2021 Open Enrollment:

How to Enroll a Dependent

2021

BorgWarner

How to Enroll a Dependent

1. Click on “Manage” or “Enroll” the Benefit Tile.

2021 US Legacy DT Open Enrollment

Projected Total Cost (Monthly)
$0.00

Health Care and Accounts

Medical
Cigna US Basic HRA - 4+ Wellness Points
Cost (Monthly) Included
Coverage Employee Only
Manage

Dental
Waived
Enroll

Vision
Waived
Enroll

© BorgWarner Inc.

BorgWarner

How to Enroll a Dependent (continued)

2. Select the Plan you want to elect.

3. Select “Confirm and Continue”.

Medical

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of waived plans assumes coverage for Employee Only.

2 items

*Selection	Benefit Plan	You Pay (Monthly)	Company Contribution (Monthly)	Plan Details
(•) Select ( ) Waive	Cigna US Basic HRA - 4+ Wellness Points	Included	$445.00	BorgWarner Me
( ) Select (•) Waive	Cigna US BuyUp HRA - 4+ Wellness Points	$95.50	$859.50	BorgWarner Me

Confirm and Continue | Cancel

How to Enroll a Dependent (continued)

4. Select “Coverage Type”.
5. Select “Confirm and Continue”.
6. Select “Add New Dependent”.
7. Hit “Ok”.

© BorgWarner Inc.

BorgWarner

How to Enroll a Dependent (continued)

8. Add dependent information in required fields. (Be sure to include the SSN under "National ID" if the dependent has one.)

9. Select "Save".

Add My Dependent From Enrollment

Name

Country * United States of America

Prefix

First Name *

Middle Name

Last Name *

Suffix

Allow Duplicate Name

Check this box only when there is more than one dependent with the same name.

National IDs

Click the Add button to enter one or more National Identifiers for this dependent.

Add

Personal Information

Relationship *

Date of Birth * MM/DD/YYYY

Age (empty)

Gender * select one

Citizenship Status

Tobacco Use Uses Tobacco

* Yes

No

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Save Cancel

Address

Phone & Email

BorgWarner

How to Enroll a Dependent (continued)

10. If you need to add additional dependents, repeat steps 6 – 9. Ensure the correct coverage is selected.

11. Hit “Save”.

12. Repeat the process for the Dental and Vision plans.

← Medical - Cigna US Basic HRA - 5+ Wellness Points

Dependents

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

Coverage * × Employee + One

Plan cost (Monthly)

Add New Dependent

1 item

Select	Dependent	Relationship	Date of Birth
☑	Jane Doe	Spouse	01/01/1985

Save Cancel

Health Care Instructions

Plan Description BorgWarner Medical

Provider Website Cigna

General Instructions

Select or Waive the available plan option(s).

© BorgWarner Inc.

BorgWarner

How to Enroll a Dependent (continued)

If the dependent is newly enrolled on the plans, please upload supporting documentation that shows relationship to the employee; i.e. copy of marriage license, copy of birth certificates, or tax forms in the 'Attachments' drop box prior to submission on the 'View Summary Page'

Or, send supporting documentation to HRLink@borgwarner.com

Attachments

Drop files here

or

Select files

Electronic Signature

I understand the benefits I elect here will remain in effect during the plan year for which I made the election and that I cannot make changes to these elections unless I experience a qualified change in status event, as described in the Summary Plan Description. If I have a change in status event, I understand that I must notify Human Resources and complete the necessary paperwork/process within 30 days of the event. If I have declined any plans, I certify that they have been explained to me and I do not wish to participate. I understand that adjustments to contributions, deductibles, co-payments and out-of-pocket limits are determined on an annual basis and that BorgWarner has the right to modify, suspend or end the benefits that I have elected, in whole or in part, at any time. I authorize BorgWarner to deduct my contributions from my pay until I revoke them in writing. I understand that if I do not use all the contributions I make to a Health Care FSA by end of the plan year (December 31st), only the lesser of my account balance or $550 may be carried over into the next plan year and any amount above $550 will be forfeited in accordance with IRS rules. I understand that if I do not use all the contributions I make to a Dependent Care FSA by the end of the plan year (December 31st), any remaining balance will be forfeited in accordance with IRS rules. When I am eligible and enroll a dependent under one or more of the BorgWarner medical, dental, vision plans, Health Care FSA and/or Dependent Care FSA Plans, I understand that I am solely responsible, in consultation with my own tax advisor, to determine whether or not I will be subject to any imputed income tax as a result of such dependents' coverage. Generally, a spouse and a tax-dependent as defined under Code Section 152 shall qualify for tax-free treatment under the BorgWarner medical, dental, vision, and FSA benefits. In this regard, I understand that BorgWarner will not impute any income tax with respect to my enrolled spouse and/or dependent-children covered under the BorgWarner medical, dental, vision, and FSA benefits. I understand that I must notify HR within 30 days of either of the following events: (i) when my enrolled dependent no longer qualifies as my spouse or tax-dependent under Code Section 152 (as described in the Summary Plan Description) and thus BorgWarner should impute income tax for the value of such dependent's coverage, or (ii) when any enrolled dependent ceases to satisfy any of the eligibility requirements to qualify as my spouse or other dependent. Failure to timely notify Human Resources of such change may result in such dependent's coverage being retroactively terminated and a loss of your dependent's right to elect COBRA continuation coverage. I understand that the cost of any purchased vacation time which has been used/paid and for which I have not yet fully contributed to the purchase cost will be withheld from my final paycheck(s). **I understand that knowingly providing false information may be grounds for termination of employment and that any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information, commits a fraudulent act, which is a crime. BorgWarner may seek reimbursement from me in the amount of any and all claims that have been paid on behalf of an ineligible dependent.**

I Accept ☐

Submit | Save for Later | Cancel