New Hire/Newly Eligible Benefits Enrollment Process in Workday

Human Resources, HRConnection
It is recommended that you add dependents and/or beneficiaries to your Workday profile prior to enrolling in benefits plans.

To add dependents or beneficiaries, click the Global Navigation Panel menu icon at the top left of the Workday homepage.
On the Global Navigation Panel menu, click **Benefits**
Click **Dependents** under the Change section.
Click Add

Adding Dependents
Click the pencil icon within each section to enter information for eligible dependent/beneficiary.

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

Dependent Options

Is your new dependent already a beneficiary or emergency contact?

If yes, which one?

Effective Date & Reason

Effective Date *
12/28/2022

Reason

Use your new dependent as a beneficiary?

Use as Beneficiary
No
Click **Submit** to add the dependent/beneficiary

Follow these steps to add additional dependents or beneficiaries
To locate your new hire benefit elections, click the **Inbox icon** at 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.
You will now see benefit cards for each benefit available under this event.
Click **Enroll** on the applicable benefit card to participate in Medical, Dental and/or Vision coverage.
Click the **Select** radio button next to the desired plan.

Click **Confirm and Continue**.

---

**Plans Available**

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

<table>
<thead>
<tr>
<th>Selection</th>
<th>Plan Details</th>
<th>Your Pay (Monthly)</th>
<th>Company Contribution (Monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>Trustmark Prime Care Advantage</td>
<td>$87.66</td>
<td>$575.14</td>
</tr>
<tr>
<td>Waive</td>
<td>Trustmark Prime Care Choice</td>
<td>$66.74</td>
<td>$575.14</td>
</tr>
</tbody>
</table>

---

**Health Care Instructions**

**General Instructions**

2023 Open Enrollment elections are effective January 1, 2023.

Please follow the steps below to enroll in medical coverage:

- Review and select medical plan enrollment and click Confirm and Continue
- Confirm enrollment selections for all dependents to be covered
- Review relationship and date of birth for each dependent and click Save to update your elections

---

**Confirm and Continue**
To add a new dependent click, **Add New Dependent**
Enter information for the eligible dependent. Items with a red asterisk (*) indicate required fields.

Once finished, click **Save** and you will be returned to the Dependents page.
Click the **Select** box to enroll eligible dependents

Once all the dependents you intend to enroll in benefit coverage are listed and their enrollment status is correct, click **Save**

**Medical - Trustmark Prime Care Advantage**

**Dependents**

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

- **Coverage**: Family
- **Plan cost per paycheck**: $328.80

![Dependent Selection Table](Image)

**Health Care Instructions**

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Please follow the steps below to enroll in medical coverage:

- **Planes Available**
  - Review and select medical plan enrollment and click Confirm and Continue
  - Confirm enrollment selection for all dependents to be covered
  - Review relationship and date of birth for each dependent and click **Save** to update your elections

![Health Care Instructions](Image)
A pop-up will appear that indicates a change was made and **REVIEWED** will appear at the top of the benefit card indicating the election has been managed.

This process will need to be repeated for each health benefit you wish to elect, waive, or change.
Click **Enroll** to participate in Health Care FSA and/or Dependent Care FSA.
Click the **Select** radio button, then click **Confirm and Continue**.
Enter either a **Per Paycheck** or **Annual** election

Click **Save**

---

**Health Care FSA - HealthEquity**

*Projected Total Cost Per Paycheck:* $535.00  
*Projected Total Credits:* $0.00

**Contribute**

<table>
<thead>
<tr>
<th>Per Paycheck</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100.00</td>
<td>$1,200.00</td>
</tr>
</tbody>
</table>

**Total Paychecks:** 12  
**Minimum Annual Amount:** $100.00  
**Maximum Annual Amount:** $2,500.00

**Summary**

**Total Annual Contribution:** $1,200.00

---

**Spending Account Instructions**

**General Instructions**

2023 Open Enrollment elections are effective January 1, 2023. 

You MUST re-enroll in Flexible Spending Accounts each year.

A Health Care Flexible Spending Account (FSA) allows you to set aside pre-tax money to pay for eligible health care expenses for you and your qualified dependents. Examples of eligible health care expenses include: deductibles, coinsurance and copayments, contact lenses and glasses, dental care and orthodontia.
A pop-up will appear that indicates a change was made and **REVIEWED** will appear on the top of the benefit card indicating the election has been managed.

The per paycheck contribution amount will now be listed on the applicable FSA Benefit Card.
To elect or waive Short Term Disability coverage; Click **Enroll** on the Short-Term Disability benefit card.
Click the radio button to **Select** or **Waive** Short Term Disability Coverage

Click **Confirm and Continue**
If enrolling in Short Term Disability you will see a summary of coverage.

Click **Save** to continue or **Cancel** to return to the previous screen.

### Short Term Disability - Unum Calculated Coverage Listed is an Estimate (Employee)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Total Cost Per Paycheck</td>
<td>$330.90</td>
</tr>
<tr>
<td>Projected Total Credits</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

### Coverage

- **Calculated Coverage**: $759.73
- **Coverage**: 60% of Salary
- **Plan cost per paycheck**: $22.87

### Insurance Instructions

#### General Instructions

2023 Open Enrollment elections are effective January 1, 2023.

#### Special Enrollment Opportunity

Short Term Disability enrollment is available without evidence of insurability (EOI). This benefit is not offered annually; enrollment outside of this window may require EOI.

Open Enrollment is the only opportunity to **cancel** Short Term Disability coverage.
A pop-up will appear that indicates a change was made and **REVIEWED** will appear on the top of the benefit card indicating the election has been managed.

The **coverage level** and **per paycheck contribution** will now be listed on the Short-Term Disability Card.
Once all intended benefit changes are made, click **Review and Sign** to continue to the final steps of the enrollment process.
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

### View Summary

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage Begin Date</th>
<th>Deduction Begin Date</th>
<th>Coverage</th>
<th>Dependents</th>
<th>Beneficiaries</th>
<th>Cost</th>
</tr>
</thead>
</table>
| Medical             | 01/01/2023          | 01/01/2023           | Family   | Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test 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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-aid/faculty-staff and hr.osu.edu/benefits/tuition-aid/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.
To view your benefits statement, click **View Benefits Statement**

**Submitted**

You've submitted your elections.

Elections made during Open Enrollment become effective January 1, 2023, unless an evidence of insurability (EOI) is required. Effective dates for plans requiring EOI will be based on EOI approval.

**Important Dates:**

- Benefits go into effect: 01/01/2023
- Final day to update benefits: 11/15/2022

[View 2023 Benefits Statement]
To print your statement click **Print** at the bottom of the Benefits Statement.

---

### Submit Elections Confirmation

- **Initiated On:** 09/21/2022
- **Submit Elections By:** 11/15/2022
- **Event Date:** 01/01/2023

Total Employee Cost/Credit: $536.80 Monthly Cost

You have successfully submitted your benefits enrollment. Select Print to launch a printable version of this summary for your records.

---

Elections made during Open Enrollment become effective January 1, 2023, unless an evidence of insurability (EOI) is required. Effective dates for plans requiring EOI will be based on EOI approval.

---

#### Elected Coverages

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Coverage Begin Date</th>
<th>Deduction Begin Date</th>
<th>Coverage</th>
<th>Calculated Coverage</th>
<th>Dependents</th>
<th>Beneficiaries</th>
<th>Employee Cost (Monthly)</th>
<th>Employer Contribution (Monthly)</th>
</tr>
</thead>
</table>
| Medical - Trustmark Prime Care Advantage | 01/01/2023         | 01/01/2023           | Family   |                    | Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test Testerson Test 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Once the event is submitted you will receive a Workday notification confirming the events completion.
The Workday notification will include a link to the submitted benefits statement.
Next, we will review the **Benefit Change – New Hire/Rehire Enrollment – Life**

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**
Click **Continue** on the Information Updated page

Thanks for updating your information.

Next up, you'll confirm benefits you'd like to keep the same, or add any changes you'd like to make.

[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.

### Group Term Life

- **Projected Total Cost Per Paycheck**: $259.80
- **Projected Total Credits**: $9.00

#### Plans Available

<table>
<thead>
<tr>
<th>Selection</th>
<th>Benefit Plan Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>Minnesota Life (Employee)</td>
</tr>
<tr>
<td>Waive</td>
<td></td>
</tr>
</tbody>
</table>

#### Insurance Instructions

**General Instructions**

2023 Open Enrollment elections are effective January 1, 2023.

This university group term life insurance (GTU) coverage provides your beneficiary 2.5x your base salary with a maximum benefit of $250,000. If you wish to waive GTU, you must complete a paper Waiver of Entitlement form found at hr.osu.edu/oe.
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.

**Primary Beneficiaries**

- **Beneficiary**: Tester Test
- **Percentage**: 100

**Secondary Beneficiaries**

- **Beneficiary**: Tester Test
- **Percentage**: 100
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 or Trust
Once you have selected a beneficiary, click Percentage to enter the **percentage** assigned to each beneficiary.

Click **Save**
A pop-up will appear that indicates a change was made and **REVIEWED** will appear on the top of the benefit card indicating the election has been managed.
To elect employee, spouse, or child Voluntary Group Term Life Insurance; Click **Enroll** on the applicable benefit card.
Click **Select** to enroll in coverage

Click **Confirm and Continue**
Click List dropdown to select desired coverage level under each plan.

Click Save.

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

Projected Total Cost Per Paycheck $536.80
Projected Total Credits $0.00

Coverage
Calculated Coverage $395,059.00

Coverage
- 5 X Salary
- 6 X Salary
- 7 X Salary
- 8 X Salary

Insurance Inst.

General Instructions

2023 Open Enrollment eligibility
- 6 X Salary

Special Enrollment Opportunities
- 7 X Salary
- 8 X Salary

You may elect coverage equal to your annual salary, not to exceed $300,000, without EOI. Additional coverage will require EOI and will be subject to age reduction and plan maximum rules.

Important Information
You must submit Evidence of Insurability if your election exceeds 2 level(s) of coverage, because you have previously selected coverage.

Maximum coverage amount changes without Evidence of Insurability: $299,999.

Save
Cancel
A pop-up will appear that indicates the change was made and **REVIEWED** will appear on the top of the benefit card indicating the election has been managed.

The **Coverage** and the **Cost per paycheck** will be listed on the applicable Voluntary Group Term Life Insurance (VGTLI) card.
Once all intended benefit changes are made, click **Review and Sign** to continue to the final steps of the enrollment process.
New Hire Benefit Enrollment

The next and final page shows:

- A summary of your chosen benefit elections
- Dependents and beneficiaries
- Total cost of your paycheck deduction amounts
- Waived coverages

### View Summary

<table>
<thead>
<tr>
<th>Selected Benefits 2 Items</th>
<th>Coverage Begin Date</th>
<th>Deduction Begin Date</th>
<th>Coverage</th>
<th>Dependents</th>
<th>Beneficiaries</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Term Life</td>
<td>01/01/2023</td>
<td>01/01/2023</td>
<td>2.5 X Salary</td>
<td></td>
<td>Test Tester</td>
<td>Included</td>
</tr>
<tr>
<td>Minnesota Life (Employee)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary Group Term Life-Must be Enrolled in Group Term Life</td>
<td>01/01/2023</td>
<td>02/01/2023</td>
<td>3 X Salary</td>
<td></td>
<td></td>
<td>$62.00</td>
</tr>
<tr>
<td>Minnesota Life (Employee)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waived Benefits 2 Items</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Group Term Life-Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary Group Term Life-Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Messages

1 Item

<table>
<thead>
<tr>
<th>Plan</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Group Term Life-Must be Enrolled in Group Term Life - Minnesota Life (Employee)</td>
<td>You must submit evidence of insurability for the 3 X Salary election. Your election will be reduced to $500,000 until evidence of insurability is received and approved.</td>
</tr>
</tbody>
</table>
After checking the summary page for accuracy, select the box at the bottom next to I **Accept** and click **Submit**.
To view your benefits statement, click **View Benefits Statement**
To print your statement click **Print** at the bottom of the Benefits Statement.
Once the event is submitted you will receive a Workday notification confirming the event's completion.
The notification will include a link to the submitted benefits statement.
To verify you have completed the enrollment process click **Benefits** under your **worker profile**.

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Coverage Begin Date</th>
<th>Deduction Begin Date</th>
<th>Coverage</th>
<th>Calculated Coverage</th>
<th>Dependents</th>
<th>Beneficiaries</th>
<th>Employee Cost (Biweekly)</th>
<th>Employer Contribution (Biweekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical - Truistmark Prime Care Advantage</td>
<td>01/17/2023</td>
<td>01/17/2023</td>
<td>Employee + Spouse</td>
<td></td>
<td>Wife Example</td>
<td></td>
<td>$105.26</td>
<td>$554.69</td>
</tr>
<tr>
<td>Dental - Delta Dental</td>
<td>08/16/2021</td>
<td>08/16/2021</td>
<td>Employee Only</td>
<td></td>
<td></td>
<td></td>
<td>$2.36</td>
<td>$13.49</td>
</tr>
<tr>
<td>Vision - Vision Service Plan Basic</td>
<td>01/17/2023</td>
<td>01/17/2023</td>
<td>Employee + Spouse</td>
<td></td>
<td>Wife Example</td>
<td></td>
<td>$3.32</td>
<td>$2.34</td>
</tr>
<tr>
<td>Health Care FSA - TASC</td>
<td>01/17/2023</td>
<td>01/17/2023</td>
<td>$1,500.00 Annual</td>
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<td></td>
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<td>$214.29</td>
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<tr>
<td>Group Term Life - Minnesota Life (Employee)</td>
<td>08/16/2021</td>
<td>08/16/2021</td>
<td>2.5 X Salary</td>
<td>$120,042.00</td>
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<td>Ohio State Test Test</td>
<td>$2.66</td>
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</tr>
<tr>
<td>Voluntary Group Term Life - Minnesota Life (Employee)</td>
<td>01/17/2023</td>
<td>01/17/2023</td>
<td>3 X Salary</td>
<td>$144,550.00</td>
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<td>$2.66</td>
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</tr>
<tr>
<td>Voluntary Group Term Life-Spouse - Minnesota Life (Spouse)</td>
<td>01/17/2023</td>
<td>01/17/2023</td>
<td>$50,000</td>
<td>$50,000.00</td>
<td>Wife Example</td>
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<td>$0.98</td>
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</tr>
<tr>
<td>Voluntary Group Term Life-Child - Minnesota Life (Employees)</td>
<td>01/17/2023</td>
<td>01/17/2023</td>
<td>$20,000</td>
<td>$20,000.00</td>
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<td>$0.80</td>
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<tr>
<td>Short Term Disability - Unum Calculated Coverage Listed is an Estimate (Employee)</td>
<td>01/17/2023</td>
<td>01/17/2023</td>
<td>60% of Salary</td>
<td>$554.04</td>
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<td></td>
<td>$8.59</td>
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<tr>
<td>Long Term Disability - Unum 60% of Calculated Coverage is</td>
<td>08/16/2021</td>
<td>08/16/2021</td>
<td>60% of Salary</td>
<td>$2,400.84</td>
<td></td>
<td></td>
<td>$6.30</td>
<td></td>
</tr>
</tbody>
</table>
Questions?

HR Connection Portal:
HRConnection.osu.edu

Phone:
614-247-myHR(6947)

Email:
HRConnection@osu.edu