**Benefit Election Window**

The election window for newly eligible employees and qualifying status changes is **30-days**

If you do not enroll within **30-days**, you will have no health coverage.
Plan Year

Plan year runs January 1\textsuperscript{st} - December 31\textsuperscript{st}

All deductibles & maximums start over on January 1\textsuperscript{st} each year

Health benefits are effective on your date of hire/eligibility date
You are responsible for notifying university of address and name changes

Update in Workday at Workday.osu.edu
Eligible Dependents

Legal Spouse

Dependent children up to the age of 26
- Biological, adopted, legal guardianship/custody, or stepchild
- Married or unmarried
- No residence requirement

Disabled children
- Who meet certain criteria upon reaching age 26

*Eligibility requirements, rates and affidavits available on web site: hr.osu.edu
Dependent Verification Process

Proof of eligibility is required for newly enrolled dependents

Watch for a verification packet mailed to your home by **alight**

**Failure to complete the verification and submit required documentation will result in termination of dependent’s coverage**
Examples of DEV Documentation

Biological Children

• Birth Certificate

Step-Children

• Birth Certificate and verification documentation for spouse

Spouse

• 1040 Federal Tax return (last two years) or
• Marriage certificate (marriage licenses are not accepted) and proof of joint ownership issued within the last 6-months

*For additional information on DEV see https://hr.osu.edu/benefits/dependent-eligibility/
Annual Open Enrollment in Autumn

Qualifying Events within **30** days of event

- Family Status Changes
- Employment Status Changes
New Hire/Newly Eligible Benefits Enrollment Process
It is recommended that you add dependents and/or beneficiary to your Workday profile prior to enrolling in benefits plans.

To add dependents or beneficiaries:

Locate the Applications menu and Click Benefits.
Click **Dependents** under the Change section.
Click **Add**
Click the pencil icon within each section to enter information for eligible dependent/beneficiary.

Items with a red asterisk (*) indicate required fields.

Welcome to the Add My Dependent section.

### Dependent Options

**Is your new dependent already a beneficiary or emergency contact?**

If yes, which one?

### Effective Date & Reason

**Effective Date** *

09/08/2021

**Reason**

Add/Edit Dependent > Add/Edit Dependent

### Use your new dependent as a beneficiary?

Use as Beneficiary

Yes
Click **Submit** to add the dependent/beneficiary

Follow these steps to add additional dependents or beneficiaries

**Identifier Information**

**National IDs**

- Issued by Country
  - United States of America

- National ID Type
  - Social Security Number (SSN)

- Identifier ID Entered
  - XXXXXXXXX

Add

**Other IDs**

Add

Submit  Save for Later  Cancel
To locate your new hire benefit elections, click the **Inbox icon** on the top right of the screen.
Based on your benefits eligibility you may see the following enrollment events

**Benefit Change – New Hire/Rehire Enrollment - Health**

**Benefit Change – New Hire/Rehire Enrollment – Life**

To start the enrollment process click **Let’s Get Started**
Click **Enroll** on the benefit election card for each benefit you would like to elect.
Click the **Select** radio button next to your desired plan.

Click **Confirm and Continue**.
The chart lists all current dependents or beneficiaries.

To add a new dependent, click the "Add New Dependent Button" and follow the prompts.

When finished, click "Save".
A pop-up will appear that indicates a change was made when finished making benefit changes/elections click "Review and Sign"
The next and final page shows:

- A summary of your chosen benefit elections
- Dependents and beneficiaries
- Total cost of your paycheck deduction amounts
- Waived coverage
After checking the benefit summary page for accuracy, select the box at the bottom next to *I Accept* and click *Submit*

**Electronic Signature**

I have had the opportunity to review The Ohio State University benefit plan documents, programs and policies at hr.osu.edu/benefits. I authorize the University to deduct contributions for my elected benefits from my pay on a pre-tax or after tax basis as provided in plan documents and guidelines at hr.osu.edu/benefits/rates.

I certify that:

- The information I have provided in this enrollment process is complete and correct.
- Any individual for whom I am requesting dependent health coverage meets the definition of an eligible dependent under guidelines at hr.osu.edu/benefits/dependent-eligibility.
- I understand that falsification of enrollment information, an intentional misrepresentation of a material fact or fraud may subject me to termination of benefits (in some cases, retroactively) and/or disciplinary action up to and including termination of employment.

I understand and agree that:

- Implementation of my elections may be contingent on the University’s approval of consistency with plan terms and IRS rules and, if requested, submission of supporting documentation.
- My elections cannot be changed or voluntarily cancelled during the calendar year unless I experience a qualifying status change, I notify the Office of Human Resources within 30 days (60 days for certain Medicaid events) and IRS rules permit the requested change. See basic life insurance, voluntary life insurance and short-term disability benefit plan documents for certain exceptions.
- I will be billed directly for employee contributions for elected benefits (other than FSAs) in the event my University pay is not sufficient to cover the required contributions or if I go on an unpaid leave of absence. If I fail to make timely contributions, my benefits will be terminated for lack of payment and I will be responsible for employee contributions missed prior to my coverage termination date. FSA contribution arrears will be deducted from future pay.
- Any funds remaining in my FSAs at the close of the calendar year and the grace period (if applicable) will be forfeited.
- For tuition assistance, it is my responsibility to pay the full amount of tuition assistance in the event I or my dependent is not eligible under guidelines at hr.osu.edu/benefits/tuition-assistance/faculty-staff and hr.osu.edu/benefits/tuition-assistance/dependent.
- If tuition assistance is taxable under IRS rules, I am responsible for the tax liability.
- For life insurance, the effective date of coverage (or an increase in coverage) is subject to active work and non-confinement requirements.
- Voluntary life insurance in excess of any guaranteed issue amounts is contingent on the insurer’s approval of evidence of insurability.
- For life insurance, if I named a new beneficiary or beneficiaries, any previous beneficiary designations are revoked.
- Availability of benefits is based on plan terms and subject to future changes. By enrolling in any University benefit plan, I am agreeing to all of the terms of that benefit plan.
Benefits Enrollment Process

To view confirmation statement, click “View Benefits Statement”

To print your statement, click “Print” at the bottom of the page
Now that our Health elections have been submitted, we will review the **Benefit Change – New Hire/Rehire Enrollment – Life** event.

To start the enrollment process click **Let’s Get Started**.
The **Health Information** Slide will ask about tobacco use.

Respond “Yes” or “No” then click **Continue**.
You will now see benefit cards for each benefit available under this event.
Click **Manage** on the Group Term Life Insurance (GTLI) plan to designate beneficiaries for university provided group term life insurance coverage.
Click **Confirm and Continue** to designate life insurance beneficiaries.
Click List dropdown to find options to add beneficiary or Trust

If you need to add a new beneficiary or Trust click Add **New Beneficiary or Trust** and enter information for each beneficiary.
Click **Minus (-)** to remove designations and percentages

Click **Plus (+)** to add designations and percentages

**Beneficiaries**

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

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tester Test</td>
<td>100</td>
</tr>
</tbody>
</table>

**Primary Beneficiaries**

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tester Test</td>
<td>100</td>
</tr>
</tbody>
</table>

**Secondary Beneficiaries**

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tester Test</td>
<td>100</td>
</tr>
</tbody>
</table>
Once you have selected an individual or trust, click **Percentage** to enter the percentage assigned to each beneficiary.

Click **Save**
To elect employee, spouse, or child Voluntary Group Term Life; Click **Enroll** on the applicable benefit card.
Click **Select** to enroll in coverage

Click **Confirm and Continue**

**Voluntary Group Term Life-Must be Enrolled in Group Term Life**

<table>
<thead>
<tr>
<th>Projected Total Cost Per Paycheck</th>
<th>Projected Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,136.72</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

**Plans Available**

Select a plan or Waive to opt out of Voluntary Group Term Life-Must be Enrolled in Group Term Life.

<table>
<thead>
<tr>
<th>Selection</th>
<th>Benefit Plan</th>
<th>You Pay (Monthly)</th>
<th>Company Contribution (Monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>Minnesota Life (Employee)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Click List ➔ dropdown to select desired coverage under each plan

Voluntary Group Term Life-Must be Enrolled in Group Term Life - Minnesota Life (Employee)

Projected Total Cost Per Paycheck: $1,227.44
Projected Total Credits: $25.00

Coverage

Your guaranteed coverage amount for Voluntary Group Term Life-Must be Enrolled in Group Term Life - Minnesota Life (Employee) is $0. Submit your Evidence of Insurability to Minnesota Life to be considered for the coverage amount of 8 X Salary. Your election will be waived if you are denied coverage.

Calculated Coverage: $880,032.00

Coverage

- 8 X Salary

Plan cost per paycheck

Insurance Instructions

General Instructions

Evidence of Insurability (EOI)

2022 Open Enrollment Changes

[Button]: Save
[Button]: Cancel
If electing Spouse Voluntary Group Term Life, you must add a spouse. If no spouse is listed, Click **Add New Dependent** and follow prompts.

Click **Save**
Once you have selected enrollments for all desired plans click **Review and Sign**
Review your life insurance elections, beneficiary designations, messages, and premium contributions

View Summary

Projected Total Cost Per Paycheck: $4.44
Projected Total Credits: $0.00

<table>
<thead>
<tr>
<th>Selected Benefits</th>
<th>4 Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Coverage Begin Date</td>
</tr>
<tr>
<td>Group Term Life</td>
<td>08/16/2021</td>
</tr>
<tr>
<td>Minnesota Life (Employee)</td>
<td></td>
</tr>
<tr>
<td>Voluntary Group Term Life-Must be Enrolled in Group Term Life</td>
<td>08/16/2021</td>
</tr>
<tr>
<td>Minnesota Life (Employee)</td>
<td></td>
</tr>
<tr>
<td>Voluntary Group Term Life-Spouse</td>
<td>08/16/2021</td>
</tr>
<tr>
<td>Minnesota Life (Spouse)</td>
<td></td>
</tr>
<tr>
<td>Voluntary Group Term Life-Child</td>
<td>08/16/2021</td>
</tr>
<tr>
<td>Minnesota Life (Employee)</td>
<td></td>
</tr>
</tbody>
</table>
Scroll to bottom and click **I Accept** on the electronic signature and click **Submit**

Click **Cancel** to make additional changes
To view confirmation statement, click "View Benefits Statement"

To print your statement, click "Print" at the bottom of the page
To verify you have completed the enrollment process click **benefits** under your **worker profile**.
Questions?

HR Connection Portal: HRConnection.osu.edu

Phone:
614-247-myHR(6947)

Email:
HRConnection@osu.edu