

# Benefits Resource Guide

## Human Resource Professionals

*Office of Human Resources  
Benefits Services  
Suite 300  
1590 North High Street  
Columbus, OH 43201-2190*

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# Affiliated Groups

Affiliated Groups are organizations who provide various services for The Ohio State University, but their employees are not employees of Ohio State. Because of this association, employees of Affiliated Groups have the opportunity to purchase certain benefits that are also available to Ohio State employees.

Additional Affiliated Groups information is available online at [hr.osu.edu/policy/empben/bluebook.pdf#univaffil](http://hr.osu.edu/policy/empben/bluebook.pdf#univaffil).

**Notes:**

- All forms for Affiliated Groups employees must be submitted to the OHR Affiliated Group Coordinator for processing.
- The Affiliated Group Coordinator can be contacted at (614) 292-1050 or [benefits@hr.osu.edu](mailto:benefits@hr.osu.edu).
- Paperwork should be sent to:  
The Ohio State University  
Office of Human Resources  
Benefits Processing/Groups  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

**Deadline for OHR to receive forms:** Forms should be submitted based on your affiliated group's policy, i.e. monthly reports, e-mail, or on an as-needed basis.

**The following reflects current benefits for each affiliated group:**

**Alumni Association**

Prime Care Advantage, Prime Advantage Value, Prime Advantage Plus, Independent Choice, Out-of-Area Plan, Dental Plan, Vision Plan, Group Term Life Insurance, Dependent Group Term Life Insurance, Long-Term Disability

**Central Ohio Technical College (COTC)**

Prime Care Advantage, Prime Advantage Value, Prime Advantage Plus, Independent Choice, Out-of-Area Plan, Dental Plan, Vision Plan, Group Term Life Insurance, Dependent Group Term Life Insurance, Long-Term Disability

**Faculty Club**

Dental Plan, Vision Plan, Group Term Life Insurance, Dependent Group Term Life Insurance, Long-Term Disability

**OSUP (OSU Physicians)**

Prime Care Advantage, Prime Advantage Value, Prime Advantage Plus, Independent Choice, Out-of-Area Plan, Dental Plan, Vision Plan

**Remind the employee to keep a copy of all enrollment forms for their personal records.**

**Send Completed Forms to:**

The Ohio State University  
Office of Human Resources  
Benefits Processing/Groups  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Employment Verification

Ohio State has contracted with The Work Number for Everyone® (TWN) to provide automated employment verification information 24 hours-a-day 7 days-a-week. Information is provided for any employee who has been on university payroll at any time from 1998 to present. Refer employment screening, mortgage and other loans, rental housing, public assistance, and child support information requests to TWN.

**Verifiers** can obtain verifications online at [theworknumber.com](http://theworknumber.com) or by phone at 1-800-367-5690 (most verifiers) or 1-800-660-3399 (social service agencies). The Ohio State employer code is 10380. A salary key is only required when the verifier needs salary information.

Three types of verifications are available on The Work Number for Everyone®.

- **When Proof of Employment (Employment Verification) is needed:** provides title, dates of employment, length of employment, and status (active or inactive). The employee gives the verifier his/her social security number and the employer name or code. A salary key is not required.
- **When proof of Employment and Income (Employment & Income Verification) is needed:** provides all information included on Employment Verifications plus pay rate and total income for the current and past two years. Income is broken down by base pay, overtime, commission, bonuses, and other income. The employee gives the verifier his/her social security number, the employer name or code, plus a **salary key** (required--see below).

Some verifiers do not participate in TWN. These verifiers generally accept pay stubs and W-2s. Log on to [epayroll.theworknumber.com/osu](http://epayroll.theworknumber.com/osu) or phone 1-866-678-3729 for pay stubs or 1-800-367-2884 for W-2s. If an employee is locked-out he/she can contact Payroll at (614) 292-2311 to unlock the account.

- **When proof of Public Assistance (Social Service Verification) is needed:** provides information needed by social service agencies for requests such as OWF (ADC), Medicaid, disability assistance, food stamps, subsidized child care, subsidized housing, and child support. The employee gives the social service agency his/her social security number and employer name or code. A salary key is not necessary because the information is provided only to verified social service agencies that have a legal right to access the information.

A **Salary Key** is a six-digit code that an employee gives a verifier to authorize that verifier with one-time access to his income information on The Work Number for Everyone®. To obtain a Salary Key, an employee logs on to Epayroll at [epayroll.theworknumber.com/osu](http://epayroll.theworknumber.com/osu), selects income verification and follows the prompts, or calls 1-800-367-2884 and follows the prompts. The Ohio State employer code is 10380. If an employee is locked-out he/she can contact Payroll at (614) 292-2311 to unlock the account.

**Notes:**

- The Work Number for Everyone® cannot complete all requests. Some require letterhead and detail not available on The Work Number. These include transfer of credit and unused sick leave to another state employer, U.S. residency and visa requests, national security clearances, and employee requests for their own information.
- The HRP in the last employing department should complete these requests for all previous employment, if information is accessible.

# Employment Verification for Service Transfer

## Documenting Service Credit to Other Ohio Public Employers

**Notes:** The HRP of the last employing department should complete the request if he/she has the information, and should include information on HRIS from all departments.

Documentation can be on letterhead or on a form provided by the new employer. Letters can be customized by using applicable portions of the template that follows. Wording can vary, but the employment information included should be consistent.

List all employment found on university payroll, including full time, part time, temporary, student, and intermittent. Most non-university employers allow credit for all of these.

<b>Template Tips:</b>	Do not include Fellow titles, contract employment, or employment paid through Accounts Payable or temporary services. These are not considered state employment.
	For student and intermittent employees, confirm the dates listed with actual dates paid on Paycheck Data. These employees may have been left active on payroll although not actually working. If exact dates are not available, use pay period start and end dates.
	Use generic titles. The type of student assistant, student intern, or graduate associate does not matter for service credit transfer.
	State whether employment is full or part time. If part time, include number and type of pay periods (biweekly or monthly) during which an employee had earnings. Do not calculate number of days.
	Do not calculate hours worked. If informed that the person will lose credit without this information, furnish printouts from HRIS of gross earnings by pay period and compensation rate history. Paycheck Data and Job Summary panels work well. The new employer can make the calculations.
	Include the sentence "Wages are paid with state funds." All sources of funding, including donations and research grants, are considered to be state funds once they enter the university payroll system. All earnings shown on HRIS are state funds.
	Include the sentence "University pay documents are signed by the Treasurer of the University" to indicate that wages are not paid by a warrant of the Auditor of State, i.e. not signed by the State Auditor.

If the employment information requested has been archived, forward the request to Office of Human Resources, 1590 N. High St., Suite 300, Columbus, OH 43201-2190, (614) 292-1050 phone, (614) 292-7813 fax.

# Employment Verification for Service Transfer

## Documenting Service Credit to Other Ohio Public Employers

### Sample Letter

[Date]

[Business name]  
[Street address]  
[City, State Zip]

Dear [ ]:

[ ] was employed by The Ohio State University as listed below. The number of pay periods with earnings is listed for part time employment. Full time employment is for dates listed.

[ ] through [ ] Student Assistant-Part Time [ ] biweekly pay periods  
[ ] through [ ] Graduate Associate-Part Time [ ] monthly pay periods  
[ ] through [ ] [Non Student Title]-Part Time [ ] biweekly pay periods  
[ ] through [ ] [Non Student Title]-Part Time [ ] monthly pay periods  
[ ] through [ ] [Non Student Title]-Full Time

Student employees of the university are not eligible for regular benefits, and do not accrue paid time off for the purpose of vacation or illness. Student employment is temporary part time employment only.

Vacation is paid out at separation. At separation [ ] had an unused sick leave balance of [ ] hours.

Wages are paid with state funds. University pay documents are signed by the Treasurer of the University.

If I can be of further assistance, please contact me at [ ].

Sincerely,

[Name]  
[Title]

# Service Date Tips

**Notes:**

An employee's service date at Ohio State does not necessarily match the amount of credit that the employee has with the retirement system. These dates may differ for many reasons. Employees should contact OPERS (1-800-222-7377) or STRS (1-888-227-7877) directly concerning a retirement date.

Always search for a previous ID number when hiring an employee even if the employee says that he/she was never employed by Ohio State. If a previous ID is found, use that ID and check for previous employment that may count toward the employee's service dates.

<b>Tips:</b>	Student titles do not count toward service dates at Ohio State even if the student pays into OPERS or STRS for that employment.
	All previous non-student employment counts toward an employee's service dates. Even if the previous position did not accrue vacation, it counts toward the appropriate service dates.
	Non-student employment with other state, county, and municipal agencies in Ohio counts only toward the Benefits Service Date. The employee is responsible for providing the department HRP with verification from the previous employer.
	Verification can be on letterhead or on a form provided by that employer.
	Ohio National Guard service counts only toward the Benefits Service Date. Verification should be obtained from the Adjutant General's office. Other military or federal service does not count.
	No Salary positions count only toward the Adjusted OSU Date.
	An employee can only receive credit once toward a particular date for any period of time. Adjust credit for concurrent or overlapping positions.
	Fellowships are not considered employment and do not count toward any dates.

A more detailed discussion of service dates is located on the Assist pages. Go to <https://assist-erp.osu.edu/assisthr89/WebHelp/assisthr89.htm> click on Job Aids folder on the left hand side, then Hire Employees, and lastly Employee Service Dates Information.

The service date calculator provided at [hr.osu.edu/servicedates](http://hr.osu.edu/servicedates) can be used to calculate the proper date to enter in each field. When completing the calculator, enter dates for each eligible period of service in chronological order. The relevant adjusted start date will be listed to the right of the most recent start date.

Ohio State employment from July 1978 through June 1997 for non-hospital positions may be available on HRIS. Advanced HRP users can access it at Workforce Administration → Job Information → Review Job Information → Job History OSU (PDB Appts).

Contact OHR for a records search if there appears to be university employment that is not found on HRIS or in the employee's file. Archived university employment records are located at the Office of Human Resources, 1590 N. High St., Suite 300, Columbus, OH 43201-2190, (614) 292-1050, fax (614) 292-7813.

# Flexible Spending Accounts Election Form

Additional information about Flexible Spending Accounts (FSA) available online at [hr.osu.edu/benefits/flexiblepending](http://hr.osu.edu/benefits/flexiblepending).

## Notes:

- The Flexible Spending Accounts Election Form is online at [hr.osu.edu/forms/ben/fsaqual.pdf](http://hr.osu.edu/forms/ben/fsaqual.pdf).
- Employees must re-enroll each Open Enrollment to continue their FSA participation.

## Availability of Funds

- Reimbursement requests must have expenses totaling at least \$25, unless it is the end of the year and the request will empty the account.
- Dependent Care FSA funds: available after payroll deduction.
- Health Care FSA funds: total annual election amount available upon effective date.
- Current account status can be viewed at anytime by using FSA Online at [hr.osu.edu/benefits/flexiblepending](http://hr.osu.edu/benefits/flexiblepending) or contact OHR.

## FSA Plan Year

**Payroll Contribution Period:** January 1 – December 31

**Incurred Expense Period:** January 1 – February 28, a 14-month claim period gives extra time to use funds

**Reimbursement Period:** January 1 – March 31, a 15-month period to request payment for eligible expenses

**Deadline for OHR to receive forms:** Open Enrollment or within 31 days of the date of hire or qualifying event.

## Section I–Personal Information

- All personal information must be completed.

## Section II–Reason for Completing Form

- Employee indicates the Date of Status Change, and then checks the appropriate box that corresponds to the employee's change. Any changes that are made should be consistent with the qualifying event and made for the CALENDAR year (ending December 31).

### Qualifying Status Change and Supporting Documentation Required:

- Open Enrollment – coverage does not start until the first day of the calendar year
- Marriage/birth of child – no documentation is required
- Divorce – copy of divorce decree required
- Obtained new coverage from spouse's employer – documentation from employer/insurer required
- Change in dependent eligibility
- Adoption/Legal Guardianship – documents required to show finalization of adoption or placement of dependent in the home

Additional information regarding qualifying events available online at [hr.osu.edu/benefits/definitions](http://hr.osu.edu/benefits/definitions).

**Employee should read paragraph above Section III carefully.**

## Section III–Contribution Level

- Employee should indicate how much he would like to contribute for the CALENDAR YEAR (i.e. January 1 through December 31 or effective date through December 31) for both Health Care and/or Dependent Care.

Calendar Year (January 1 – December 31):

Health Care minimum: \$100 per year

Health Care maximum: \$5000 per year

Dependent Care minimum: \$250 per year

Dependent Care maximum: \$5000 per year

## Section IV–Authorization

- Employee should read Section IV carefully.
- Employee must sign and date this section for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

### Send Completed Forms to:

The Ohio State University  
Office of Human Resources  
Benefits Processing/FSA  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# FSA Reimbursement for Dependent Care Form

Additional information about Flexible Spending Accounts is available online at [hr.osu.edu/benefits/flexiblepending](http://hr.osu.edu/benefits/flexiblepending).

## Notes:

- The FSA Reimbursement form is online at [hr.osu.edu/forms/ben/fsadep.pdf](http://hr.osu.edu/forms/ben/fsadep.pdf).
- Supporting documentation needs to be attached to the reimbursement form **or** provider signature in lieu of bill or receipt. See page 2 of the reimbursement form for more information.

## Availability of Funds

- Reimbursement requests must have expenses totaling at least \$25, unless it is the end of the year and the request will empty the account.
- Dependent Care FSA funds: available after payroll deduction.
- Current account status can be viewed at anytime by using FSA Online at [hr.osu.edu/benefits/flexiblepending](http://hr.osu.edu/benefits/flexiblepending) or contact OHR.

## FSA Plan Year

**Payroll Contribution Period:** January 1 – December 31

**Incurred Expense Period:** January 1 – February 28, a 14-month claim period gives extra time to use funds

**Reimbursement Period:** January 1 – March 31, a 15-month period to request payment for eligible expenses

**Deadline for OHR to receive forms:** Forms received before Wednesday at NOON will be processed that week. Forms received after NOON will be processed the following week.

## Important Instructions

- Employee should read all instructions before completing the form.

## Section I- Faculty/Staff Participant Information

- All requested personal information must be completed.

## Section II- Dependent Care Expenses

- Employee should list each set of service dates (to and from) on a separate line, do not combine service dates as they must be listed individually on a separate line.
- Employee should also complete the total amount paid, amount to be reimbursed, full name of dependent, age of dependent, service provider's name and tax ID or Social Security number.
- Individuals providing daycare who do not have a Tax ID should write their Social Security Number and sign on the Provider signature in lieu of bill or receipt must be original signature.

## Section III- Participant Certification

**Employee should carefully read paragraph in Section III.**

- Employee must sign and date this section in order for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/FSA  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# FSA Reimbursement for Health Care Form

Additional information about Flexible Spending Accounts available online at [hr.osu.edu/benefits/flexiblepending](http://hr.osu.edu/benefits/flexiblepending).

## Notes:

- The FSA Reimbursement form is online at [hr.osu.edu/forms/ben/fsahlth.pdf](http://hr.osu.edu/forms/ben/fsahlth.pdf).
- Supporting documentation needs to be attached to the reimbursement form. See page 2 of the reimbursement form for detail.

## Availability of Funds

- Reimbursement requests must have expenses totaling at least \$25, unless it is the end of the year and the request will empty the account.
- Health Care FSA funds: total annual election amount available upon effective date.
- Current account status can be viewed at anytime by using FSA Online at [hr.osu.edu/benefits/flexiblepending](http://hr.osu.edu/benefits/flexiblepending) or contact OHR.

## FSA Plan Year

**Payroll Contribution Period:** January 1 – December 31

**Incurred Expense Period:** January 1 – February 28, a 14-month claim period gives extra time to use funds

**Reimbursement Period:** January 1 – March 31, a 15-month period to request payment for eligible expenses

**Deadline for OHR to receive forms:** Forms received before Wednesday at NOON will be processed that week. Forms received after NOON will be processed the following week.

## Important Instructions

- The employee should read all instructions before completing the form.

## Section I- Faculty/Staff Participant Information

- All requested personal information must be completed.

## Section II- Health Care Expenses

- The employee should follow the sample above line 1 for each expense.
- For each of the possible 10 lines provided, the employee will need to provide the date of service, type of service, and amount that is being requested to have reimbursed. The employee will also need to include the provider and the name of the person that received the service.
  - Employee should not combine expenses even if they occurred on the same date; each prescription, office visit, expense, must be listed individually on a separate line.
- When complete, tally the expenses in the “Amount to be reimbursed” column. Total expenses must be at least \$25.
- More information for completing this form can be found on page 2 of the form.

## Section III- Participant Certification

**Employee should carefully read paragraph in Section III.**

- Employee must sign and date this section for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

### **Send Completed Forms to:**

The Ohio State University  
Office of Human Resources  
Benefits Processing/FSA  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Health Election Form

Additional information about Medical, Dental, and Vision coverage is available online at [hr.osu.edu/benefits/healthbenefits](http://hr.osu.edu/benefits/healthbenefits).

## Notes:

- The Health Election Form is online at [hr.osu.edu/forms/ben/healthplanenroll/pdf](http://hr.osu.edu/forms/ben/healthplanenroll/pdf).
- The Same-Sex Domestic Partner Affidavit is online at [hr.osu.edu/forms/ben/ssdpaffidavit.pdf](http://hr.osu.edu/forms/ben/ssdpaffidavit.pdf).
- The Sponsored Dependent Affidavit is online at [hr.osu.edu/forms/affidavit-sd.pdf](http://hr.osu.edu/forms/affidavit-sd.pdf).

**Special Note for Employees with Multiple Appointments:** Employees who hold multiple like-appointments will have the appointments combined for the purpose of determining benefits eligibility. This may result in improved benefits or contribution rates once the combined FTE is increased

**Deadline for OHR to receive forms:** Within 31 days of the date of hire or the employee’s qualifying event date.

- An e-mail notification is sent to notify employee after the health election form has been processed.

## Section I– Personal Information

- All personal information must be completed.

## Section II– Reason for Completing Form

- If the employee is completing the form as a result of a qualifying event, the date of the event must be filled in. Check appropriate box that corresponds to the change.

### Qualifying Events and Supporting Documentation Required:

- Open Enrollment – coverage does not start until the first day of the calendar year
- Marriage/birth of child – no documentation is required
- Divorce – copy of divorce decree required
- Loss of coverage – documentation required from employer/insurer
- Obtained new coverage from spouse’s employer – documentation required from employer/insurer
- Change in dependent eligibility
- Adoption/Legal Guardianship – documents required to show finalization of adoption or placement of dependent in the home
- Addition/termination of Same-Sex Domestic Partner or Sponsored Dependent – affidavits required

Additional information regarding qualifying events available online at [hr.osu.edu/benefits/definitions.htm#qualifyingstatuschange](http://hr.osu.edu/benefits/definitions.htm#qualifyingstatuschange).

## Section III– Health Plan Coverage Selection

- Employee must select their desired health plan unless they are waiving coverage.
- If employee is waiving coverage, the appropriate “waive coverage” boxes must be selected.

**Note:** If employees want to use the Out-of-Area Plan, employee or dependent using it must reside in a qualifying zip code. Employees outside Ohio can select the Out-of-Area Plan or Independent Choice plans. There are a few zip codes in Ohio also eligible for the Out-of-Area Plan. Go to [hr.osu.edu/benefits/hb\\_medical](http://hr.osu.edu/benefits/hb_medical) and select “Plan Eligibility by Zip Code.” This guide will give the available plan options by zip code.

## Section IV– Employee and Eligible Dependent Enrollment Information

Section IV-A:

- Select the appropriate dependents that correspond with the number indicated on the form:

- |   |  |
|---|--|
| 1 | Spouse   |
| 2 | Domestic Partner – notarized affidavit required  |
| 3 | Daughter or son, adopted children, or children for whom employee has legal guardianship, dependents over age 23 and disabled (must have approval from Managed Health Care) |
| 4 | Sponsored Dependents – notarized affidavit required  |

Section IV-B: This space is provided for listing additional dependents.

Section IV-C: If dependent’s address differs from employee’s address, the dependent’s name and current mailing address must be provided in this section.

## Authorization

- Enrollee must sign and date this section in order for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

### Submit ONE copy of completed forms to:

The Ohio State University  
Office of Human Resources  
Benefits Processing/Health  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190  
Fax: (614) 292-7813

# Out-of-Area Benefit Election Form

Additional Information about Medical Coverage is available online at [hr.osu.edu/benefits/healthbenefits](http://hr.osu.edu/benefits/healthbenefits).

**Notes:**

- The temporary Out-of-Area Benefit Election Form is online at [hr.osu.edu/forms/ben/tempoutofarea.pdf](http://hr.osu.edu/forms/ben/tempoutofarea.pdf).
- Only available to those enrolled in Prime Care Advantage, Prime Advantage Value, or Prime Advantage Plus who meet certain criteria.
- Employees with a permanent out-of-state residence should not complete this form – they should choose the Out-of-Area Plan on the Health Election Form, available online at [hr.osu.edu/forms/ben/healthplanenroll.pdf](http://hr.osu.edu/forms/ben/healthplanenroll.pdf).

**Deadline for OHR to receive forms:** As soon as possible before the coverage begins or within 60 days of the event.

## Section I – Personal Information

- All personal information must be completed.

## Section II – Reason for Completing Form

- Fill out Beginning Date and Ending Date (\*Coverage cannot be longer than a year. Employee will receive a letter near the ending date or after a year asking to renew coverage.)
- Check the box for the reason for the Out-of-Area coverage.
- Must be outside Ohio to enroll.

**Reasons for requesting coverage:**

- Faculty on Sabbatical (temporary residence outside of the area)
- Faculty/Staff on Off-Duty Quarter (temporary residence outside of the area)
- Faculty/Staff on approved Leave of Absence (temporary residence outside of the area)
- Dependent child living with a primary guardian who lives outside the area. Provide name of legal guardian and the relationship to Employee.
- Dependent attending college outside of the area. Provide the name and location of the school.
- Other, please specify.

- Fill in the mailing address for the out of state location.

## Section III – Enrollee Information

- List names and related personal information for all those who are applying for this coverage, including the employee.

## Section IV – Certification

- Employee must sign and date this section in order for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

**Submit OHR copy of completed forms to:**

The Ohio State University  
Office of Human Resources  
Benefits Processing/Health  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190  
Fax: (614) 292-7813

# COBRA

Effective June 1, 2009, COBRA administration is no longer performed by the Office of Human Resources. The new COBRA administrator is NGS American, Inc. This change will help ensure compliance with IRS and Department of Labor regulations which have become increasingly complex. Current COBRA enrollees have been notified of this change.

COBRA (Consolidated Omnibus Budget Reconciliation Act) is a federally mandated program that allows employees to continue medical, dental, vision, and health care flexible spending account benefits based on the following qualifying events:

- Termination of employment
- Reduction in the number of hours of employment which affects benefit eligibility
- Divorce or legal separation
- Employee's death (for eligible dependents)
- Child ceases to be eligible for coverage under the plans

Due to the change in administration, NGS will now notify qualified individuals of their option to continue coverage. NGS will also collect COBRA premiums and offer customer service to COBRA enrollees.

- Questions and information requests should be directed to NGS at 1-800-521-1555
- Additional information about COBRA is available online at [hr.osu.edu/benefits/hb\\_cobra](http://hr.osu.edu/benefits/hb_cobra).

**Remind the employee to keep a copy of the COBRA form for their personal records.**

**Forms and payment should be mailed to:**

NGS American, Inc.  
PO Box 7677  
St Clair Shores, MI 48080-7677  
1-800-521-1555

# Integrated Disability Process

Additional information about Integrated Disability is available online at [hr.osu.edu/benefits/disabilitybenefits](http://hr.osu.edu/benefits/disabilitybenefits).

Integrated Disability assists faculty and staff in applying for Long-Term Disability, Short-Term Disability, Workers' Compensation, Unemployment Compensation, OPERS Disability Retirement, STRS Disability Retirement benefits, and coordinating leave, remain-at-work, return-to-work, transitional work, disability separations, and other programs when an employee becomes disabled.

## Reporting An Illness

If an employee is sick or has a medical condition that requires lost time from work, use the following procedure:

1. Report the absence to the supervisor or the person in charge.
2. Complete and submit an OSU Application for Leave Form to the supervisor in accordance with normal departmental leave policies. Medical documentation may be required.
3. Contact Integrated Disability if off work for more than five days due to illness (beyond normal colds, flu, etc.)

## Filing a Short-Term Disability Claim

An eligible employee should contact Unum at 1-866-245-3013 to initiate the STD claim process when expected to be off work due to a non-work related illness or injury for more than 30 days.

## Filing for Disability Retirement

- An eligible employee should contact Integrated Disability at [id@hr.osu.edu](mailto:id@hr.osu.edu), (614) 292-3439, or 1-800-678-6413, to initiate an OPERS Disability Retirement application when expected to be off work due to an illness or injury for more than 12 months.
- For STRS Disability Retirement an eligible employee should contact STRS Ohio Services Center at 1-888-227-7877, Monday-Thursday, 8 a.m. – 6 p.m., and Friday, 8 a.m. – 5 p.m. to initiate application review process.

## Filing a Long-Term Disability Claim

Employee should contact Integrated Disability at [id@hr.osu.edu](mailto:id@hr.osu.edu), (614) 292-3439, or 1-800-678-6413, to initiate the LTD claim process when expected to be off work due to a non-work related illness or injury for more than 90 days.

## Reporting An Injury That Occurs At Work

All employees who sustain an incident, injury, or occupational disease while at work must follow these procedures:

1. Immediately report the injury to the supervisor or the person in charge when an accident occurs.
2. Seek treatment at one of the following locations:
  - Employee Health Services**, Suite 2A University Hospitals Clinic, 456 W. 10<sup>th</sup> Ave., 7:30 a.m. - 4 p.m.
  - MedOhio Occupational Health Centers** (appointment not necessary – walk-ins welcome)
    - West, 86 North Wilson Road, 8 a.m. - 5 p.m., (614) 293-3500
    - OSU East, 1492 East Broad Street, 8 a.m. – 5 p.m., (614) 257-3559If these locations are closed, go to University Hospitals Emergency Department. If outside Franklin County, go to family physician, an emergency care center in the area, or hospital emergency department
3. Complete an Employee Accident Report form (also available from the supervisor, OSHA coordinator, or HRP).
4. Notify the supervisor if going to be off work. Complete an Application for Leave Form and submit proper medical documentation to the supervisor in accordance with normal departmental leave policies.
5. Contact Integrated Disability.

**Note:** Please contact Integrated Disability for coordination of university leave when an employee is out due to a work-related or non-work related injury or illness. In most cases, FML should be applied in conjunction with workers' compensation, short-term and long-term disability.

## Applying For Unemployment Compensation

Any Ohio State employee may file for unemployment benefits. Individuals should apply as soon as they become unemployed. Usually individuals file during the first calendar week after losing a job. Weekly benefits are not paid retroactively (the sooner the application is filed; the sooner he/she may be eligible for benefits). Individuals should register for unemployment benefits with Ohio Job and Family Services at 1-877-644-6562 or visit [unemployment.ohio.gov](http://unemployment.ohio.gov).

# Request for Voluntary and Involuntary Disability Separation and Reinstatement Process

Additional information about how to request a Disability Separation is available online at [hr.osu.edu/benefits/disabilityseparation.pdf](http://hr.osu.edu/benefits/disabilityseparation.pdf).

Requests for Voluntary or Involuntary Disability Separation are outlined in the Classified Civil Service Rules (CCS), online at [hr.osu.edu/policy/ccs](http://hr.osu.edu/policy/ccs), Section 3335-73-05 and 06, see [hr.osu.edu/ccsrules/ccs73.pdf](http://hr.osu.edu/ccsrules/ccs73.pdf). The university is bound by these rules.

The CCS Rules provide that a CCS employee may be granted voluntary disability separation or may be placed on involuntary disability separation. Before filing a request for a hearing with Benefits – Integrated Disability, the following steps must be considered:

1. Determine the reasons why the employee is not at work. In order to proceed with a disability separation, the employee must be unable to perform the essential job duties of the position due to a medical reason (i.e. disabling illness, injury, or condition).
2. Review any medical documentation submitted to determine general condition, regimen of treatment, ability to return to work, return date, if any, and restrictions if applicable. Medical Statement must indicate inability to return to work due to medical condition.
3. Ensure that the employee has exhausted all accrued sick leave balances.
4. Make certain that the employee has been in an unpaid medical leave status for six (6) months.
5. Determine eligibility for FML. If eligible, make sure that the FML letter and designation has been given to the employee. If not, issue FML letter immediately and contact Benefits – Integrated Disability. FML should run concurrently with medical leave, paid or unpaid. For Sample FML Letters (Word format) and Medical Certification Statement for Leave forms visit [hr.osu.edu/forms/#FML](http://hr.osu.edu/forms/#FML).

**Note:** Disability hearings will be scheduled only after exhaustion of FML. However, when an employee is not eligible for FML, a hearing will be scheduled once the above requirements have been met and as noted in CCS Rule 3335-73-05 and 06.

For questions, contact Integrated Disability Manager at [id@hr.osu.edu](mailto:id@hr.osu.edu), (614) 292-1050, or 1-800-678-6413.

# Short-Term Disability Election Form

Additional information about Short-Term Disability (STD) is available online at [hr.osu.edu/benefits/db\\_shorttermdisability](http://hr.osu.edu/benefits/db_shorttermdisability).

**Notes:**

- The Short-Term Disability (STD) Election Form is online at [hr.osu.edu/forms/ben/disabilityenrollment.pdf](http://hr.osu.edu/forms/ben/disabilityenrollment.pdf).
- The employee should carefully read the paragraph above Section II. An Evidence of Insurability form, online at [hr.osu.edu/forms/ben/disabilitystdphs.pdf](http://hr.osu.edu/forms/ben/disabilitystdphs.pdf) needs to accompany the election form if the employee is requesting to enroll outside of the eligibility dates.

**Deadline for OHR to receive forms:** Open Enrollment or within 31 days of the date of hire or qualifying event.

**Section I- Personal Information**

- All personal information must be completed.  
**Note:** Make sure the effective date is the actual first pay date.

<b>Eligibility Dates:</b>	<ul style="list-style-type: none"> <li>• Open Enrollment *Note: Not held annually – coverage does not start until the first day of the calendar year</li> <li>• Within 31 days of the date of hire</li> </ul>
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**Section II– Election of Coverage and Salary Deduction**

- Employee should check appropriate box for requested coverage.

<b>STD:</b>	<ul style="list-style-type: none"> <li>• <u>Enroll</u>: electing coverage within 31 days of the date of hire</li> <li>• <u>Decline</u>: declining coverage within 31 days of the date of hire</li> <li>• <u>Cancel</u>: canceling coverage during the Open Enrollment period will become effective the first day of the plan year following an annual open enrollment period.</li> <li>• <u>Cancel</u>: canceling coverage due to a qualifying status change (see chart below). List date of qualifying status change and check corresponding box.</li> </ul>
<b>Qualifying Status Change and Supporting Documentation Required:</b>	<ul style="list-style-type: none"> <li>• Marriage/birth of child<sup>1</sup> – no documentation is required</li> <li>• Divorce – copy of divorce decree required</li> <li>• Obtained new coverage from spouse’s employer</li> <li>• Adoption/Legal Guardianship – documents required to show finalization of adoption or placement of dependent in the home.</li> </ul>
Additional information regarding qualifying events available online at <a href="http://hr.osu.edu/benefits/definitions.htm#qualifyingstatuschange">hr.osu.edu/benefits/definitions.htm#qualifyingstatuschange</a>	

<sup>1</sup> Birth of a child is not considered a qualifying family status change for the purpose of dropping coverage.

- HRP should check whether the employee is paid monthly or biweekly.
- HRP should select the salary range that corresponds to the employee’s current university salary.

**Section III- Authorization**

- Employee must sign and date this section in order for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
 The Ohio State University  
 Office of Human Resources  
 Benefits Processing/Disability  
 1590 N. High Street, Suite 300  
 Columbus, OH 43201-2190

# Dependent Group Term Life Insurance (DGLI) Election Form

Additional information about Dependent Group Term Life Insurance (DGLI) is available online at [hr.osu.edu/benefits/li\\_dqli](http://hr.osu.edu/benefits/li_dqli).

## Notes:

- The Dependent Group Term Life Insurance Election Form is online at [hr.osu.edu/forms/ben/dgli.pdf](http://hr.osu.edu/forms/ben/dgli.pdf).
- The DGLI Evidence of Insurability (EOI) form is online at [hr.osu.edu/forms/ben/dqli-eoi.pdf](http://hr.osu.edu/forms/ben/dqli-eoi.pdf).

**Deadline for OHR to receive forms:** Within 31 days of the date of hire or the employee's qualifying event date. If the form is completed outside this window, the employee must also complete the DGLI Evidence of Insurability (EOI) form.

## Section I – Personal Information

- All personal information must be completed.

## Section II – DGLI Election

- The employee should review each plan option and check the box corresponding to the option the employee is choosing. Then check the reason for filing this application.

### Types of Events and Supporting Documentation Required:

- Marriage/birth of child – no documentation is required
- Divorce – copy of divorce decree required
- Loss of coverage
- Obtained new coverage from spouse's employer
- Change in dependent eligibility
- Adoption/Legal Guardianship – documents required to show finalization of adoption or placement of dependent in the home
- Addition/termination of Same-Sex Domestic Partner or Sponsored Dependent – affidavits required

Additional qualifying events information is available online [hr.osu.edu/benefits/definitions.htm#qualifyingstatuschange](http://hr.osu.edu/benefits/definitions.htm#qualifyingstatuschange).

## Section III – Same-Sex Domestic Partner Coverage Election

- The employee should carefully read and if applicable complete the Affidavit of Same-Sex Domestic Partnership (should be on the back of the form or page 2 of the online form)

## Section IV – DGLI Program Provisions

- Employee should read carefully

## Section V – Authorization

- Employee must sign and date this section in order for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/Life  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Group Term Life Insurance Beneficiary Designation Form

Additional Information for Group Term Life Insurance (GTLI) is available online at [hr.osu.edu/benefits/li\\_gtli](http://hr.osu.edu/benefits/li_gtli).

**Notes:**

The Group Term Life Insurance Beneficiary Designation form is online at [hr.osu.edu/forms/ben/gtliben.pdf](http://hr.osu.edu/forms/ben/gtliben.pdf).

**Deadline for OHR to receive forms:** Within 31 days of date of hire and as needed during employment.

## **Section I – Personal Information**

- All personal information must be completed.

## **Section II – Waiver of Entitlement**

- Check the box only if the employee wishes to limit the life insurance coverage to \$50,000.
  - Employee may wish to limit life insurance coverage to \$50,000 for tax reasons. Employee is taxed on the value of the life insurance over \$50,000; however, this tax amount is off-set by the university. Employee should consult the university tax office at (614) 292-2311 or a financial advisor regarding specific implications. If this box is checked, a waiver of entitlement form will be sent to the employee once the original GTLI form has been processed by OHR. The employee will need to sign the form and send back to OHR.
  - In order to increase coverage at a later date employee must complete medical Evidence of Insurability (EOI). Approval by the life insurance carrier required to obtain full value of life insurance benefit.

## **Section III – Primary Beneficiaries(y)**

- Employee should list all primary beneficiaries(y) here and include relationship to the employee, date of birth, and Social Security Numbers for all listed. If no one is listed here, the benefit will go directly to the employee's estate.  
**Note:** A primary beneficiary will receive the life insurance benefit in the event of the employee's death. If more than one beneficiary is listed then the benefit will be divided equally between beneficiaries. If the employee decides to designate specific percentages per beneficiary, then the benefit will be divided according to the employee's instructions.

## **Section III – Contingent Beneficiaries(y)**

- Please list all contingent beneficiaries(y) here. Please include relationship to the employee, date of birth, and Social Security Numbers for all listed.  
**Note:** A contingent beneficiary will receive the life insurance benefit only if all primary beneficiaries(y) are deceased.

## **Section IV – Life Insurance Program Provisions**

- Employee should carefully read this section.

## **Section V – Authorization**

- Employee must sign and date this section in order for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/Life  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Group Term Life Insurance Change in Beneficiary Form

Additional information about Group Term Life Insurance (GTLI) is available online at [hr.osu.edu/benefits/li\\_gtli](http://hr.osu.edu/benefits/li_gtli).

**Notes:**

The Group Term Life Insurance Change in Beneficiary form is online at [hr.osu.edu/forms/ben/gtlibenchg.pdf](http://hr.osu.edu/forms/ben/gtlibenchg.pdf).

**Deadline for OHR to receive forms:** At any time during university employment.

## **Section I – Personal Information**

- All personal information must be completed.

## **Section II – Primary Beneficiaries(y)**

- Employee should list all primary beneficiaries(y) here and include relationship to the employee, date of birth, and Social Security Numbers for all listed. If no one is listed here, the benefit will go directly to the employee's estate.  
**Note:** A primary beneficiary will receive the life insurance benefit in the event of the employee's death. If more than one beneficiary is listed then the benefit will be divided equally between beneficiaries(y). If the employee decides to designate specific percentages per beneficiary, then the benefit will be divided according to the employee's instructions.

## **Section III – Contingent Beneficiaries(y)**

- Please list all contingent beneficiaries(y) here. Please include relationship to the employee, date of birth, and Social Security Numbers for all listed.  
**Note:** A contingent beneficiary will receive the life insurance benefit only if all primary beneficiaries(y) are deceased.

## **Section IV – Life Insurance Program Provisions**

- Employee should carefully read this section.

## **Section V – Authorization**

- Employee must sign and date this section for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/Life  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Life Insurance – Death Claims Process

All inquiries regarding Life Insurance Death Claims should be directed to the Office of Human Resources Customer Service Center at (614) 292-1050, 1-800-678-6010, or [service@hr.osu.edu](mailto:service@hr.osu.edu).

**Notes:**

- We may only correspond with the employee's listed beneficiary or in the case of a dependent with the employee/legal guardian/trustee.
- A certified copy of the death certificate is required in order to complete the death claim process.

**Send Paperwork to:**

The Ohio State University  
Office of Human Resources  
Benefits Processing/Life  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Voluntary Group Term Life Insurance Employee Application

Additional information about Voluntary Group Term Life Insurance (VGTLI) is available online at [hr.osu.edu/benefits/li\\_vgtli](http://hr.osu.edu/benefits/li_vgtli).

**Notes:**

The Voluntary Group Term Life Insurance Employee Application is online at [hr.osu.edu/forms/ben/vgtli.pdf](http://hr.osu.edu/forms/ben/vgtli.pdf).

**Deadline for OHR to receive forms:** Within 31 days of date of hire. If the form is completed outside this window, the employee must also complete the VGTLI Evidence of Insurability (EOI) section of the Employee Application.

## VGTLI Premium Calculator

- Complete the Premium Calculator section on the front page.

## Section A

- To be completed only by OHR. Please leave blank.

## Section B– Applicant Information, Employee and Dependent Details

- All requested personal information must be completed.

## Section C– Beneficiary Designation

- Employee should list all primary beneficiaries here and include relationship to the employee and their age. If no one is listed here, the benefit will go directly to the employee's estate.
- Employee should list all contingent beneficiaries here and include relationship to the employee and age for all listed.  
**Note:** A primary beneficiary will receive the life insurance benefit in the event of the employee's death. If more than one beneficiary is listed then the benefit will be divided equally between beneficiaries. A contingent beneficiary will receive the life insurance benefit only if all primary beneficiaries are deceased.
- The employee is the designated beneficiary of his/her spouse/dependent VGTLI benefit.

## Section D – Life Insurance Coverage

- The employee must request coverage for themselves in order to request coverage for their spouse or children. \$20,000 is the minimum employee amount allowed. The spousal coverage can be up to one half of the employee's coverage.  
**Note:** The payroll deduction frequency and per pay premium amount should be left blank.

## Section E – Medical Information

- New hires who submit the VGTLI Application within 31 days of date of hire complete this section only if they request coverage above \$100,000 for themselves or above \$40,000 for his/her spouse.  
**Note:** Employees submitting the VGTLI Application at any other time must provide this information for themselves and for the covered spouse.

## Section F– Notification

- Employee should carefully read this section.

## Section G- Authorization

- Employee must sign and date form for the application to be processed.
- Spouse should sign and date form if the employee is requesting spousal coverage.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**

The Ohio State University  
Office of Human Resources  
Benefits Processing/Life  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Applying for Retirement

Employee should contact OPERS at 1-800-222-7377 or STRS at 1-888-227-7877 to set up a meeting with a retirement counselor to discuss their retirement date and the benefits that they will be receiving. Employee needs to complete the application and return it to OPERS/STRS.

**Notes:**

- On the OPERS retirement application, **Section 10** should be left **blank** when the form is returned to OPERS. OPERS will send notification to OHR of the employee's retirement date. All communication concerning the employee's retirement/benefits goes through the retirement system.
- The employee should give their department, in writing, a notice of their retirement date. **This retirement date should be entered into the Human Resource Information System (HRIS) as soon as possible to avoid delays in the processing the employee's retirement paperwork.**

When the department receives the employee's retirement notification, the information should be entered on the Job Data screen under Action/Reason select Retirement and fill in the Effective Date – the day after the employee's last day to work (usually the first of the next month).

**OPERS:** Due by the 10<sup>th</sup> of the month that the employee is retiring. If the retirement date is not entered into HRIS in a timely manner, the retiree can experience a delay in pension payments.

**STRS:** Due by the 8<sup>th</sup> of the month following the employee's retirement date, OHR must submit calculations into the STRS system, so the retiree does not experience a delay in pension payments.

Entering the retirement date as soon as it is known enables OHR to view the last pay before the actual pay day and finalize the OPERS/STRS process in a timely manner.

The department follows normal procedure for notifying Payroll of the vacation/sick leave pay out.

If an employee would like to have their vacation and/or sick leave payout put into a Supplemental Retirement Account (SRA) in order to reduce taxes, have the employee complete the Salary Reduction Agreement available online at [hr.osu.edu/forms/ben/sraform.pdf](http://hr.osu.edu/forms/ben/sraform.pdf).

Employee with questions may contact OHR Customer Service at (614) 292-1050 or [service@hr.osu.edu](mailto:service@hr.osu.edu).

**Notes:**

**ARP** participants should contact their ARP vendor to set up a meeting with a representative to discuss their retirement date and the benefits that they may be eligible to receive. For a complete list of university approved vendors, visit [hr.osu.edu/benefits/rb\\_arp](http://hr.osu.edu/benefits/rb_arp).

# Retirement Program Election Form

Additional information about the Retirement Plans is available online at [hr.osu.edu/benefits/retirementbenefits](http://hr.osu.edu/benefits/retirementbenefits).

## Notes:

- The Retirement Program Election Form is online at [hr.osu.edu/forms/ben/retire.pdf](http://hr.osu.edu/forms/ben/retire.pdf).
- All employees with an appointment of at least 75% FTE must complete this form within 120 days of the hire date.
- The retirement election is **final and irrevocable** at the time OHR receives the Retirement Program Election Form.
- Retirement contributions are deducted from employees' pay upon employment; contribution rates available online at [hr.osu.edu/benefits/retirerates.pdf](http://hr.osu.edu/benefits/retirerates.pdf).

**OPERS/STRS:** Employees choosing OPERS/STRS have 180 days from the hire date to choose from their three retirement plan options.

**ARP:** If the employee chooses the ARP, the retirement account with the chosen vendor needs to be established prior to submitting the Retirement Program Election form.

- The employee is responsible for submitting the form to OHR. The ARP representative cannot submit the form on the employee's behalf.
- When the ARP election is processed, all funds submitted to OPERS/STRS as of the employees' ARP eligibility date will be automatically transferred to the chosen ARP vendor. If there are funds on deposit prior to the eligibility date the employee needs to contact OPERS/STRS directly to complete paperwork for the transfer of funds.
- The first contribution submitted to the ARP account will be from the first full pay period after the Retirement Program Election Form is submitted to OHR and processed.

## Special Notes for Faculty with Split Appointments:

- Faculty who also hold an administrative appointment after January 1, 2006 will contribute 100% to STRS<sup>1</sup>. Contributions will not be split between OPERS/STRS.
- Faculty who also hold an administrative appointment prior to January 1, 2006 will be grandfathered which may result in split retirement contributions.

<sup>1</sup> Applicable only if STRS is the elected retirement system.

**Deadline for OHR to receive forms:** Within 120 days of the date of hire

**The employee should carefully read the instructions.**

## Section I- Personal Information

- All personal information must be completed.
- University Appointment Date = date of hire to an eligible ARP position
- Answer all questions following Section I.

## Section II- Election of Retirement Program

- The employee may either choose the state retirement system (OPERS or STRS) **OR** the Alternative Retirement Plan (ARP). This decision is irrevocable.
  - If the employee chooses the ARP, the first ARP deduction will not begin until the first full pay period following the signature date (Ex: If the employee is paid monthly and the form is completed on 10/15, then the ARP deduction will not begin until the November 30 pay.)
  - If the employee chooses OPERS/STRS, the retirement deduction will continue going to the elected plan. Faculty must complete the STRS New Hire Notification. OPERS/STRS participants must choose from their respective retirement system's three plan options within the 180-day enrollment period.

## Section II – Authorization

- Employee must sign and date form for it to be processed.

Once the form is processed, OHR will complete the **Section for Office of Human Resources Use Only** area. If ARP is elected, a request is made to OPERS/STRS to transfer the retirement funds that were automatically sent to them by the university.

**Remind the employee to keep a copy of this form for their personal records.**

### Send Completed Forms to:

The Ohio State University  
Office of Human Resources  
Benefits Processing/ARP  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# OPERS Personal History Record

Additional information about OPERS is available online at [hr.osu.edu/benefits/rb\\_opers](http://hr.osu.edu/benefits/rb_opers) or [opers.org](http://opers.org).

**Notes:**

- Effective April 1, 2008, the OPERS Personal History Record no longer needs to be completed by the employee. OHR Benefits has automated the Personal History Record process. The information in HRIS pertaining to the Personal History Record is sent directly to OPERS via an electronic data file.

# OPERS Refund Application Instructions

Employees should contact OPERS at 1-800-222-7377 to request a refund application. OPERS will direct them to the refund application for their specific plan. Additional information about OPERS is available online at [hr.osu.edu/benefits/rb\\_opers](http://hr.osu.edu/benefits/rb_opers) or [opers.org](http://opers.org).

**Reminder:**

- To receive a refund of contributions sent to OPERS, an employee must NO longer be working in any department at Ohio State.
- Student/Intermittent employees cannot apply for a refund until they have decided to completely leave employment with Ohio State. Summer or yearly refunds cannot be given.

**Deadline for OHR to receive forms:** Anytime after an employee terminates university employment.

**Employee should carefully read instructions on page 1.**

**Section 1- Personal Information**

- All personal information must be completed.

**Section 2– Rollover Request for Lump Sum Payment**

- No penalties are assessed for contributions rolled over.
- Contributions can be rolled over into another eligible retirement plan. Call OPERS at 1-800-222-7377 for more details.

**Section 3 – Additional Federal Tax Withholding Amount**

- If the employee would like to have an additional amount taken out now rather than when taxes are filed for the current year, have the employee enter the amount here. If the employee does not put an amount here the employee will owe any additional tax obligation when the employee files his/her taxes for the current year.

**Section 4- Certification**

- OHR will complete this section. Please leave blank.

**Section 5- Acknowledgement**

- The employee must sign this section in the presence of a public notary.
  - It **MUST** be notarized by a public notary. Notaries are available in the Office of Human Resources and local banks. An independent notary public or attorney may also notarize the form.

**Additional Information:**

Once the original form is received in Retirement Services, section 4 will be certified and the completed form will be forwarded to OPERS. There is a mandatory 20% tax withholding on distributions not rolled over. OPERS will not issue a check or rollover until 90 days after the employee's last contribution date.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**

The Ohio State University  
Office of Human Resources  
Benefits Processing/Retire  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# OPERS/STRS Reemployed Retiree

Additional information about Re-employed Retirees is available online at [hr.osu.edu/benefits/rb\\_returningretirees](http://hr.osu.edu/benefits/rb_returningretirees).

**Notes:**

- The STRS Re-employment Form is online at [hr.osu.edu/forms/ben/strsreemploy.pdf](http://hr.osu.edu/forms/ben/strsreemploy.pdf).
- The OPERS Re-employment Form is online at [hr.osu.edu/forms/ben/persreemploy.pdf](http://hr.osu.edu/forms/ben/persreemploy.pdf).
- For ALL retirees, **two months** must elapse from date of retirement; this applies regardless of whether individuals are hired as returning retirees or in regular faculty/staff titles.

## OPERS Re-employment Form

**Deadline for OHR to receive OPERS Re-employment Form:** Within 10 days of the date of rehire.

### Section 1- Personal Information

- All personal information must be completed.

### Section 2– Employment Information

- OHR will complete this section. Please leave blank.

### Section 3 – Employer Certification of Health Care Coverage

- OHR will complete this section. Please leave blank.

### Section 4- Fiscal Officer Certification

- OHR will complete this section. Please leave blank.

### Section 5- Benefit Recipient Acknowledgement

- Employee must sign and date this section in order for the form to be processed.

## STRS Re-employment Form

**Deadline for OHR to receive STRS Re-employment Form:** Within 10 days of the date of rehire.

### Top Section- Personal Information

- All personal information must be completed. This is the only portion of the form that needs to be completed.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/Retire  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# STRS Refund Process

Employee should contact STRS at 1-888-227-7877 to request a refund application. STRS will direct the employee to the plan specific refund application. Additional information about STRS is available online at [hr.osu.edu/benefits/rb\\_strs](http://hr.osu.edu/benefits/rb_strs) or [www.strsoh.org](http://www.strsoh.org).

**Notes:**

- To receive a refund of contributions sent to STRS, an employee must NO longer be working in any department at Ohio State.
- Student/Intermittent employees cannot apply for a refund until they have decided to completely leave employment with the university.
- Summer or yearly refunds cannot be given.

**Deadline for OHR to receive forms:** Anytime after an employee terminates employment with Ohio State.

**Employee should carefully read instructions on page 1.**

**Part 1- Member Acknowledgement**

- The employee must sign and date and list their Social Security Number. If the employee has at least **five** years of service, this section must be **notarized**.

**Part 2- Must be Completed by Member**

- All personal information must be completed.

**Part 3- Must be Completed by Member**

- Choose Option 1, Option 2, or Option 3. Questions on this part should be directed back to STRS (1-888-227-7877).

**Part 4- To be Completed by Fiscal Officer**

- This section completed only by OHR. Please leave blank.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/Retire  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Retirement Credit for Approved Leave of Absence

## OPERS

An employee can purchase state service credit for an eligible medical, maternity, family, or personal leave of absence.

- The purchase cost is with interest if the employee returns to work for at least one year after the leave(s) of absence.
- The purchase cost can be without interest if purchase is made within 12 months of the beginning date of the leave(s).
- Purchase cannot exceed two years total, with a maximum of one year with and one year without interest.

The employee should complete and submit the university's Request for Prior Service Credit Certification, available online at [hr.osu.edu/forms/servicecredit.pdf](http://hr.osu.edu/forms/servicecredit.pdf), to begin the process. Purchase of any eligible state service is optional.

OPERS members should call 1-800-222-7377 for information concerning purchase of military leave of absence.

## STRS

A professional leave of absence (sabbatical) must be approved by the employing department. An employee who is granted a professional leave should complete the STRS Notification of Professional Leave of Absence form and forward to OHR payroll prior to the leave. The form is online at [www.strsoh.org/employer/pdfs/50-135.pdf](http://www.strsoh.org/employer/pdfs/50-135.pdf).

- An employee who elects to withhold STRS at the full-time rate will receive full STRS credit for the leave period.
- An employee who elects to withhold STRS at the part-time rate will receive partial STRS credit for the leave period.
  - If part-time is chosen, full credit can be purchased later, but interest will be charged if not purchased before June 30 of the second year after the year in which the leave occurred.

STRS defined benefit and combined plan members can purchase up to two years of service credit for each approved medical, maternity, or family leave of absence.

- Purchase is interest free if made by June 30 of the second year after the year in which the absence ended.
- Purchase after that date will include interest.

The employee should complete and submit the university's Request for Prior Service Credit Certification, available online at [hr.osu.edu/forms/servicecredit.pdf](http://hr.osu.edu/forms/servicecredit.pdf), to begin the process. Purchase of any eligible state service is optional.

STRS defined benefit and combined plan members can purchase service credit for a personal leave of absence only if the leave was taken for professional reasons as determined by the STRS retirement board. The employee should complete and submit the university's Request for Prior Service Credit Certification, available online at [hr.osu.edu/forms/servicecredit.pdf](http://hr.osu.edu/forms/servicecredit.pdf), to begin the process. Purchase of any eligible state service is optional.

STRS defined contribution members are not eligible to purchase any service credit for a leave of absence except Ohio teaching service interrupted by military service.

STRS members should call 1-888-227-7877 for information concerning purchase of military leave of absence.

**Deadline for OHR to receive forms:** Submit request upon determining that information is desired.

**Remind the employee to keep a copy of all related paperwork for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/Retire  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Request for Prior Service Credit Certification

This Request form is available online at [hr.osu.edu/forms/servicecredit.pdf](http://hr.osu.edu/forms/servicecredit.pdf).

Additional information about OPERS is available online at [hr.osu.edu/benefits/rb\\_opers](http://hr.osu.edu/benefits/rb_opers) or [opers.org](http://opers.org).

Additional information about STRS is available online at [hr.osu.edu/benefits/rb\\_strs](http://hr.osu.edu/benefits/rb_strs) or [strsoh.org](http://strsoh.org).

## Notes:

- This form is intended for employees who want to determine the amount and cost of retirement system credit that is available for university employment for which the employee did not pay into the retirement system (i.e. unpaid leaves of absence and student employment).
- Requests are processed in order received; due to the volume and complexity of the historic research, processing takes two to six months.
- An employee who has refunded OPERS or STRS contributions and who wants to investigate repurchase of this service credit should contact OPERS at 1-800-222-7377 or STRS at 1-888-227-7877 for buyback information. Certification by Ohio State is not required.

**Deadline for OHR to receive forms:** Submit request upon determining that information is desired.

## Personal Information

The following information must be completed: Name (current and any previous), Social Security Number, Expected Date of Retirement, Certification Type, Current Address, Date of Birth, Daytime Phone Number, and E-mail Address. The university Employee ID is optional.

## Questions

Employee should answer as many as possible, adding question marks if unsure of information.

Forward completed Request for Prior Service Credit Certification form to OHR. Certification forms provided by the retirement system can also be included.

OHR will complete the certification for the employee. When complete the original certification will be mailed to the appropriate retirement system and a copy will be mailed to the employee for personal records. Requests are researched in order received, and may require several months to complete. The retirement system will contact the employee directly with the amount of available credit and the cost to purchase such credit. Purchase is optional.

**Remind the employee to keep a copy of this form for their personal records.**

### **Send Completed Forms to:**

The Ohio State University  
Office of Human Resources  
Benefits Processing/Retire  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190  
Fax: (614) 292-7813

# Student Retirement Benefits and Election Form

Additional information about Student Retirement Benefits is available online at [hr.osu.edu/benefits/ga\\_studentemployeebenefits](http://hr.osu.edu/benefits/ga_studentemployeebenefits).

Please refer all student employees to the Student Retirement Options Handbook online at [hr.osu.edu/hrpubs/ben/retirestudent.pdf](http://hr.osu.edu/hrpubs/ben/retirestudent.pdf).

## Notes:

- All student employees must complete the Student Retirement Election Form online at [hr.osu.edu/forms/ben/studentrelect.pdf](http://hr.osu.edu/forms/ben/studentrelect.pdf).
- Student employees requesting retirement exemption must be Ohio State students currently taking **six** credit hours or more with their fees paid **and** working in a student employee position (i.e. Student Assistant) and not in a regular position (i.e. Pharmacy Tech). The OPERS Request for Optional Exemption as a Student form is online at [hr.osu.edu/forms/ben/exemptstudent.pdf](http://hr.osu.edu/forms/ben/exemptstudent.pdf).
- The signature date on the OPERS Request for Optional Exemption as a Student form must be within one month of hire date. Be sure student employees choosing exemption complete the form in a timely manner to avoid liability costs being imposed on the university.

**Deadline for OHR to receive forms:** Within one month of the date of hire or rehire.

## Student Retirement Election Form

### Section I- Personal Information

- All personal information must be completed.

### Section II- Retirement Election (select only one box)

- Retirement Exemption Request: Choosing to exempt from retirement contributions is an irrevocable decision for as long as employed as a student employee with Ohio State. Please make sure student reads the entire paragraph before choosing. If this option is chosen the student must also complete an OPERS Exemption Form online at [hr.osu.edu/forms/ben/exemptstudent.pdf](http://hr.osu.edu/forms/ben/exemptstudent.pdf). Note that the signature date on the OPERS Exemption form must be within one month of hire date.
- OPERS Retirement Enrollment Request: Choosing to enroll in OPERS is an irrevocable decision for as long as employed as a student employee with Ohio State. Please make sure student reads the entire paragraph before choosing.
- STRS Retirement Enrollment Request: GTAs with open STRS accounts (OHR will verify) are the *only* student employees eligible to pay into STRS. Please make sure student reads the entire paragraph before choosing. If a student without an existing STRS account selects STRS, the student will be enrolled into OPERS.

### Section III- Certification

- Student employee must sign and date this section within one month of hire date in order for the form to be processed.

Please attach an OPERS Request for Optional Exemption form only if the student has elected exemption. OHR must receive both forms for processing. Verify that the signature date is correct.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/Retire  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# OPERS Request for Optional Exemption as a Student

Additional information about Student Retirement is available online at [hr.osu.edu/benefits/ga\\_studentemployeebenefits](http://hr.osu.edu/benefits/ga_studentemployeebenefits).

## Notes:

- The OPERS Request for Optional Exemption as a Student form is online at [hr.osu.edu/forms/ben/exemptstudent.pdf](http://hr.osu.edu/forms/ben/exemptstudent.pdf). The signature date on the OPERS Exemption form must be within one month of hire date. Be sure student employees choosing exemption complete the form in a timely manner to avoid liability costs being imposed on the university.
- Section 4 of the OPERS Request for Optional Exemption as a Student form to be completed only by OHR. Departments should forward the form to OHR for completion.
- Students must also complete the Student Retirement Election Form online at [hr.osu.edu/forms/ben/studentrelect.pdf](http://hr.osu.edu/forms/ben/studentrelect.pdf).
- Student employees requesting retirement exemption must be Ohio State students currently taking **six** credit hours or more with their fees paid **and** working in a student employee position (i.e. Student Assistant) and not in a regular position (i.e. Pharmacy Tech).

**Deadline for OHR to receive forms:** Within one month of hire date.

## Section I- Personal Information

- All personal information must be completed.

## Section II- Employment Information

- Student employee or HRP can complete entire section. Name of school, college, or university should be “The Ohio State University.”

## Section III- Acknowledgement

- Employee must sign and date this section in order for the form to be processed. **Signature date MUST be within one month of date of hire.** (Please check form to verify that student did not enter date of birth as signature date.)

## Section IV- Certification

- OHR completes this section. Please leave blank.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/Retire  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Supplemental Retirement Accounts (SRA) Salary Reduction Agreement

Additional information about Supplemental Retirement Accounts (SRA) is available online at [hr.osu.edu/benefits/rb\\_sra](http://hr.osu.edu/benefits/rb_sra).

**Notes:**

- The SRA Salary Reduction Agreement form is online at [hr.osu.edu/forms/ben/sraform.pdf](http://hr.osu.edu/forms/ben/sraform.pdf).
- Employee must contact the SRA vendor (contact list online at [hr.osu.edu/benefits/retirevendors.pdf](http://hr.osu.edu/benefits/retirevendors.pdf)) and establish the 403b or 457 accounts prior to submitting the SRA form to OHR.
- May contribute concurrently to 403b and 457 accounts.
- Employee is responsible for submitting the form to OHR; SRA vendor representatives can no longer submit the forms on the employee's behalf.
- Employee may change contribution amounts and/or SRA vendor once per quarter.

**Deadline for OHR to receive forms:** Anytime during university employment.

## **Section I- Personal Information**

- All personal information must be completed.  
**Note:** Make sure the effective date is an actual future pay date.

## **Section II- Reason for Completing Form**

- Ensure the employee references the SRA vendor name in this section, the total amount the employee wants deducted per pay, and mark one of the boxes referencing the reason for the change.  
**Note:** For 457 plans only, the form will not be processed until the month following the signature date on the form. (Ex: If the employee signs the form September 3 and is paid monthly, the form will not be effective until the October 31 pay.)

## **Program Guidelines and Certification Statement**

- Employee should carefully read this section.

## **Section III- Employee Authorization**

- Employee must sign and date this section in order for the form to be processed.

## **Section IV- SRA Carrier Certification**

- OHR requires vendor certification for new agreements only.

**Remind the employee to keep a copy of this form for their personal records.**

**Send Completed Forms to:**  
The Ohio State University  
Office of Human Resources  
Benefits Processing/SRA  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190

# Dependent Tuition Assistance Application

Additional information about Dependent Tuition Assistance is available online at [hr.osu.edu/benefits/eb\\_tuitionassistance](http://hr.osu.edu/benefits/eb_tuitionassistance).

## Notes:

- The Dependent Tuition Assistance Application is online at [hr.osu.edu/forms/ben/tuitdep.pdf](http://hr.osu.edu/forms/ben/tuitdep.pdf).
- Employee should submit application by deadlines to ensure that benefit is applied before fees are due.
  - If application is submitted after deadline, 100% of fees must first be paid by the student. Fees and Deposits will then issue a reimbursement after benefit posts to student's account. After the late application is processed by OHR, a confirmation e-mail will be sent to the employee.
- Program pays 50% of undergraduate fee schedule for instructional and general fees only. Courses may be taken through undergraduate, graduate, or professional degree-granting programs at Ohio State. This program also offers 75% tuition benefits for dependents whose parents, including same-sex domestic partners, are both employed by Ohio State and meet program eligibility requirements.
  - In order to receive the dual parent 75% benefit both parents must hold eligible appointments as defined in the Dependent Tuition Assistance benefit guidelines.

**Deadlines for OHR to receive forms:** Dependent Tuition Assistance Applications are due:

Full Academic Year	<b>July 15</b>
Autumn Quarter	<b>July 15</b>
Winter Quarter	<b>November 1</b>
Spring Quarter	<b>February 1</b>
Summer Quarter	<b>April 15</b>

## Section I- Faculty/Staff Personal Information

- All requested personal information must be completed.

## Section II- Spouse/Dependent Child Information

- Enter academic year that dependent will be attending classes and either check box for Entire Academic Year or box(es) for specific quarters he/she will be attending.
- List **dependent's** name, date of birth, Social Security Number (required).
- Select Dependent's Relationship to Employee (check only one option).
  - If either Spouse or Same-Sex Domestic Partner is checked, proceed to Section III.
- Employee & Spouse Dependent (check only one option if applicable).
  - If the dependent is the employee's or employee's spouse's natural born, adopted child, or foster child of at least five years, then one box in this section must be checked yes.
- Employee & Same-Sex Domestic Partner Dependent (check only one option if applicable).
  - If the dependent is the employee's same-sex domestic partner's natural born, adopted child, or foster child of at least five years, then one box in this section must be checked yes.

## Section III- Certification

Employee should carefully read paragraph in Section III.

- Employee must sign and date this section in order for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

### **Submit ONE copy of completed form to:**

The Ohio State University  
Office of Human Resources  
Benefits Processing/Tuition  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190  
Fax: (614) 292-7813

# Request for Course Enrollment During Regularly Scheduled Work Hours

Additional information about Tuition Assistance is available online at [hr.osu.edu/benefits/eb\\_tuitionassistance](http://hr.osu.edu/benefits/eb_tuitionassistance).

**Notes:**

- This Request form is online at [hr.osu.edu/forms/courseenrollment.pdf](http://hr.osu.edu/forms/courseenrollment.pdf).

**Reminder:**

- Employees who are working at least 75% FTE can only take up to 10 credit hours per quarter (refer to university Policy 2.35 [hr.osu.edu/policy/policy235.pdf](http://hr.osu.edu/policy/policy235.pdf)). After the Program Exception Form ([hr.osu.edu/forms/exception.pdf](http://hr.osu.edu/forms/exception.pdf)) is submitted to and processed by OHR, a confirmation e-mail will be sent to the employee.

**Deadline for completion of form:** Prior to registration for the requested class.

**Employee's Name and University ID Number**

- All personal information must be completed.

**Enrollment Information**

- Enter quarter and year that employee is requesting course enrollment during work hours
- Enter department name
- Enter college/unit name
- Enter projected quarter and year of graduation
- List all courses that employee is requesting to take during regularly scheduled work hours. All information must be completed.

**Employee should read the paragraph and describe how his standard work schedule will be modified during this time period.**

**Authorization**

- Employee must sign and date this section in order for the form to be processed.
- Manager must sign and date this section in order for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

**Submit ONE copy of completed form to:  
Employee's Personnel File**

# One-Time-Forgiveness Benefit Application

## Employee Tuition Assistance Program

Additional information about Employee Tuition Assistance is available online at [hr.osu.edu/benefits/eb\\_tuitionassistance](http://hr.osu.edu/benefits/eb_tuitionassistance).

The One Time Forgiveness form must be requested by calling (614) 292-1050 or e-mailing [tuitionprog@hr.osu.edu](mailto:tuitionprog@hr.osu.edu).

This form is used when an employee has used the Employee Tuition Assistance for the payment of fees to attend classes and has:

- Dropped below 75% FTE
- Transferred to an ineligible appointment
- Received a failing grade
- Withdrew from classes after the 100% refund period has passed

By not meeting the program requirements, the employee is not eligible for the benefit during the affected quarter. Fees and Deposits reverses the benefit and the employee now owes fees. The granting of the one-time forgiveness reinstates the benefit for the affected quarter and covers any forfeiture fees incurred for that quarter.

### Notes:

- This benefit **does not** cover fees incurred due to late registration for classes.
- Policy information related to the Employee Tuition Assistance Program is online at [hr.osu.edu/policy/policy235.pdf](http://hr.osu.edu/policy/policy235.pdf).
- One-Time Forgiveness can only be used once by each employee. Any future forfeiture fees will need to be paid by the employee. After form is submitted to and processed by OHR, a confirmation e-mail will be sent to the employee.

**Deadline for OHR to receive forms:** Submit form upon incurring forfeiture fees.

**Employee needs to carefully read the form's cover sheet.**

### Personal Information

- All requested personal information must be completed. Social Security Number optional.

### One-Time-Forgiveness Request

- Check box for quarter and enter year that forfeiture fees were incurred.

### Read the paragraph and provide authorization

- Employee must sign and date this section in order for the form to be processed.

**Remind the employee to keep a copy of this form for their personal records.**

### Submit **ONE** copy of completed form to:

The Ohio State University  
Office of Human Resources  
Benefits Processing/Tuition  
1590 N. High Street, Suite 300  
Columbus, OH 43201-2190  
Fax: (614) 292-7813