plan	Requires Beneficiary	Beneficiaries		
			*Beneficiary	*Primary Percentage / Contingent Percentage
Basic Life - Aetna (Employee)	<input type="checkbox"/>	+		

Continue
Save for Later
Go Back
Cancel

- Review Additional Benefits Elections. No changes are necessary; this information is here to remind you of Sonesta's offering of these benefits. Click **Continue**.

Additional Benefits Elections 2 items

Benefit Plan	*Elect / Waive	Coverage	Amount (Bi-weekly)
EAP - Guidance Resources	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		0.00
Healthcare Advocacy - Health Advocate	<input checked="" type="radio"/> Elect <input type="radio"/> Waive		0.00

Continue
Save for Later
Go Back
Cancel

10. Review the elections that you made.

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Bi-weekly)	Employer Contribution (Bi-weekly)
Medical - Blue Cross Blue Shield of MA HDHP B. Saver (HSA)	09/01/2018	09/01/2018	Employee Only				\$35.78	\$196.80
Health Savings Account - Health Equity	09/01/2018	09/01/2018	\$0.00 Annual					
Basic Life - Aetna (Employee)	09/01/2018	09/01/2018	1 X Salary					\$0.64
Basic Accidental Death & Dismemberment (AD&D) - Aetna (Employee)	09/01/2018	09/01/2018	1 X Salary					\$0.16
Short Term Disability - Aetna (Employee)	09/01/2018	09/01/2018	60% of Salary	\$264.00				\$2.99
Long Term Disability - Aetna Company Paid (Employee)	09/01/2018	09/01/2018	60% of Salary	\$1,144.00				\$2.51

11. After reviewing your elections, click **I Agree** and then **Submit**.

> **Waived Coverages**

> **Beneficiary Designations**

Attachments

Drop files here

or

Select files

**Electronic Signature**

By typing your name here, you are agreeing to the information entered on this page. You agree your electronic signature is the legal equivalent of your manual signature. By selecting 'I Agree,' you agree to the benefit enrollments elected and agree to have the premium amount shown withheld on a pre-tax basis from each of your paychecks received from Sonesta Hotels for the duration of your coverage.

I understand that Sonesta's Health Savings Account (HSA) Contribution is based on my Annual Employee HSA Contribution, up to the maximum annual amount outlined in the Open Enrollment Benefits Guide. If I choose not to contribute to my HSA, I will not receive Sonesta's contribution to the HSA.

I Agree

enter your comment

Submit
Save for Later
Go Back
Cancel

12. After you click **Submit**, you can **Print** your elections for your records.

Signature

X \_\_\_\_\_  
Employee Signature Required

Electronic Signature

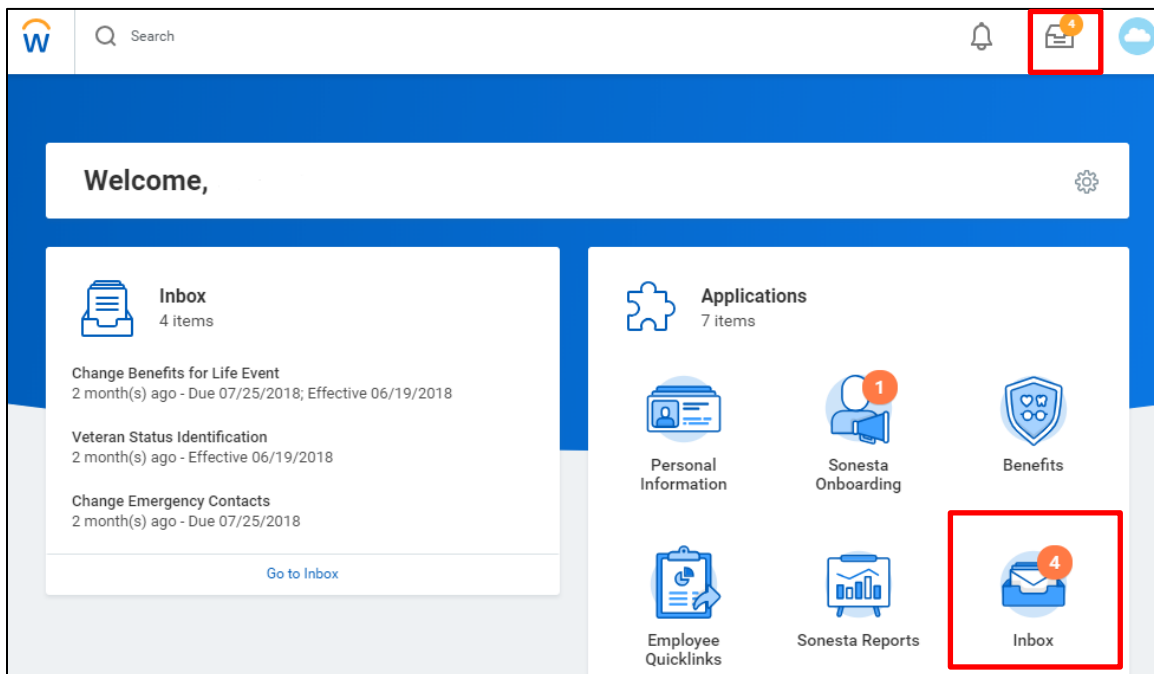
By typing your name here, you are agreeing to the information entered on this page. You agree your electronic signature is the legal equivalent of your manual signature. By selecting "I Agree," you agree to the benefit enrollments elected and agree to have the premium amount shown withheld on a pre-tax basis from each of your paychecks received from Sonesta Hotels for the duration of your coverage.

**I understand that Sonesta's Health Savings Account (HSA) Contribution is based on my Annual Employee HSA Contribution, up to the maximum annual amount outlined in the Open Enrollment Benefits Guide. If I choose not to contribute to my HSA, I will not receive Sonesta's contribution to the HSA.**

Signed By \_\_\_\_\_  
Date 09/28/2018

**Print** Done

13. After completing the benefits enrollment, navigate back to your Workday Inbox to complete any other tasks.



The screenshot shows the Workday user interface. At the top, there is a search bar and a notification bell icon. The main content area is divided into two sections: "Inbox" and "Applications". The "Inbox" section on the left lists several items, including "Change Benefits for Life Event", "Veteran Status Identification", and "Change Emergency Contacts". The "Applications" section on the right lists "Personal Information", "Sonesta Onboarding", "Benefits", "Employee Quicklinks", and "Sonesta Reports". The "Inbox" icon in the top navigation bar and the "Inbox" icon in the Applications section are highlighted with red boxes.