

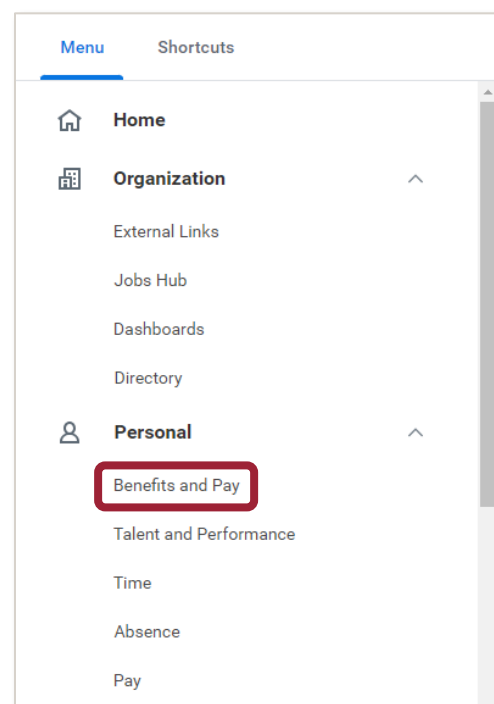
WORKDAY | BENEFITS CHANGE: NO QUALIFYING LIFE EVENT

Use this process to **update specific Benefits** elections at any time throughout the calendar year without supporting documentation.

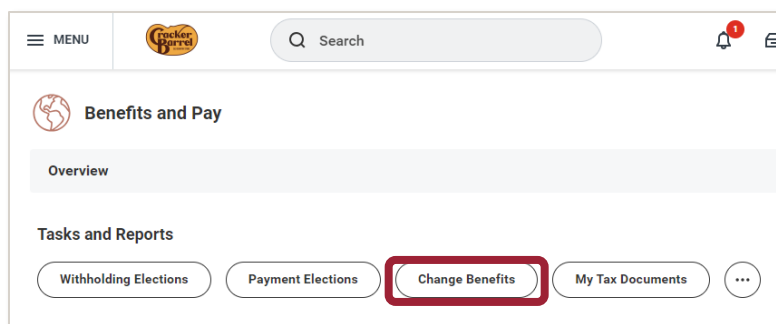
What Benefits can I change outside of Open Enrollment or a Qualifying Life Event?

- HSA Contribution
- Commuter Contribution
- Beneficiaries (for Life Insurance Benefit)

1 Access the **Benefits and Pay** App from your **Menu**.

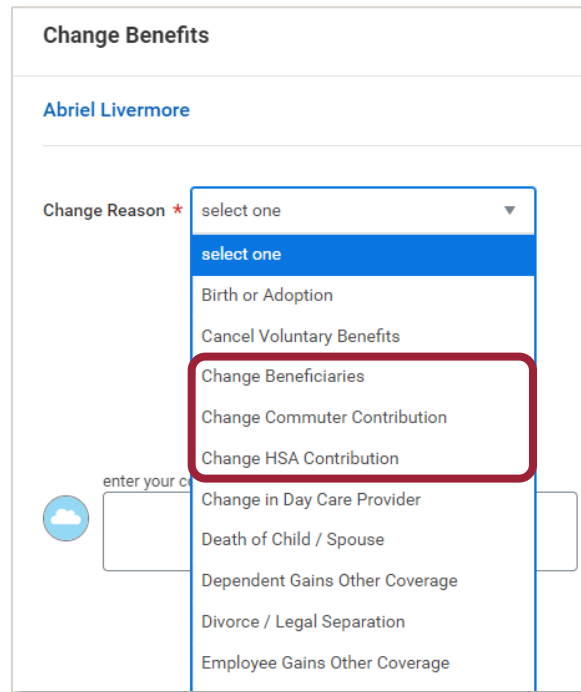


2 Select **Change Benefits**.



- 3 Select the appropriate **Change Reason** from the dropdown menu.

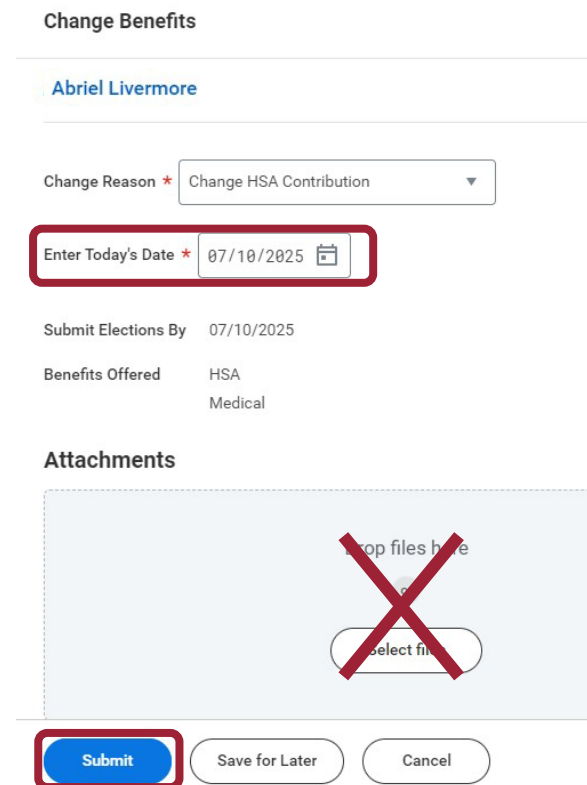
These instructions are specific to non-Open Enrollment and non-QLE Benefits changes.



- 4 Enter the **Date**, then click **Submit**.

You are not required to upload attachments for non-QLE Benefit Changes.

Example shown:
Change HSA Contribution



- 5 This creates a new Task. Click **Open** to adjust your HSA Contribution amount.

The screenshot shows a modal window titled "You have submitted" with the text "Up Next: Alana Tunstel | Change Benefit Elections" and a "View Details" link. Below the modal is a task card titled "Benefit Event: Change HSA Contribution" with a red "NOT STARTED" label and a deadline of "Submit elections by July 10, 2025". The "Open" button on the task card is highlighted with a red box.

- 6 Answer the pre-screening question on **Tobacco Use**.
Click **Continue**.

The screenshot shows the "Update Your Information" form. Under the "Health Information" section, there is a "Tobacco Use" section. It includes definitions for "Tobacco Free" and "Tobacco User". A question asks the user to review the definitions and answer appropriately. The answer options are "I am a tobacco user" (radio button) and "I am tobacco free" (radio button, selected). The "Continue" button is highlighted with a red box.

- 7 Select **Manage** on the HSA tile.

The screenshot shows the "Enrollment Instructions" section, which includes instructions on how to review benefit options and make selections. Below this is the "Health Care and Accounts" section. It contains two tiles: "Medical" (BCBSTN HDHP Health Savings Advantage) and "HSA" (Bank of America). The "HSA" tile shows a contribution of \$152.00 per paycheck. The "Manage" button on the HSA tile is highlighted with a red box.

8 Click **Select** next to the HSA plan if you would like to enroll or update your contribution amount.

Then click **Confirm and Continue**.

The screenshot shows the 'HSA' selection screen. At the top, it displays 'Projected Total Cost Per Paycheck' as \$205.22. Below this, the 'Plans Available' section instructs the user to 'Select a plan or Waive to opt out of HSA.' A table lists one item: 'Bank of America'. In the '*Selection' column, the 'Select' radio button is chosen, and the 'You Contribute (Biweekly)' column shows '\$152.00'. At the bottom, there are two buttons: 'Confirm and Continue' and 'Cancel'.

Benefit Plan	*Selection	You Contribute (Biweekly)
Bank of America	☒ Select ☐ Waive	\$152.00

9 Enter the amount you would like to contribute to your HSA, either per year or per paycheck.

Click **Save**.

The screenshot shows the 'HSA - Bank of America' contribution screen. It displays 'Projected Total Cost Per Paycheck' as \$205.22. The 'Contribute' section shows 'Your estimated contributions made this year' as 1,824.00. There are input fields for 'Per Paycheck' (XXX.XX) and 'Annual' (X,XXX.XX). The 'Remaining Paychecks' is listed as 13. Below this, it states 'Maximum Annual Amount: \$3,800.00'. The 'Summary' section shows 'Total Annual HSA Contribution' as X,XXX.XX. At the bottom, there are two buttons: 'Save' and 'Cancel'. The 'Save' button is highlighted with a red border.

Per Paycheck: XXX.XX

Annual: X,XXX.XX

Remaining Paychecks: 13

Maximum Annual Amount: \$3,800.00

Summary

Total Annual HSA Contribution: X,XXX.XX

11 Scroll to the bottom of the **View Summary** screen to read and **accept the Legal Notice**. Then, click **Submit**.

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and will serve as your confirmation of the information you are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to enroll you and your dependents for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not request a change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Plan on a pre-tax basis.
- Company-provided life insurance that exceeds \$50,000 may be subject to imputed income.
- Each year, during the annual enrollment period, you will have the option to change certain coverages with the exception of life insurance.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, beginning January 1st of the following year, you will not be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after your other qualifying life event, such as marriage, birth, or adoption, you may be able to enroll yourself, your spouse and your dependents, provided you request enrollment within 31 days after your other qualifying life event.
- If I am actively at work and deductions for benefits cannot be taken from my payroll check in full, I may request a waiver of coverage. Coverage will be cancelled if I do not pay the bill by the specified due date on the bill.
- It is my responsibility to notify Cracker Barrel if a dependent loses eligibility.
- Falsification of any information may result in termination of coverage and/or employment and denial of future enrollment.

I Accept ☒



Process History

Submit Save for Later Cancel

12 Click **Done**.

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