

Creating a life event in DayForce

****Please note that you have 30 days from the date of the event to complete this process. If it is past your 30 days reach out to the Benefits Department at benefits@argos-us.com****

****You also must have your supporting documentation when you're ready to start the life event process. ****

Hourly Employees -Log into your DayForce account at www.dayforcehcm.com

Hourly Login:

◀ Username - Payroll ID starting with 100

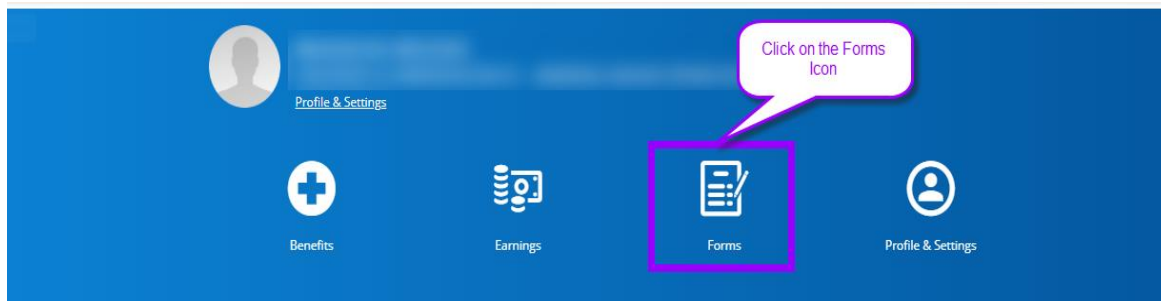
◀ Password - DOB in the format of yyyymmdd

Salary Employees log into SuccessFactors, then from the Home Page, click on the DayForce Icon

CERIDIAN
Dayforce

Payroll (SSO)

You will be taken to the Home page-then click on the “Forms” Icon.



Click on the “Life Event Declaration” (LED) link.

Forms

Available Forms

Search Forms

Search

Reset

Benefits (2)

- Current Beneficiary Information
- Current Dependent Information

Personal (2)

- Direct Deposit
- Life Event Declaration

Tax forms (2)

- Federal W4 - 2021
- Province/State Tax Form

The LED page will pop up. Enter the event date, then select the type of qualified life event you need from the drop down list under “Life Event.”

You should see your document in PDF form. Click on Submit.

The screenshot shows a web form titled "Life Event Declaration". At the top, it displays "Status: Active" and "Employee Number:". Below this is a section for "Life Event Information" with instructions: "Use this form to declare a life event. Select the date for the life event and specify the type. Both fields are required." There are two fields: "Event Date*" with a calendar icon and "Life Event*" with a dropdown menu. Below these is a "Supporting Documents" section with the instruction "Please attach additional details if desired." and a table with columns: "File Name", "Document Type", "Last Updated", and "Last Modified By". The table has a "+ Add" button and a "Delete" button. At the bottom, there is a "Comment" section with a checkbox "Add comment to the employee's file." and a text area. A callout bubble points to the "Submit" button with the text "Click Submit". The "Submit" button is highlighted with a red box.

NEXT STEPS:

DayForce will review your documentation based on the type of event you selected. If documents are approved you will see a Life Event Enrollment under the "Benefits" icon. Normally within 24-48 hours. You will receive an email when your approval has been made. You will also receive an email if your documents are not approved.

When your approval has been made you will see a Life Event Enrollment under Benefits on your DayForce account.

The screenshot shows the "Enrollments" page in the DayForce system. The page has a navigation bar with "Overview", "Current Elections", "Forms", and "History". Below the navigation bar, there is a "Refresh" button. The main content area displays a list of enrollments. The first enrollment is "Life Event Enrollment" with a status of "Pending" and a "Start Enrollment" button. The second enrollment is "HSA Periodic Enrollment" with a status of "Available" and a "Start Enrollment" button. A red box highlights the "Life Event Enrollment" row, and another red box highlights the "Start Enrollment" button for the "Life Event Enrollment".

Click on “Start Enrollment.”

The screenshot shows the 'Life Event Enrollment' page. At the top, a progress bar indicates the steps: Introduction (active), Profile, Event Details, Elections, Confirmation, and Summary. Below the progress bar, the page title 'Life Event Enrollment' is displayed with a 'Due in 30 day(s)' timer. A 'Close' button is on the left and a 'Next' button is on the right. A purple speech bubble points to the 'Next' button with the text: 'You will see what your current benefit coverage is. Click "Next"'. On the right side, there is a list of enrollment options under the heading 'Enrollment':

- Medical
 - Medical
- Spousal Surcharge
 - Spousal Surcharge
- HSA - Health Savings Account
 - HSA
- Dental
 - Dental Coverage
- Vision
 - Vision Coverage
- Employer Provided Benefits
 - Basic Life Insurance
- Supplemental Life - Employee
 - Supplemental Life - Employee
- Supplemental Life - Spouse
 - Supplemental Life - Spouse

The next page will list all the dependents that are currently in coverage.

The screenshot shows the 'Life Event Enrollment' page at the 'Profile' step. The progress bar shows 'Introduction' as completed and 'Profile' as the current step. Below the progress bar, the section 'Profile Forms' is displayed with the instruction: 'Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next"'. There are 'Close', 'Save Draft', 'Back', and 'Next' buttons. The 'Current Dependent Information' section is expanded, showing a table of current dependents. The table has columns for Name, Relationship, and Birth Date. Each row has 'View/Edit' and 'Remove' buttons. Below the table, there is a '+ Add' button. The 'Current Beneficiary Information' section is also visible below the dependents section.

Name	Relationship	Birth Date	
			View/Edit Remove
			View/Edit Remove
			View/Edit Remove
			View/Edit Remove

If you are adding a dependent to coverage, please click on “+Add”

Once you click on +Add- enter all required information. (If adding a newborn that is less than 60 days old, leave the SSN section blank. Then click on Continue

Add New Dependent

Personal Information *

* Required Field

First Name*

Middle Name

Last Name*

Gender* Select an Option...

Relationship* Select an Option...

Birth Date* 

SSN

Tobacco/Smoker No

Date last used Tobacco/Smoked 

Student Select an Option...

Disabled Select an Option...

Marital Status Select an Option...

Primary Address

+ Add

Your address will be used as the dependent's primary address, unless a new address is entered.

Other Address

+ Add

Phone Number

+ Add

Currently does not have a phone number.

If your dependent is over 60 days old you must add a valid SSN

Continue

Cancel

You will now see the dependent listed under the current dependent information section.

Profile Forms

Please review and confirm the profile information below. Upon completion, please proceed by selecting "Next".

CloseSave Draft

BackNext

Current Dependent Information

Current Dependent Information

Below is the list of your current dependents. You have the ability to Add, Edit, and/or Remove dependent(s).

+ Add

Name	Relationship	Birth Date	
[Redacted]	[Redacted]	[Redacted]	View/Edit Remove

Click Next. On the Event Details page, choose the event that fits your needs. It will be the same event you used to start the LED process.

Event Details

Select the event that applies to you below, once selected, please proceed by selecting "Next".

Close

Save Draft

Back

Next

☐ Birth or Adoption of child

☐ Marriage or Legal Union

☐ Divorce or Legal Separation

☐ Dependent(s) newly eligible

☐ Dependent(s) are no longer eligible

☐ None of the above

☐ My Dependent Gained Coverage thru their employment

☐ My Spouse, Dependent and/or I lost coverage through an employer

☐ My Spouse or Dependent gained other non-employer coverage

☐ My Spouse, Dependent, or I lost other non-employer coverage

☐ Death of my spouse or dependent

Close

Save Draft

Back

Next

Select the person(s) you added to your record from the list showing, then click Next.

Life Event Enrollment Your Current Elections

Introduction Profile **Event Details** Elections Confirmation Summary

Put a check mark next to the dependent you added. It can be a spouse or child(ren)

Congratulations! Select your new [redacted] from the list below. If you don't see the new child(ren), use the Back button to return to the profile page and add the new child(ren) to your list of dependents.

- ☐ [redacted]
- ☐ [redacted]
- ☐ [redacted]
- ☐ [redacted]
- ☐ [redacted]

You are now on the Benefit Elections page. You will need to click on EACH benefit to make a selection. Even if you want to WAIVE the coverage, you must select waived.

Life Event Enrollment Your Current Elections

Introduction Profile Event Details **Elections** Confirmation Summary

Benefit Elections
Select your benefit options below. Upon completion, please proceed by selecting "Next".

Close Save Draft Back Next

Need help choosing the right medical option?
Just answer four simple questions about your likely medical needs for the coming year, and we'll analyze your available medical health plan options to give you a better idea of the total expected costs under each plan. It shouldn't take more than five minutes. Your responses will not be shared or stored.
[Help Me Decide](#)

Medical
☒ Medical

Spousal Surcharge
☒ Spousal Surcharge

HSA - Health Savings Account
☒ HSA

Dental
☒ Dental Coverage

Vision
☒ Vision Coverage

Employer Provided Benefits
All of these benefits are provided to you and are 100% employer paid. You will be automatically enrolled in these benefits.
☒ Basic Life Insurance

Supplemental Life - Employee
☒ Supplemental Life - Employee

Supplemental Life - Spouse
☒ Supplemental Life - Spouse

Supplemental Life - Child(ren)
☒ Supplemental Life - Child(ren)

Supplemental AD&D
☒ Supplemental AD&D

Close Save Draft Back Next

If you do not click on all boxes or have made a mistake, you will receive an error message at the top of the page and the coverage that needs to be corrected will be highlighted in red.

If you receive an error message for any of the **life insurance** coverage, click on “Show Details”. This more than likely means you need to add a beneficiary to the coverage.

Once you have completed the selection process, click next to be taken to the confirmation page. From this page you can review all the coverage selections and who is enrolled in each coverage. It will also show you who your beneficiaries are and the cost of each benefit.

If you want to make a change to any of your benefits, click the BACK button to be taken to the Benefit Elections page. Once you make your changes click Next to move forward in the enrollment until you reach the Confirmation page again.

If you agree with the elections click “**submit enrollment.**”

Your life event is now complete.

If you have any questions or concerns please reach out to the Benefits Department at benefits@argos-us.com or you may call us at 678-368-4300.