

Congratulations! It is Open Enrolment time **(June 3 – June 14, 2024)** and you are now eligible to change your benefit elections. This guide will walk you through completing your Canadian Open Enrolment in Workday. You can access Workday through the

SharePoint Intranet, by visiting https://wd5.myworkday.com/michaels, or on a mobile device using the QR code above.

For detailed information about the different benefit options available to you as a Michaels Team Member, please visit **www.MIKBenefits.com**

Selecting Your Benefits

During Open Enrolment you will see an Announcement on the <u>Workday homepage</u> and two tasks for Open Enrolment in your Workday inbox. The first task will be "Verify Dependants for Open Enrolment" and the second will be "Open Enrolment Change."

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Open Enrolment Task

1. Start by navigating to your inbox in Workday. Notice, the task will also show in the Awaiting your action section.

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Good Morning						
Awaiting	y Your Action					
	Open Enrollment Change: on 07/01/2024 My Tasks - 2 minute(s) ago					
	Change Remote Work Arrangement: Home Contact Change: Jane Doe (2202116) My Tasks - 3 hour(s) ago					
8	Required Learning Due DUE 06/01/2021					
Go to My Tasks (2)						

2. Once you click on the item under awaiting your action or the inbox item, the below will display.

	Michaels		Q Search		
<u> </u>	y Tasks	←	All Items 2 items Created: 05/20/2024 Effective: 07/01/2024		
🗐 🛛 All Iter	ms		Advanced Search '+ Change Benefits for Open Enrollment Initial Advanced Search Canada Open Enrollment 05/20/2024-05/25/2024		
(L) Saved	Searches	~	Open Enrollment Change: Tamar 05/20/2024 Choose new plans or re-enroll in the plans you currently has 05/20/2024 Toumassian (On Leave) (1635072) on 07/01/2024 05/20/2024 Choose new plans or re-enroll in the plans you currently has 05/20/2024	ve.	
	3	\sim	Effective: 07/01/2024		
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3. Select the orange "Let's get Started" button.



Tobacco Use

4. When you begin your open Enrolment, the Tobacco Use question will appear first. All Full-Time eligible Team Members and their Enroled spouse/domestic partner must answer this question. If you do not have a spouse Enroled, you will only see the tobacco question for yourself.

Update	e Your Information
Health I	nformation
Tobac	cco Use
	Acknowledgement If Tobacco user (Team Member) – I acknowledge and understand that if I am a tobacco user of any kind (including e-cigarettes and non-nicotine vaporizers) or have been in the past 6 months, I will be charged the tobacco user rates for Opitional Life and Critical illness, if applicable.
Questio	n Have you used tobacco products in the last 6 months?
Answer	r * 🔿 Yes
	O No



Open Enrolment Homepage

5. On the Open Enrolment Homepage, you will see all eligible plans with the option to **Enrol** under each plan. When you're ready to update the coverage, click on **Enrol or Manage** for the appropriate plan.





Projected Total Cost Per Paycheck \$106.04

Enrollment Instructions

Welcome to 2024 Canadian Open Enrollment!

Michaels Canadian Open Enrollment will be held June 3rd through the 14th, 2024 with benefit changes going into effect as of July 1st, 2024.

If you have any questions regarding the enrollment process, please review the Canada OE job aid for step-by-step instructions. More information is located on MIKbenefits.com.

If you have questions about enrolling or need to make changes to your submitted your elections, call Team Member Services at 1-855-432-MIKE (6453), option 2, or open a ticket in Knowledge Zone.

Health Care			
Health Coverage (Canada) Canada Life Extended Health (Class 1 & 2)	Coordination of Benefits (Canada) Waived	Canada Life Dental (Class 1 & 2)	
Cost per paycheck \$5.34		Cost per paycheck	\$3.92
Coverage Employee Only	Enroll	Coverage Employee	e Only
Manage		Manage	

Insurance			
Basic Life & Accidental Death & Dismemberment (Canada) 2 Plans Canada Life Basic Employee Accidental Death & Dismemberment (AD&D) (Employee Only) Int Canada Life Basic Employee Life (Employee Only) Int	Coptional Life Insurance (Canada) Waived	Optional Accidental Death & Di (Canada) Walved	ismemberment (AD&D)
Manane			
munoge			
Optional Critical Illness (Canada) Walved	Short Term Disability (Canada) Canada Life - 100% of Salary (Employee Only)	Long Term Disability (Canada) Canada Life - Class 1 (40%) (Employe	e Only)
	Cost per paycheck	Included Cost per paycheck	\$96.78
Enroll	Coverage	100% of Salary Coverage	40% of Salary
	Manage	Manage	
Additional Benefits Virtual Health Canada Canada Life Consult+			
Review and Sign Save for Later			

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Medical & Prescription Drug

6. You can click on Manage under the Health Coverage (Canada)

\bigcirc	Health Coverage (Canada)	
\sim	Canada Life Extended Health (Class 1 & 2)	
Cost per pa	ycheck	\$5.34
Coverage		Employee Only

7. Click Waive to drop medical then confirm and continue

Health Cov	erage (Canada)			
Projected Total Co \$106.04	st Per Paycheck			
Plans Availal Select a plan or Wa	Die nive to opt out of Health Coverage (Canada).			
1 item				≣⊡ ľ
Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)	
Canada Life Extended Health (Class 1 & 2)	Select	\$5.34	\$30.24	^
4				*



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8. Complete the coordination of benefits card by enrolling in the applicable plan.

Dental

- 9. The next Enrolment option available is the Dental section. After clicking **Enrol or Manage**, you will be able to **Select** or **Waive** coverage.
- 10. Follow these same steps for dental by clicking on Manage under the Dental Coverage (Canada) card.



11. Waive dental and then select confirm and continue.

Dental Coverage (Canada)							
Projected Total Co \$100.70	ost Per Paycheck						
Plans Availa Select a plan or W	ble aive to opt out of Dental Coverage (Canada).			三田.1			
Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)				
Canada Life Dental (Class 1 & 2)	Select	\$3.92	\$11.76	÷			
•				•			



12. Next click Review and Sign.





Optional Critical Illness (Canada) Walved	Short Term Disability (Canada) Canada Life - 100% of Salary (Employe	ee Only)	Long Term Disability (C Canada Life - Class 1 (40%)	anada) Employee Only)
	Cost per paycheck	Included	Cost per paycheck	\$96.78
Enroll	Coverage	100% of Salary	Coverage	40% of Salary
	Manage			Manage
Additional Benefits				
Virtual Health Canada Canada Life Consult+				
View				
Rolev and Sgn Save for Later				(
Review and Sign Save for Later				

Upload Documents

13. You are required to provide proof of other coverage if you are dropping medical and or dental. You will be able to attach proof of coverage on the last page before submitting your final elections on the Electronic Signature page.

View Summary							
Projected Total Cost Per Paycheck 996.78							
Please review your enrollments below. If you are satisfied with your choices, pleas You may also select the "Go Back" button to make additional changes or the "Saw	se select the "I Agree" checkt e for Later" button to return t	vox at the bottom of the pag o this enrollment later.	e and then click the "Submit" button to finalize your enrol	lment.			
Selected Benefits 6 items							3 .
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost	
Coordination of Benefits (Canada)	07/01/2024	07/01/2024	Spouse has single coverage elsewhere			Included	*
Canada Life Coordination of Benefits (Canada)							
Basic Life & Accidental Death & Dismemberment (Canada)	10/01/2023	10/01/2023	1 X Salary			Included	
Canada Life Basic Employee Accidental Death & Dismemberment (AD&D) (Employee Only)							
Basic Life & Accidental Death & Dismemberment (Canada)	10/01/2023	10/01/2023	1 X Salary			Included	
Canada Life Basic Employee Life (Employee Only)							
Short Term Disability (Canada)	10/01/2023	10/01/2023	100% of Salary			Included	
Canada Life - 100% of Salary (Employee Only)							
Long Term Disability (Canada)	10/01/2023	10/01/2023	40% of Salary			\$96.78	
Canada Life - Class 1 (40%) (Employee Only)							
Virtual Health Canada	07/01/2024	07/01/2024				Included	
Canada Life Consult+							~
4							•

14. Now click Select files.

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Attachments	

Accontents
Drop files here or Select files
Electronic Signature
Statement Regarding Michaels Stores Electronic Disclosures Communications regarding your benefits with Michaels will be furnished to you via the benefits website. The documents will be available in Microsoft Word or Adobe Acrobat. To access the documents, you must have:
 A computer with internet access, and Software program(s) on your computer that allows you to open and read documents in the formats described above. To keep a copy of the document for future reference, you must either Be able to print a copy or on a printer attached to the computer, or save a copy in electronic form If any of these requirements change in a way that creates a material risk that you will no longer be able to access and retain electronically transmitted documents, you will be furnished with the notice(s) and asked to provide another consent to receive documents electronically, by provid your email address and affirming your consent for electronic communications.
What You Must Do: You must consent to receive documents electronically, described in the Statement above by electronic means via the benefits website in the screen below. You may withdraw this consent at any time by notifying the Benefits Dept at Michaels Stores, Inc. in writing, using the following forms of communication:
 Send an e-mail to MIKBenefits@michaels.com with the subject line "Consent Withdrawn for Electronic Disclosure" and include in the body of your email your full name, address, and phone number, or Send a letter containing the same information to the following address: Michaels Stores Inc., Attention: Benefits Department, 3939 West John Carpenter Freeway, Irving, TX 75063. Your Right to a Paper Copy, You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact Team Member Services at 855-432-MIKE (6453), option 2, or via email HRBenefits@michaels.com to request a paper copy.
LEGAL NOTICE: Please Read Your Name and Password are considered your "Electronic Sinnature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I AGREF" checkhory you are certifying that: Submit Cancel

15. Once the document has been attached it will be recorded and be saved within your Open Enrollment Task.

Attachments				
DOC	Proof of other c Successfully	coverage letter.docx lly Uploaded!		
	Comment			
Upload				
Electronic Signature				

Review and Submit

16. You will need to acknowledge and click I accept. Then Submit your Open Enrollment Task to finalize your changes.

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- 17. Failure to include proof of coverage will result in the team member's benefits being reinstated as of July 1st,2024.
- 18. Now view the 2024 Benefits Statement if you would like to review a summary of your changes.



19. Click Print to PDF and save a copy to your computer.







Submit Elections Confirmation Canada Open Enrollment fo	
Initiated On 05/20/2024	
Submit Elections By 05/25/2024 \$96.78 Biweekly Cost	
Event Date 07/01/2024	
You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.	
You may view or print a PDF copy of your elections by clicking the 'Print' button below.	

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