

WORKDAY | BENEFITS: NEW HIRE ENROLLMENT

Use this process to **select your Benefits** elections within your first 30 days at Cracker Barrel:

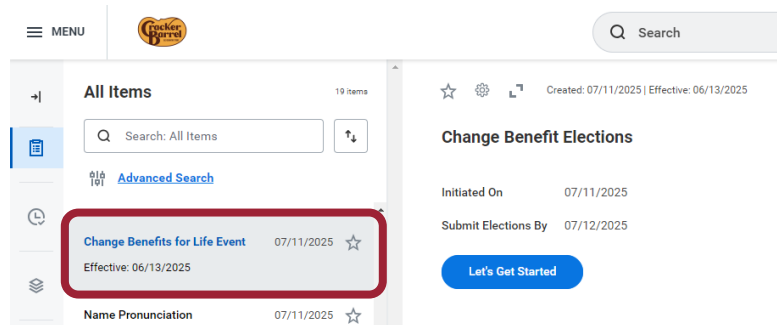
What do I need to know about Benefits Enrollment as a new hire?

New hire benefits enrollment is the process where a newly hired employee actively selects their workplace benefits—such as health insurance, dental and vision coverage—soon after starting a new job.

Key points:

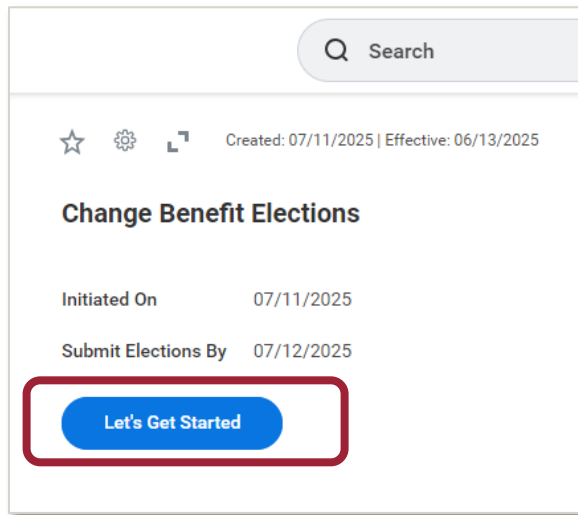
- **Act quickly:** Home Office employees usually have about 30 days from their start date to enroll. PAR employees and other hourly store employees must average 30hrs/week during their first 11 months to become eligible for payroll deducted plans through Workday.
- **Choose from available options:** Employees can choose benefits that best meet their needs and those of their families.
- **Add dependents:** Employees can include eligible family members in their coverage. Dependent verification is required for any dependents added to benefits.
- **Make timely decisions:** After the enrollment window closes, employees can only make changes if they experience a Qualifying Life Event.

1 Find the **Change Benefits for Life Event** task in your Inbox.



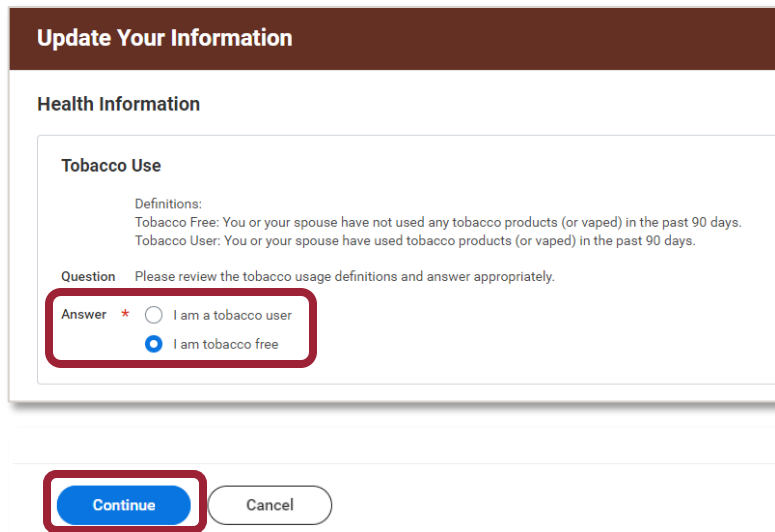
2 Click **Let's Get Started**.

*Clicking **Let's Get Started** will initiate an enrollment process. If you choose not to complete your enrollment, you must **submit a ticket** to the **HR Service Desk** for a Home Office Benefits member to **cancel the task**.*

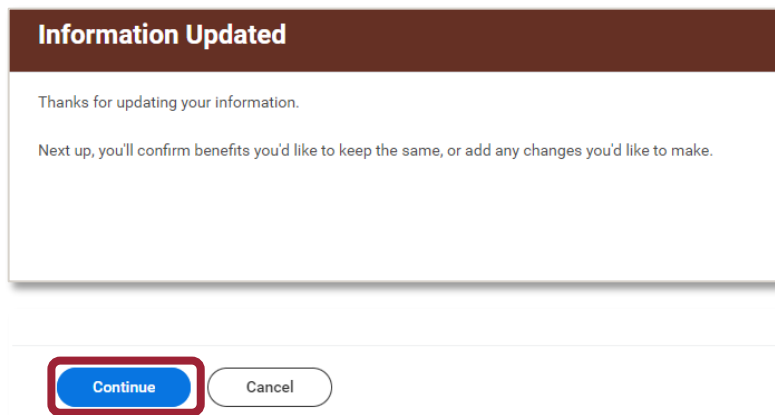


3 Answer the pre-screening question on **Tobacco Use** to see accurate prices for your Benefit Elections.

Click **Continue**.



4 Click **Continue**.



5 Carefully review all onscreen Enrollment Instructions.

Click each tile to View, Enroll, or Manage your Benefit Elections.

6 For each tile, select the coverage that best fits your situation. If your updated coverage involves a **Dependent** or **Spouse**, you will be prompted to enter their information and complete **Dependent Verification** on subsequent screens.

When selecting Life Coverage, you will need to choose a Beneficiary.

For full details on each available plan, please review your Benefits Enrollment Guide.

After each plan selection, click **Confirm and Continue**.

Benefit Plan	*Selection	You Pay (Weekly)	Company Contribution (Weekly)
BCBSTN PPO Traditional Health Care	☐ Select ☒ Waive	\$45.60	\$138.65
BCBSTN PPO Value Health	☐ Select ☒ Waive	\$24.23	\$111.04
Symetra Limited Plan Health Basics	☐ Select ☒ Waive	\$13.52	\$8.76

TO ADD A DEPENDENT DURING ENROLLMENT:

Click **Add New Dependent**.

Medical - BCBSTN HDHP Health Savings Advantage

Projected Total Cost Per Paycheck
\$352.18

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage *

Plan cost per paycheck

Add New Dependent

☐ Employee Only

☐ Employee + Spouse

☒ Employee + Child(ren)

☐ Employee + Family

☐ Employee + Spouse (Spouse can be covered elsewhere)

☐ Employee + Family (Spouse can be covered elsewhere)

Save **Cancel**

Choose to **Create Dependent** or use an existing Beneficiary or Emergency Contact, then click **OK**.

Add My Dependent From Enrollment

☐ Use an Existing Beneficiary or Emergency Contact

☒ **Create Dependent**

Use as Beneficiary ☐

1. Check this box if you want your dependent to be a beneficiary and a dependent.
2. Click **OK** to add a new dependent.
3. On the next page, please complete all required information such as Relationship, Date of Birth, Gender, Name and Contact Information for your dependent - all required fields are marked with a **red asterisk**.

For a list of Eligible Dependents, please click the following link. Dependent verification is required for all dependents. Your dependent will not be enrolled until verification is received and verified.

Cancel **OK**

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Enter all required information in the form, then *scroll down* to add a **National ID**.

The screenshot shows the 'Add My Dependent From Enrollment' form. It is divided into two main sections: 'Name' and 'Personal Information'. The 'Name' section includes fields for Country (dropdown menu showing 'United States of America'), Prefix, First Name (with 'First' entered), Middle Name, Last Name (with 'Last' entered), and Suffix. The 'Personal Information' section includes fields for Relationship (dropdown menu showing 'Child'), Date of Birth (calendar icon showing '07/07/2025'), Age (displaying '0 years, 0 months, 7 days'), Gender (dropdown menu showing 'Female'), and Citizenship Status (dropdown menu showing 'Citizen (United States of America)'). There is a 'Tobacco Use' section with a warning and definitions, and a radio button selection for 'My spouse is tobacco free' (selected) or 'My spouse is a tobacco user'. A 'Disabled' checkbox is also present. At the bottom, there is an 'Allow Duplicate Name' checkbox and 'Save' and 'Cancel' buttons.

Click **Add**, then enter all required information for your Dependent.

Then, click **Save**.

The screenshot shows the 'National IDs' form. It starts with a heading 'National IDs' and a instruction 'Click the Add button to enter one or more National Identifiers for this dependent.' Below this is a form with fields for Country (dropdown menu showing 'United States of America'), National ID Type (dropdown menu showing 'Social Security Number (SSN)'), Current ID (displaying '(empty)'), and Add/Edit ID (text input field with '000-00-0000' entered and highlighted with an orange border). An alert message states: 'Alert: This national identifier you entered is already in use. Verify that the information is accurate.' Below the alert are fields for Issued Date (calendar icon showing '07/07/2025'), Expiration Date (calendar icon showing 'MM/DD/YYYY'), Issued By, Series, Verification Date (displaying '07/14/2025'), and Verified By. At the bottom of the form are 'Remove' and 'Add' buttons. The 'Add' button is highlighted with a red border. Below the form are sections for 'Address' and 'Phone & Email'. The 'Address' section has 'Save' and 'Cancel' buttons, with the 'Save' button highlighted with a red border.

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Ensure your desired Coverage is selected and the Dependent(s) you would like covered are checked off.

Medical - BCBSTN HDHP Health Savings Advantage

Projected Total Cost Per Paycheck
\$352.18

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * x Employee + Child(ren)

Plan cost per paycheck \$171.92

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
☒	First Last	Child	07/07/2025

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Health Care

General Instructions

1. Click the **Select** button to enroll. To review coverage, click the **Review** button.
2. Click **Confirm and Enroll** to complete enrollment.
3. You will enroll dependent(s) if you select them.
4. Click the **Save** button to save your selections.
5. Click the **Cancel** button to cancel enrollment.

For more information on health care enrollment, click the **Help** button. If your spouse is eligible for enrollment in your Cracker Barrel Health Savings Advantage plan, you must enroll in your Cracker Barrel Health Savings Advantage plan (\$225 per month. Select **Yes** if you are enrolling elsewhere) or the Employer will automatically enroll your spouse.

7 Review the summary of all your Elections, then click **Submit**.

Once your election is submitted you will not be able to change it without a Qualifying Life Event or until annual Open Enrollment.

View Summary

Projected Total Cost Per Paycheck
\$0.00

Review your elections below for accuracy and scroll to review any messages and errors as well as the **Total Benefits Cost** – both the company contribution and your cost per pay period.

Scroll to the bottom and read and check the electronic signature. Click the **Submit** button when complete. Please note if you click **Cancel** on this page, this does NOT cancel the event, only returns you to the election page. You may only cancel events that you initiated – to do so, return to your **Inbox** and select this event; using the gear icon, select **Cancel**.

Selected Benefits 0 items

Plan	Calculated Coverage Begin Date	Coverage Begin Date	Calculated Deduction Begin Date
No items available.			

Waived Benefits 12 items

Medical	Waived
Dental	Waived
Vision	Waived
Accident	Waived

Submit Save for Later Cancel

8 Click **Done**.

The Benefits Team will review your documentation and reach out if they need further information.

Submitted

You've submitted your elections.

You have submitted your benefit elections. If they require approval, they have been routed to the Benefits Department. You may want to print these elections for your own records.

View 2025 Benefits Statement

Done