New Hire / Newly Eligible Benefits Enrollment Process in Workday
Human Resources, Benefits Administration
Benefit Election Window

30-Day window for newly eligible employees and qualifying status changes

If you do not enroll within 30-days, you will not have health coverage

** Benefits are effective on your date of hire / eligibility date
New Hire Benefit Enrollment

To locate your new hire benefit elections, click the **Inbox** icon at the top right corner of your screen.

Click **Inbox**
New Hire Benefit Enrollment

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

Click Let’s Get Started
New Hire Benefit Enrollment

View available benefit cards

HEALTH
New Hire Benefit Enrollment

Click "Enroll"
New Hire Benefit Enrollment

Click Select

Click Confirm and Continue

MEDICAL
New Hire Benefit Enrollment

Click **Add New Dependent**
New Hire Benefit Enrollment

When adding a new dependent make sure to review relationship and date of birth.

Click OK
New Hire Benefit Enrollment

Enter information for eligible dependent. Items with a red asterisk (*) indicate required fields.

<table>
<thead>
<tr>
<th>Name</th>
<th>Personal Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Relationship</td>
</tr>
<tr>
<td>Middle Name</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Last Name</td>
<td>Age</td>
</tr>
<tr>
<td>Suffix</td>
<td>Sex</td>
</tr>
</tbody>
</table>

Click Save

The Ohio State University
Human Resources
New Hire Benefit Enrollment

Click Checkbox to enroll dependents

Click Save
New Hire Benefit Enrollment

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

This process will need to be repeated for each health benefit you wish to elect or change.
New Hire Benefit Enrollment

FLEXIBLE SPENDING ACCOUNT

Click Enroll
New Hire Benefit Enrollment

FLEXIBLE SPENDING ACCOUNT

Click Select

Click Confirm and Continue
New Hire Benefit Enrollment

FLEXIBLE SPENDING ACCOUNT

Enter Per Paycheck or Annual election

Click Save
New Hire Benefit Enrollment

FLEXIBLE SPENDING ACCOUNT

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

Per paycheck contribution listed on FSA Benefit Card
New Hire Benefit Enrollment

SHORT TERM DISABILITY

Click Enroll
New Hire Benefit Enrollment

SHORT TERM DISABILITY

Click Select

Click Confirm and Continue
New Hire Benefit Enrollment  SHORT TERM DISABILITY

Click Save

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

Projected Total Cost Per Paycheck: $165.58
Projected Total Credits: $0.00

Coverage:
- Calculated Coverage: $384.00
- Coverage: 60% of Salary
- Plan cost per paycheck: $5.05

Click Save
New Hire Benefit Enrollment

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

Per paycheck contribution listed on STD Benefit Card
Click Review and Sign to finalize the enrollment process.
New Hire Benefit Enrollment

**Review**

- A summary of your chosen benefit elections
- Dependents and beneficiaries

**REVIEW AND SUBMIT**

- Total cost of your paycheck deductions
- Waived coverages

View Summary

<table>
<thead>
<tr>
<th>Retained Benefits</th>
<th>1 Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Coverage Begin Date</td>
</tr>
<tr>
<td>Health Care PPOs</td>
<td>1-1-2023</td>
</tr>
<tr>
<td>Dental</td>
<td>1-1-2023</td>
</tr>
<tr>
<td>Vision</td>
<td>1-1-2023</td>
</tr>
</tbody>
</table>

Total Benefits:

<table>
<thead>
<tr>
<th>Company Contribution</th>
<th>Employee Cost</th>
<th>Credit</th>
<th>Net Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000.00</td>
<td>$1,000.00</td>
<td>$0.00</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

The Ohio State University
HUMAN RESOURCES
New Hire Benefit Enrollment

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 Medicare 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 withdrawals 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 employee 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 insured’s approval of evidence of insurability.
- Retiree Group Term Life Insurance (RGT/L) may be continued until age 70 if premiums are submitted as directed on my invoice(s) and premiums are subject to change. RGT/L may also be cancelled for nonpayment of premiums, or at my election at any time with 30 days written notice.
- Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insured, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- For life insurance, if 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.

Select
I Accept

Click
Submit
New Hire Benefit Enrollment

You've submitted your elections.

View 2023 Benefits Statement

Done
New Hire Benefit Enrollment

CONFIRMATION STATEMENT

Submit Elections Confirmation
New Hire / Rehire Enrollment - Health

Initiated On: 11/27/2023
Submit Elections By: 01/02/2024
Event Date: 12/04/2023

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

Elected Coverages - 3 items

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Deduction Begin Date</th>
<th>Coverage</th>
<th>Calculated Coverage</th>
<th>Dependents</th>
<th>Employee Cost (Biweekly)</th>
<th>Employee Contribution (Biweekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Advantage Prime Care</td>
<td>12/04/2023</td>
<td>Employee + (Children)</td>
<td></td>
<td></td>
<td>$798.83</td>
<td>$353.46</td>
</tr>
<tr>
<td>Health Care PSA - Healthy Be</td>
<td>12/04/2023</td>
<td>$100.00 Annual</td>
<td></td>
<td></td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>Short Term Disability - Uses Calculated Coverage Listed in an Estimate (Employee)</td>
<td>12/04/2023</td>
<td>62% of Salary</td>
<td></td>
<td></td>
<td>$340.00</td>
<td></td>
</tr>
<tr>
<td>Waxed Coverages - 3 items</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Plan Type:
- Dental
- Vision
- Dependent Care PSA

Click Print
New Hire Benefit Enrollment

Hello There

Awaiting Your Action

Timely Suggestions

Keep Your Home Contact Information Updated
We would like you to review your Contact Information and ensure it's up to date

Update Contact Info

Click Bell Icon
New Hire Benefit Enrollment

CONFIRMATION STATEMENT

Click link to Benefits Statement

Benefit Change - New Hire / Rehire Enrollment - Health

5 minute(s) ago

Your benefit event has been submitted.

Details Benefit Change - New Hire / Rehire Enrollment - Health
New Hire Benefit Enrollment

Click Let’s Get Started
New Hire Benefit Enrollment

Update Your Information

Health Information

Tobacco Use
Response to the following question will be used to calculate Voluntary Group Term Life Insurance (VGTU) Employee premiums.

Question: Have you (employee) used tobacco in any form during the past twelve (12) months or are you currently using nicotine in any form?

Answer:
- Yes
- No

Click Continue
New Hire Benefit Enrollment

Information Updated

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.

Click Continue
New Hire Benefit Enrollment

View available benefit cards

- **Group Term Life**
  - Minnesota Life (Employee)
  - Coverage: 2.5 X Salary
  - Manage

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

- **Voluntary Group Term Life - Child**
  - Waived
  - Enroll

- **Voluntary Group Term Life - Spouse**
  - Waived
  - Enroll

LIFE

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

**Projected Total Credits**: $0.00

Review and Sign  Save for Later
New Hire Benefit Enrollment

GROUP TERM LIFE INSURANCE

New Hire / Rehire Enrollment - Life

Insurance

- Group Term Life
  - Coverage: 2.5 X Salary
  - Enroll

- Voluntary Group Term Life-Must be Enrolled in Group Term Life
  - Waived
  - Enroll

- Voluntary Group Term Life-Spouse
  - Waived
  - Enroll

Click Manage

Review and Sign  Save for Later
New Hire Benefit Enrollment

GROUP TERM LIFE INSURANCE

Click Confirm and Continue
New Hire Benefit Enrollment

GROUP TERM LIFE INSURANCE

Click Plus (+) to add designations

Click Minus (-) to remove designations
New Hire Benefit Enrollment

GROUP TERM LIFE INSURANCE

Add New Beneficiary or Trust

Click List dropdown to find options to add Beneficiary or Trust
New Hire Benefit Enrollment

GROUP TERM LIFE INSURANCE

Enter the **percentage** assigned to each beneficiary

Click **Save**
New Hire Benefit Enrollment

GROUP TERM LIFE INSURANCE

A pop-up will appear that indicates the change was made and **UPDATED** will appear on the top benefit card indicating the election has been managed.
New Hire Benefit Enrollment

VOLUNTARY GTLI

Click Enroll
New Hire Benefit Enrollment

Voluntary Group Term Life—Must be Enrolled in Group Term Life

Click Select

Click Confirm and Continue

Insurance Instructions

General Instructions

Designated beneficiaries apply to both Group Term Life Insurance (GTLI) and if elected, Voluntary Group Term Life Insurance (VGTLI) - Employee.

Designated beneficiaries are shown on the 'My Beneficiaries' page and have a percentage designation under the Benefits Elections column.
New Hire Benefit Enrollment

Click Select

Click Save
New Hire Benefit Enrollment

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

Per paycheck contribution listed

VGTLI Benefit Card
New Hire Benefit Enrollment

Click Review and Sign

REVIEW AND SUBMIT
New Hire Benefit Enrollment

Review
- A summary of your chosen benefit elections
- Dependents and beneficiaries

- Total cost of your paycheck deductions
- Waived coverages

### 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>
<tbody>
<tr>
<td>Group Term Life</td>
<td>12/04/2023</td>
<td>12/04/2023</td>
<td>1.5 X Salary</td>
<td>Boly Buckeye Family Trust</td>
<td>Included</td>
<td></td>
</tr>
<tr>
<td>Minnesota Life (Employee)</td>
<td>12/04/2023</td>
<td>12/17/2023</td>
<td>1 X Salary</td>
<td></td>
<td></td>
<td>$4.08</td>
</tr>
</tbody>
</table>

### Waived Benefits

- Voluntary Group Term Life-Spouse: Waived
- Voluntary Group Term Life-Child: Waived
New Hire Benefit Enrollment

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 (30 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.
- If I will be billed directly for employee contributions for elected benefits (other than FSAs) in the event the 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 arrearages 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 employee life insurance, the effective date of coverage (or an increase in coverage) is subject to active work and non-coverage requirements.
- Voluntary life insurance in excess of any guaranteed issue amounts is contingent on the insuree's approval of evidence of insurability.
- Retiree Group Term Life Insurance (RGTL) may be continued until age 70 if premiums are submitted as directed on my invoice(s) and premiums are subject to change. RGTL may also be cancelled for non-payment of premiums, or at my election at any time with 30 days written notice.
- Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- 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.

Select
I Accept

Click
Submit

Submit
New Hire Benefit Enrollment

Submitted

You've submitted your elections.

View 2023 Benefits Statement

Done
New Hire Benefit Enrollment

CONFIRMATION STATEMENT

Click Bell Icon
New Hire Benefit Enrollment

CONFIRMATION STATEMENT

Click Benefits

Benefits

<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 (Dxweekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical - Truemark Prime Care Advantage</td>
<td>12/04/2023</td>
<td>12/04/2023</td>
<td>Employee + Child(ren)</td>
<td>Benjamin Buckeye Brutus Buckeye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care FSA - HealthEquity</td>
<td>12/04/2023</td>
<td>12/04/2023</td>
<td>$100.00 Annual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Term Life - Minnesota Life (Employee)</td>
<td>12/04/2023</td>
<td>12/04/2023</td>
<td>2.5 X Salary</td>
<td>$83,200.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary Group Term Life - Must be Enrolled in Group Term Life - Minnesota Life (Employee)</td>
<td>12/04/2023</td>
<td>12/17/2023</td>
<td>3 X Salary</td>
<td>$99,840.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short Term Disability - Unum Calculated Coverage Listed as an Estimate (Employee)</td>
<td>12/04/2023</td>
<td>12/17/2023</td>
<td>60% of Salary</td>
<td>$384.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Questions

HR Connection Portal: HRConnection.osu.edu
Phone: 614-247-6947
Email: HRConnection@osu.edu