

# 2023 Benefit Changes for a Qualifying Life Event

## Legal Marital Status Change: Divorce [Regular Employees]



If you experience a legal marital status change (divorce), then you may make changes to your existing benefit elections within **30-calendar days** from the date of the divorce. Questions? Contact [benefits@spacex.com](mailto:benefits@spacex.com).

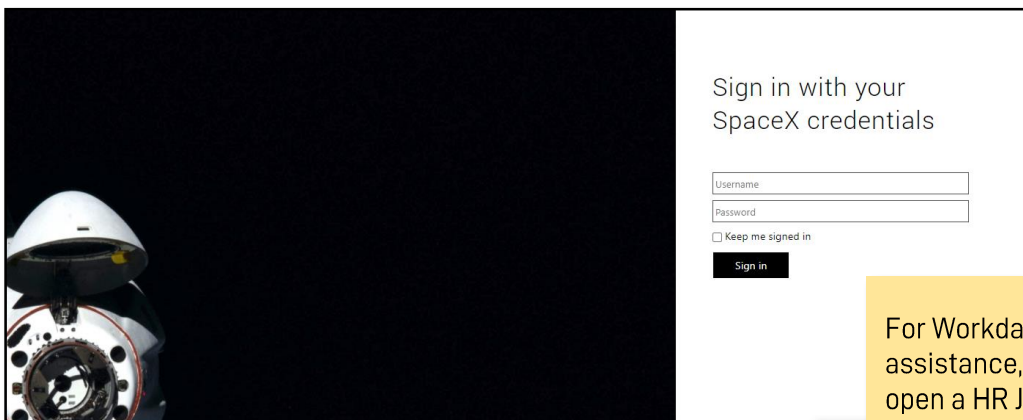
### 1. Login



Log into Workday to complete your qualifying life event benefit changes.

Website: <https://www.myworkday.com/spacex>

Login Credentials: Your SpaceX username and password



For Workday login assistance, please open a HR JIRA service ticket by typing **HRDATA/** in any browser bar while on the SpaceX network.

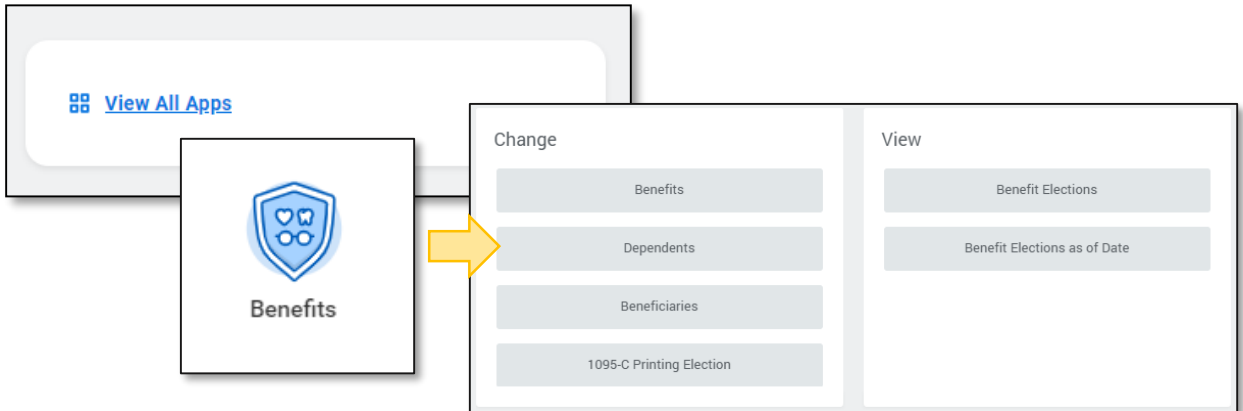
For YubiKey assistance, please call the IT Help Desk at (310) 363-6999.



## 2. Triggering a Qualifying Life Event



Click on the “View All Apps” and select “Benefits” icon on your Workday homepage. Under “Change”, select “Dependents”.



Select “Edit” for your ex-spouse.

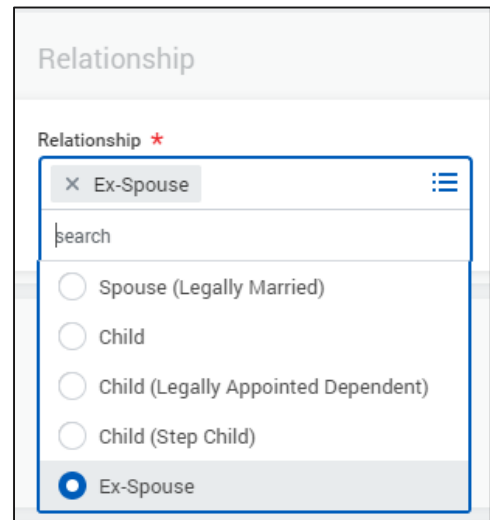


### 1 Input Effective Date & Reason

The effective date should be the date of divorce and under “Reason”, select “Remove Dependent > Divorce”.



### 2 Scroll down and update the Relationship to “Ex-Spouse” and click “Submit” at the bottom of the page.





## 2. Triggering a Qualifying Life Event (cont.)



Click “Review Documents” and attach your supporting documentation (e.g., a finalized divorce decree) and then click on “Submit” at the bottom of the page.

The screenshot shows two side-by-side panels. The left panel has a white background and contains the text: "You have submitted", "Up Next: **Benny Fits** Review Documents", and a blue link "View Details". Below this is a blue rounded button labeled "Review Documents" with a yellow arrow pointing to it from the left. The right panel has a white background and is titled "Attachments". It features a dashed border box containing the text "Drop files here" and a small grey circle with the word "or" below it. At the bottom of this box is a rounded button labeled "Select files".

Click on “Open” to begin your Benefit Changes.

The screenshot shows a white rectangular box with the text: "You have submitted", "Up Next: **Benny Fits** Change Benefit Elections", and a blue link "View Details". Below this is a blue rounded button labeled "Open" with a yellow arrow pointing to it from the left.

Click “Let's Get Started”.

The screenshot shows a white rectangular box with the title "Change Benefit Elections" at the top. Below the title are two lines of text: "Initiated On" and "Submit Elections By". At the bottom of the box is an orange rounded button labeled "Let's Get Started" with a yellow arrow pointing to it from the left.



### 3. Health Care & Accounts – Medical, Dental, Vision



#### Select your tobacco status.

Health Information

Tobacco Use

Question Has any person to be insured (employee and spouse) used tobacco in the last 12 months?

Answer \*  Yes  No

Make sure your tobacco status is up to date, as the tobacco status will determine your Allstate Critical Illness rates along with your age band and elected coverage amount.

#### Elect the desired medical plan.

SpaceX offers five medical plans:

- Medical EPO
- Medical PPO
- Medical Guide PPO
- Medical High-Deductible Health Plan (HDHP)
- Kaiser HMO (CA only)
- And option to waive

Please note, you must be enrolled into the Medical EPO, PPO, Guide PPO or HDHP plan if you would like to utilize the following benefits:

- Lyra Therapy (with access to medication management)
- SpaceX Health Center (Hawthorne, CA)
- 2nd.MD
- Hinge Health
- Kindbody
- One Medical (CA, WA, & D.C.)
- One Medical Now (all other locations)

Medical  
Collective Health \_EPO (Blue Shield of California)

Cost per paycheck Included

Coverage Employee Only

[Manage](#)

**Medical**

Projected Total Cost Per Paycheck \$46.95

**Plans Available**

You must select a plan. The displayed cost of waived plans assumes coverage for Employee Only.

6 items

| *Selection   | Benefit Plan Details                                    | You Pay (Bi-weekly) | Company Contribution (Bi-weekly) |
|--|---|---------------------|----------------------------------|
| <input type="radio"/> Select<br><input checked="" type="radio"/> Waive | Collective Health _EPO (Blue Shield of California)      | Included            | \$213.39                         |
| <input type="radio"/> Select<br><input checked="" type="radio"/> Waive | Collective Health _PPO (Blue Shield of California)      | \$38.17             | \$203.55                         |
| <input checked="" type="radio"/> Select<br><input type="radio"/> Waive | Collective Health Guide PPO (Blue Shield of California) | \$24.72             | \$202.34                         |
| <input type="radio"/> Select<br><input checked="" type="radio"/> Waive | Collective Health HDHP High-Deductible Health Plan      | \$25.46             | \$174.36                         |
| <input type="radio"/> Select<br><input checked="" type="radio"/> Waive | Kaiser Permanente (SCA) HMO                             | \$109.24            | \$188.06                         |
| <input type="radio"/> Select<br><input checked="" type="radio"/> Waive | Waiver Opt-Out Credit                                   | Included            | \$0.00                           |



### 3. Health Care & Accounts – Medical, Dental, Vision

**Your Ex-Spouse will automatically be removed from your benefit elections. Enroll any other dependents, if applicable.**

You can enroll eligible dependents, such as children, during this qualifying life event. If you already have a dependent listed in Workday, then click "Select" next to their name. Do not create duplicate dependent profiles.

| Select                              | Dependent   | Relationship |
|-------------------------------------|-------------|--------------|
| <input checked="" type="checkbox"/> | Yackie Fits | Child        |



If there are duplicate dependent names, please email [benefits@spacex.com](mailto:benefits@spacex.com).

If you do not already have a dependent listed in Workday and you'd like to add a dependent, then click on "Add My Dependent from Enrollment" and follow the pages to add your dependent to your benefits.

1

#### Dependents

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

Coverage \* Employee Only

Plan cost per paycheck

Add New Dependent



If you have dependents listed as your emergency contact, please click "use an Existing Beneficiary or Emergency Contact"

Use an Existing Beneficiary or Emergency Contact

2

#### Add My Dependent From Enrollment

11 day(s) ago - Effective 01/01/2023

Use as Beneficiary

Actions



If you'd like this dependent to be a beneficiary for your Life and Accidental Death & Dismemberment (AD&D) insurance, check this box. Otherwise, you can click "OK".



### 3. Health Care & Accounts – Medical



Input your dependent's information, if adding the dependent for the first time.

**Add Dependent** 01/01 10/1

Relationship \*

Use as Dependent

Use as Beneficiary

Inactive Date (empty)

Date of Birth \*

Age (empty)

Gender \*

Citizenship Status

Tobacco Use  Uses Tobacco

\*  Not Applicable  
 Yes  
 No

#### Eligible Dependents

- Your spouse (including same-sex spouse)
- Your child(ren) up to age 26, which may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship
- Your unmarried child(ren) of any age who are incapable of supporting themselves due to a mental or physical disability and who are totally dependent on you.

Legal Name | Contact Information | National IDs | Additional Government IDs | Other IDs

Country \*

Prefix

First Name \*

Middle Name

Last Name \*

Suffix

Scroll down to input Legal Name, Contact Information (Phone Number & Address).

If available, you may add your newborn's SSN in the national ID section. If you don't have their SSN at this time, please select "Reason SSN is Not Available", and type "N/A", and you may input their SSN at a later time.

| Dependent   | *Social Security Number   |
|-------------|---|
| Yackie Fits | <input type="radio"/> Social Security Number (SSN) <input type="text" value="--"/><br><input checked="" type="radio"/> Reason SSN is Not Available <input type="text" value="N/A"/> |

To decline Medical coverage, select "Waiver Opt-Out Credit".

Select  Waive

Waiver Opt-Out Credit




If you decline medical coverage, you will receive a \$20 opt-out credit per paycheck.



### 3. Health Care & Accounts – Voluntary Benefits



If you want to purchase Allstate's Group Accident, Group Indemnity, and/or Group Critical Illness 10k/20k/40k/50k insurance, click "Enroll" under the desired plan(s).

|   |  |  |
|---|--|--|
|  <b>Group Accident</b><br>Waived |  <b>Group Indemnity Medical</b><br>Waived |  <b>Group Critical Illness</b><br>Waived |
| <a href="#">Enroll</a>  | <a href="#">Enroll</a>   | <a href="#">Enroll</a>   |

|   |                   |
|---|-------------------|
| *Selection                              | Benefit Plan      |
| <input checked="" type="radio"/> Select | Allstate Benefits |
| <input type="radio"/> Waive             |                   |

|                                     |                 |              |
|-------------------------------------|-----------------|--------------|
| Select                              | Dependent       | Relationship |
| <input checked="" type="checkbox"/> | Yackie Fits ... | Child        |

### 3. Health Care & Accounts – Health Savings Account (HSA)



**Enroll into the Health Savings Account (HSA) if you've elected the HDHP as your medical plan. If you did not elect the HDHP, then you are ineligible for a HSA and you can skip this step.**


Taking SpaceX's contributions into account, you can contribute up to \$3,850 if you elected the employee only coverage for your HDHP and up to \$7,750 if you elected HDHP coverage for you and one or more family member(s) (e.g., EE + Spouse, EE + Child(ren), EE + Family).

| Coverage Level        | 2023 IRS HSA Contribution Limit | SpaceX Automatically Contributes... | For 2023 You Can Contribute Up to... |
|-----------------------|---------------------------------|-------------------------------------|--------------------------------------|
| Employee Only         | \$3,850                         | \$500                               | \$3,350                              |
| Employee + Spouse     | \$7,750                         | \$1,000                             | \$6,750                              |
| Employee + Child(ren) | \$7,750                         | \$1,000                             | \$6,750                              |
| Employee + Family     | \$7,750                         | \$1,000                             | \$6,750                              |



### 3. Health Care & Accounts – Health Savings Account (HSA)

Select “Enroll” to enter your annual goal or bi-weekly contribution amount for your HSA



|  <b>Health Savings Account (HSA)</b><br>Waived | <table border="1"><thead><tr><th>*Selection</th><th>Benefit Plan</th></tr></thead><tbody><tr><td><input checked="" type="radio"/> Select</td><td>HealthEquity</td></tr><tr><td><input type="radio"/> Waive</td><td></td></tr></tbody></table> | *Selection | Benefit Plan | <input checked="" type="radio"/> Select | HealthEquity | <input type="radio"/> Waive |  |
|---|---|------------|--------------|---|--------------|-----------------------------|--|
| *Selection  | Benefit Plan  |            |              |   |              |                             |  |
| <input checked="" type="radio"/> Select   | HealthEquity  |            |              |   |              |                             |  |
| <input type="radio"/> Waive   |   |            |              |   |              |                             |  |

|  |  |
|--|--|
| <b>Contribute</b>                                |  |
| Per Paycheck <input type="text" value="121.15"/> | Annual <input type="text" value="3,150.00"/> |
| Total Paychecks 26                               |  |
| Maximum Annual Amount: \$3,850.00                |  |

Please note, SpaceX automatically contributes to your HSA, irrespective of whether you choose to contribute to your HSA.

**If you are age 55 or older (or will turn age 55 in 2023), you can contribute an additional \$1,000.**

|  |
|--|
|  <b>Health Savings Account Catch-up (HSA)</b><br>Waived |
|  <a href="#">Enroll</a>                                 |





### 3. Health Care & Accounts – Employee Assistance Program

Lyra Coaching is a six-session mental health coaching program, designed by Lyra clinicians and grounded in principles of evidence-based treatments, that will empower you to better manage stress, make difficult decisions, and improve relationships, both at work and at home. Lyra Coaching will be available for FREE to all SpaceX employees (regular, temporary, and interns), who are normally scheduled to work at least 20 hours per week, and their eligible dependents (ages 18+).

**You are automatically enrolled in Lyra Coaching, so no additional action is required on your end.**

|                        |  |
|------------------------|--|
|                        | <b>Employee Assistance Program</b><br>Lyra Health Coaching |
| Cost per paycheck      | Included   |
| Coverage               | Employee Only  |
| <a href="#">Manage</a> |  |

### 4. Insurance – Short Term & Long Term Disability (STD & LTD)



SpaceX provides Short Term Disability (STD), Long Term Disability (LTD) benefits to regular, eligible employees at no cost.

**You are automatically enrolled into these plans, so no additional action is required on your end.**

|                        |   |                        |  |
|------------------------|---|------------------------|--|
|                        | <b>Short Term Disability (STD)</b><br>The Hartford (Employee) |                        | <b>Long Term Disability (LTD)</b><br>The Hartford (Employee) |
| Cost per paycheck      | Included  | Cost per paycheck      | Included   |
| Coverage               | 66.67% of Salary  | Coverage               | 66.67% of Salary   |
| <a href="#">Manage</a> |   | <a href="#">Manage</a> |  |

### 4. Insurance – Basic Life and AD&D Insurance



SpaceX also provides Basic Life and Basic Accidental Death & Dismemberment (AD&D) at 1x your salary coverage to regular, eligible employees at no cost.

**Select “Manage” to add your beneficiaries for Basic Life and AD&D insurance.**

|                        |  |                        |   |
|------------------------|--|------------------------|---|
|                        | <b>Basic Life Insurance</b><br>The Hartford (Employee) |                        | <b>Basic Accidental Death &amp; Dismemberment Insurance (AD&amp;D)</b><br>The Hartford (Employee) |
| Cost per paycheck      | Included   | Cost per paycheck      | Included  |
| Coverage               | 1 X Salary   | Coverage               | 1 X Salary  |
| <a href="#">Manage</a> |  | <a href="#">Manage</a> |   |



### 4. Insurance – Beneficiaries



If you'd like to remove your ex-spouse from your beneficiary list, then you can click on the “-” sign next to the individual's name. To assign your beneficiary, click on the + sign to select or create the beneficiary person or trust. Select if it is a Primary or Secondary assignment and the percentage breakdown. The percentage breakdown should add up to 100% for Primary and 100% of Secondary beneficiary assignments.

**Assigning a secondary beneficiary is optional.**

**Beneficiaries**  
Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

\*Primary Beneficiaries 1 item

| Beneficiary         | Percentage |
|---------------------|------------|
| [-] X Mrs. Fits [X] | 100        |

Secondary Beneficiaries 2 items

| Beneficiary           | Percentage |
|-----------------------|------------|
| [-] X Zackie Fits [X] | 50         |
| [-] X Yackie Fits ... | 50         |



Total adds up to 100%

### 4. Insurance – Voluntary Life and AD&D Insurance



**If you want additional financial security for you and your family, you can elect voluntary life and AD&D insurance.**

You can elect additional voluntary life and AD&D insurance for yourself in increments of \$10,000, up to a maximum of \$500,000.

**Voluntary Life Insurance - Employee**  
Waived

Enroll

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**Voluntary AD&D Insurance - Employee**  
Waived

Enroll

**Voluntary Life Insurance - Employee**  
The Hartford (Employee)

Cost per paycheck

Coverage \$100,000

Manage

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**Voluntary AD&D Insurance - Employee**  
The Hartford (Employee)

Cost per paycheck

Coverage \$100,000

Manage



Voluntary AD&D amount must equal the Voluntary Life amount.



## 4. Insurance – Voluntary Life and AD&D Insurance

**If you previously selected Voluntary Life and AD&D Insurance – Spouse, your Ex-Spouse will automatically be removed from coverage since they are no longer eligible.**

You can elect additional life insurance for your child(ren) by selecting “Manage” for a coverage of \$10,000. Child life insurance is \$0.08 per \$1,000 regardless of the number of children.

|   |          |
|---|----------|
|  <b>Voluntary Life Insurance - Child(ren)</b><br>The Hartford (Child(ren)) |          |
| Cost per paycheck   | \$0.37   |
| Coverage  | \$10,000 |
|  <a href="#">Manage</a>  |          |

You (the employee) must be enrolled in Employee Voluntary Life in order for you to enroll your child(ren) for Voluntary Life Insurance.



**Important:** If you are electing the voluntary life and AD&D insurance for the first time during your qualifying life event or if you are increasing your coverage amount from your previous election, then you will receive an Evidence of Insurability (EOI) form from our life insurance carrier, The Hartford. Upon review of your completed EOI form, The Hartford will notify you of the coverage approval or denial. Please note, you will not be deducted for voluntary life and AD&D insurance until SpaceX is notified of your approved coverage.

## 5. Additional Benefits - Group Legal Plan



**Elect Group Legal Plan by selecting “Enroll”, if applicable.**

SpaceX partners with MetLife (MetLaw) to provide you and your family with fully covered legal services from attorneys experienced in estate planning documents, civil suits, adoption, identity theft issues and much more. Save hundreds over typical attorney fees, with no deductibles, no co-pays, no claim forms or usage limits when using a Network Attorney. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options, and recommend a course of action.

|   |  |
|---|--|
|  <b>Group Legal Plan</b><br>Waived |  |
|  <a href="#">Enroll</a>            |  |

| *Selection                              | Benefit Plan     |
|---|------------------|
| <input checked="" type="radio"/> Select | MetLife (MetLaw) |
| <input type="radio"/> Waive             |                  |



## 6. Review and Confirmation of Benefit Elections



Once you are ready to submit your benefit elections, click on “Review and Sign” button on the bottom left corner of the screen.

Please verify your elections carefully before submitting. When you are satisfied with your elections, please check off your Electronic Signature and hit “Submit” at the bottom of the page.

| Plan   | Coverage Begin Date | Deduction Begin Date | Coverage      | Dependents |
|--|---------------------|----------------------|---------------|------------|
| Medical  | 04/01/2023          | 04/01/2023           | Employee Only |            |
| Collective Health _EPO (Blue Shield of California) |                     |                      |               |            |
| Dental   | 04/01/2023          | 04/01/2023           | Employee Only |            |
|  |                     | 01/2023              | Employee Only |            |

### Electronic Signature

I attest by checking the “I agree” box below that I have reviewed the information that I provided and that it is true and accurate to the best of my knowledge. I understand that outside of Annual Benefits Open Enrollment, I cannot make benefit changes during the year unless I experience a qualifying life event, such as a marriage, divorce, birth/adoption of a child, and loss/gain coverage elsewhere. I also understand that if I experience a qualifying life event, then I only have 30 days from the qualifying life event date to request any benefit changes by making my desired benefit elections and submitting the necessary supporting documentation in Workday or by emailing [Benefits@spacex.com](mailto:Benefits@spacex.com). If I miss the 30-day qualifying life event window, then understand I will have to wait until the next Annual Benefits Open Enrollment period to make my desired benefit changes, or upon experiencing another qualifying life event.

If applicable, I authorize SpaceX to deduct the employee contribution amounts required for the benefit plan coverage(s) for which I elected and have been approved.

I Accept



Submit

Save for Later

Cancel

If you need to make any edits you can do so by clicking “**Cancel**” on the bottom of the page to return to the enrollment page.

## 7. Making Changes



You will not be able to edit your elections after you click Submit. If you need to make changes, then please contact the Benefits team at [benefits@spacex.com](mailto:benefits@spacex.com) no later than 30-calendar days from your Qualifying Life Event date.