

You have the option to enroll online via [workday.osu.edu](http://workday.osu.edu).

If you are currently in an eligible enrollment period for short-term disability (STD) coverage, you have 30 days from the eligible event date to submit your election form. Enrollment at any other time requires medical Evidence of Insurability (EOI). Existing coverage may be canceled only during Open Enrollment or within 30 days of an eligibility status change. Submit appropriate documentation with this form to the Office of Human Resources.

## SECTION 1: PERSONAL INFORMATION

Employee's Full Name:	First	M.I.	Last	OSU Employee ID#
Home Mailing Address:	Street	City	State	Zip Code
Email Address				Daytime Phone Number

## SECTION 2: ELECTION OF COVERAGE AND SALARY DEDUCTION

- I elect to **enroll** in STD coverage and authorize the salary deduction as shown below. Medical Evidence of Insurability (EOI) may be required.
- I **decline** enrollment in STD coverage.
- I elect to cancel my current enrollment in STD coverage during an eligible annual Open Enrollment period; coverage **change to be effective** on the first day of the plan year following the Open Enrollment period.
- I elect to cancel my enrollment in STD coverage as a result of the eligibility status change listed below; coverage **change to be effective** on the date of the eligibility status change.

**Date of employment (FTE) or hire date:** \_\_\_\_\_ **Date of status change (return within 30 days):** \_\_\_\_\_

- Hired/Newly Eligible     Divorce<sup>1,2</sup>     Death of a Spouse<sup>1,2</sup>     Birth/Adoption/Legal Guardianship/Legal Custody<sup>1,2</sup>
- Late Enrollee (completion of EOI form is required)     Open Enrollment<sup>3</sup>

Formula for premiums can be found at [hr.osu.edu/benefits](http://hr.osu.edu/benefits).

<sup>1</sup> Documentation may be required. <sup>2</sup> Not a qualification for cancellation of coverage. <sup>3</sup> STD is not offered during every annual open enrollment. Please refer to [hr.osu.edu/oe](http://hr.osu.edu/oe) to confirm the inclusion of STD in the current year's benefit offerings.

## SECTION 3: AUTHORIZATION

I have had the opportunity to review The Ohio State University benefit plan documents, programs and policies at [hr.osu.edu/benefits](http://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](http://hr.osu.edu/benefits/rates).

I hereby authorize the salary deduction as stated herein. I certify that all information provided on this form is true and correct to the best of my knowledge. I understand that this Agreement will remain in effect until I cancel my enrollment during a subsequent enrollment period or transfer to an ineligible appointment. I understand that any person who, knowingly and with intent to defraud, files a claim containing any materially false information is guilty of fraud, which is subject to disciplinary action, up to and including termination of benefits and/or 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**.

I will be billed directly for employee contributions 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For additional information or to submit your form electronically, contact HR Connection at [hrconnection.osu.edu](http://hrconnection.osu.edu), **614-247-myHR (6947)** or [HRConnection@osu.edu](mailto:HRConnection@osu.edu). Representatives are available Monday-Friday, 8 a.m. – 5 p.m.

If you print a hard copy, return completed form to: The Ohio State University, Office of Human Resources, Benefits Processing, 1590 North High Street, Suite 300, Columbus, OH 43201-2190, or fax to: **614-292-7813**.