

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

If you are currently in an eligible enrollment period for short-term disability (STD) coverage, you have 31 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 31 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 first day of the pay period following receipt of the STD Election/Change Form.

**Date of employment (FTE) or hire date:** \_\_\_\_\_ **Date of status change (return within 31 days):** \_\_\_\_\_

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

Premium rates can be found online 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 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please contact the Office of Human Resources Customer Service Center at:  
**[hr@osu.edu](mailto:hr@osu.edu), [hr.osu.edu](http://hr.osu.edu), 614-292-1050 or 800-678-6010.**

**Keep a copy of this form for your personal records.**

**Return completed form to:** The Ohio State University, Office of Human Resources, Benefits Processing,  
1590 N. High St., Suite 300, Columbus, OH 43201-2190; Fax: 614-292-7813.