

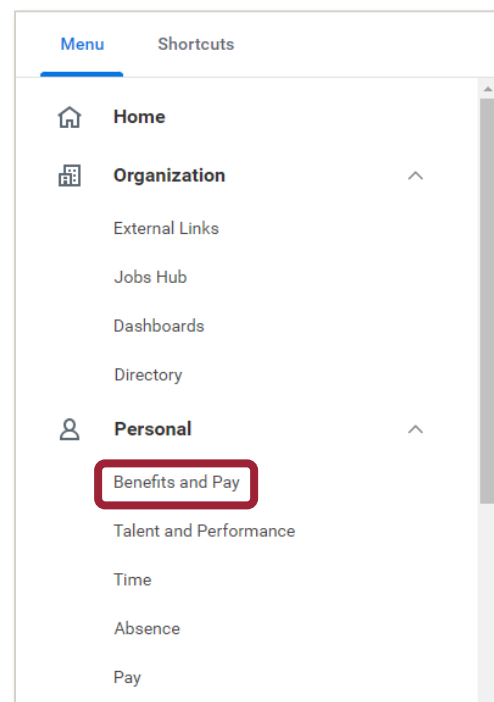
WORKDAY | BENEFITS CHANGE: NO QUALIFYING LIFE EVENT

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

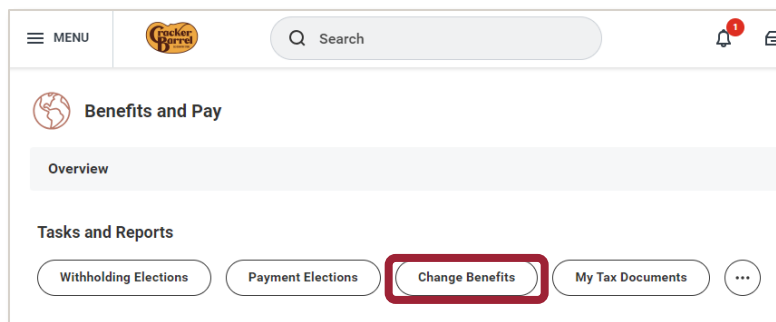
What Benefits can I change outside of Open Enrollment or a Qualifying Life Event?

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

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

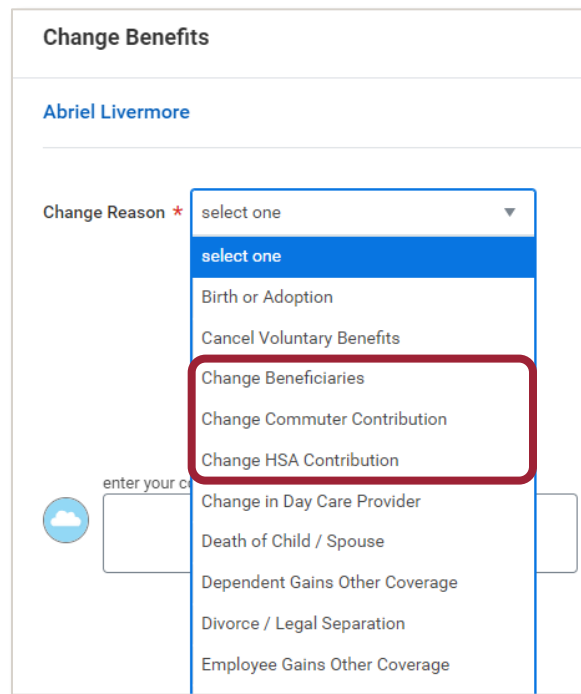


2 Select **Change Benefits**.



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

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



Change Benefits

Abriel Livermore

Change Reason * select one

select one

Birth or Adoption

Cancel Voluntary Benefits

Change Beneficiaries

Change Commuter Contribution

Change HSA Contribution

Change in Day Care Provider

Death of Child / Spouse

Dependent Gains Other Coverage

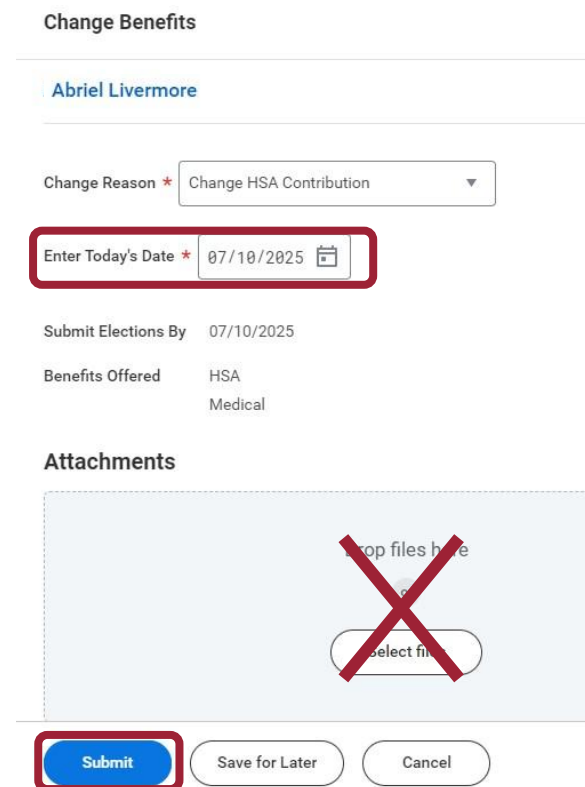
Divorce / Legal Separation

Employee Gains Other Coverage

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

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

Example shown:
Change HSA Contribution



Change Benefits

Abriel Livermore

Change Reason * Change HSA Contribution

Enter Today's Date * 07/10/2025

Submit Elections By 07/10/2025

Benefits Offered HSA Medical

Attachments

drop files here

select file

Submit Save for Later Cancel

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

The screenshot shows a 'You have submitted' notification box with the text 'Up Next: Alana Tunstel | Change Benefit Elections' and a 'View Details' link. Below this is a task card titled 'Benefit Event: Change HSA Contribution' with a subtext 'Submit elections by July 10, 2025.' and an 'Enroll' button. A red box highlights the 'Open' button on the task card.

- 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'. Below the definitions is a question: 'Please review the tobacco usage definitions and answer appropriately.' The answer options are 'I am a tobacco user' (radio button) and 'I am tobacco free' (radio button, selected). A red box highlights the 'Continue' button at the bottom of the form.

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

The screenshot shows the 'Enrollment Instructions' page. It includes a section for 'Health Care and Accounts' with two tiles: 'Medical' (BCBSTN HDHP Health Savings Advantage) and 'HSA' (Bank of America). The 'HSA' tile shows a contribution of \$152.00 per paycheck. A red box highlights the 'Manage' button on the 'HSA' tile.

- 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 interface. 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 the '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' are listed as 13. The 'Maximum Annual Amount' is \$3,800.00. The 'Summary' section shows the '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 change. You are certifying that:

- You understand and approve the enrollment as indicated above. You hereby authorize the company to deduct the amount for the benefit options elected above.
- You understand and acknowledge that under the Internal Revenue Code regulations rules, you may not be eligible for a tax-favored change in status.
- You understand that you will not pay income tax or FICA tax on my medical, dental, vision, and Flexible Spending Account 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 company.
- If you decline medical insurance enrollment for yourself or your dependents, including your spouse, beginning on the first day of the month following your request enrollment within 31 days after your other change in status, you may be able to enroll yourself, your spouse and your dependents, provided you are eligible.
- If I am actively at work and deductions for benefits cannot be taken from my payroll check in full, I may request a refund. 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