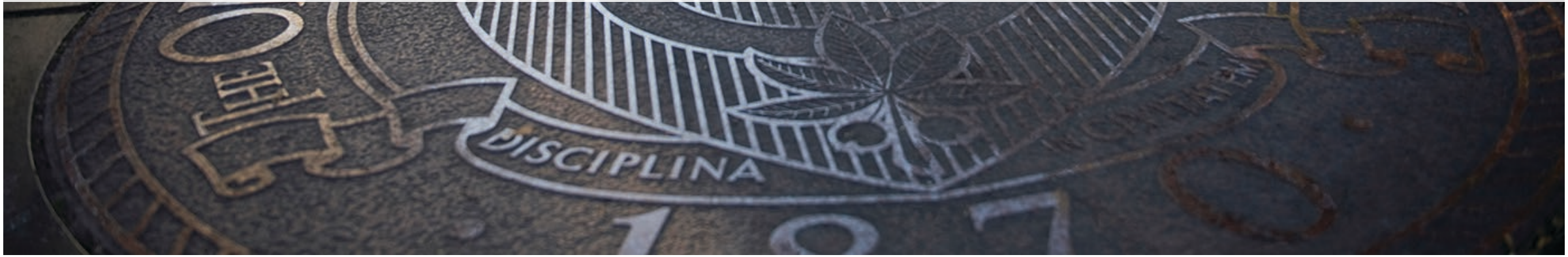
Workday
Open Enrollment Walk Through

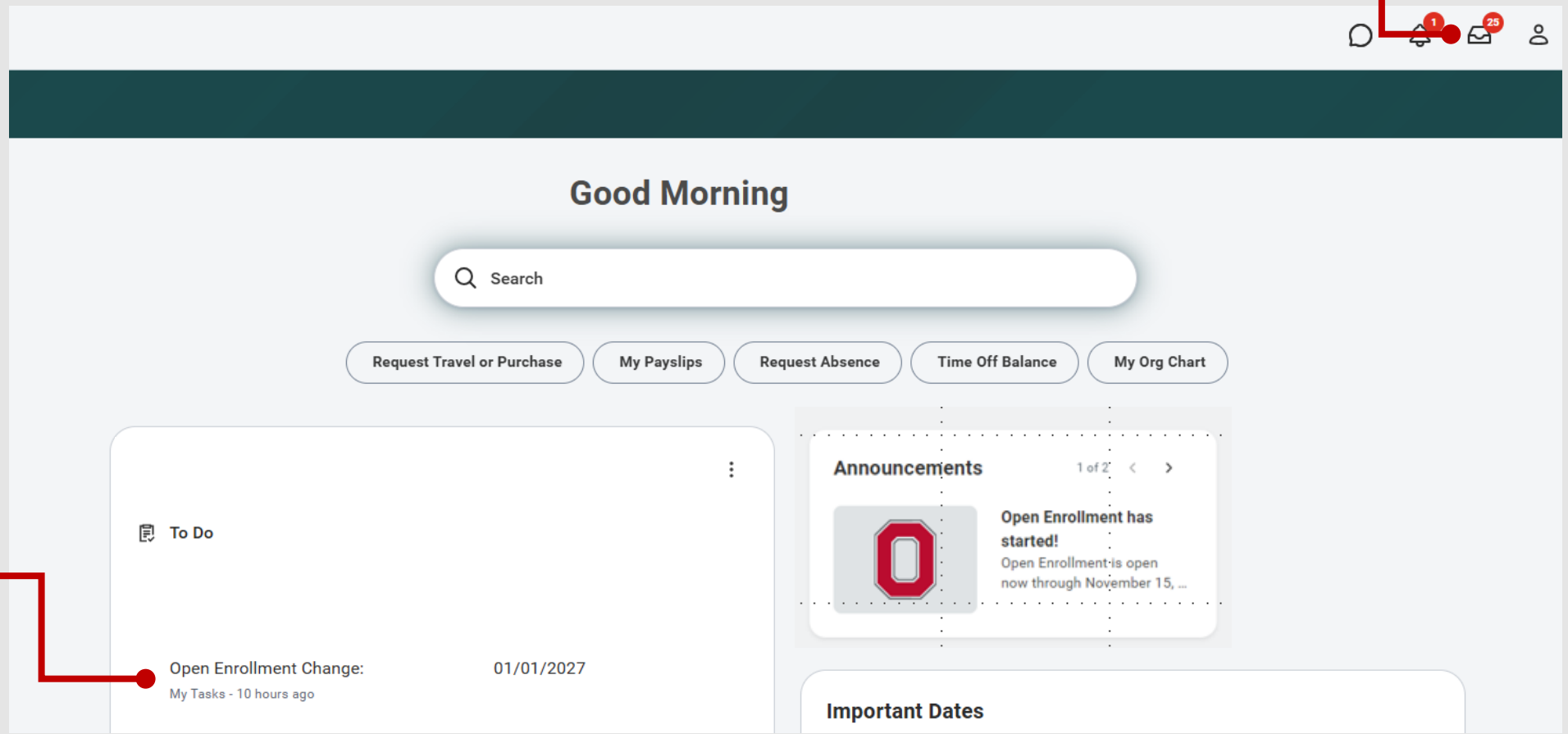
October 30 - November 15, 2026



Open Enrollment Event

Log in to Workday at **workday.osu.edu**

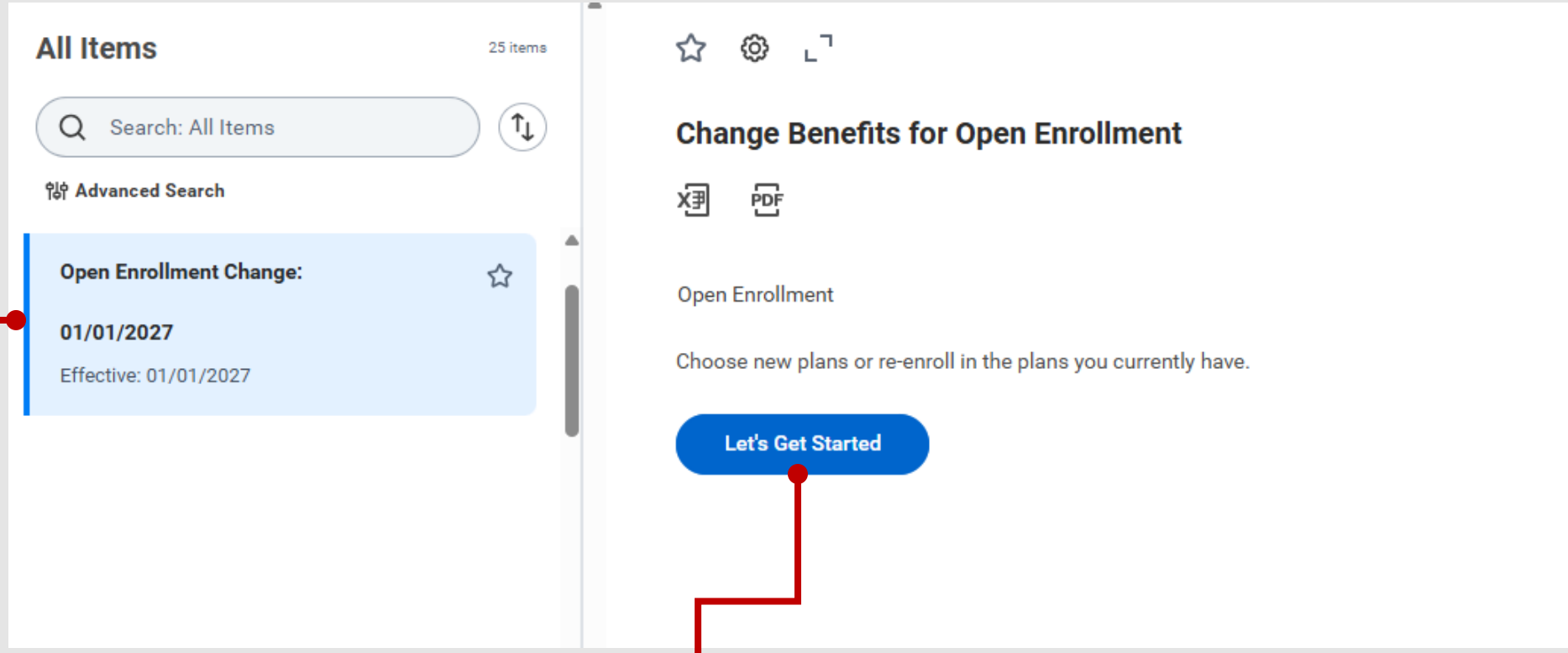
Click the **Inbox** icon



Go to My Tasks link to open your inbox

Open Enrollment Event

Click the **Open Enrollment Change** event



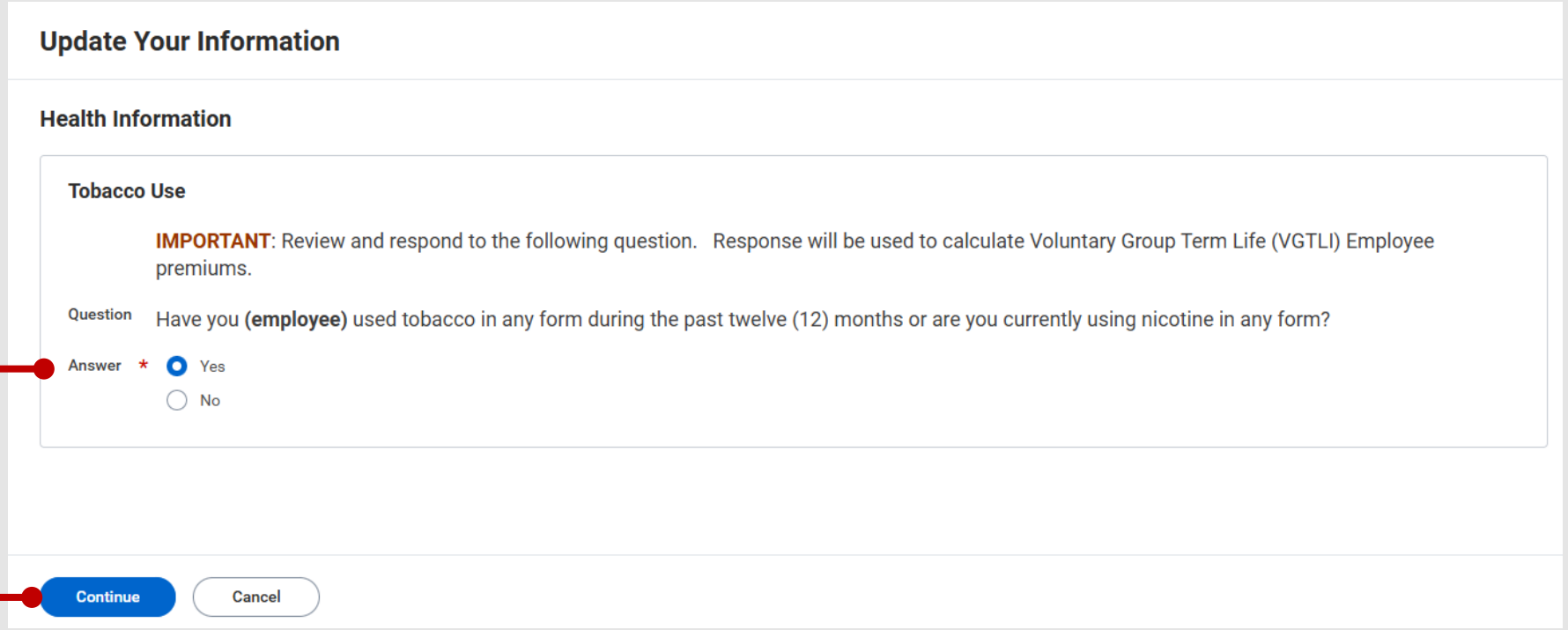
Click **Let's Get Started**

Health Information

The **Health Information** Slide will ask about tobacco use

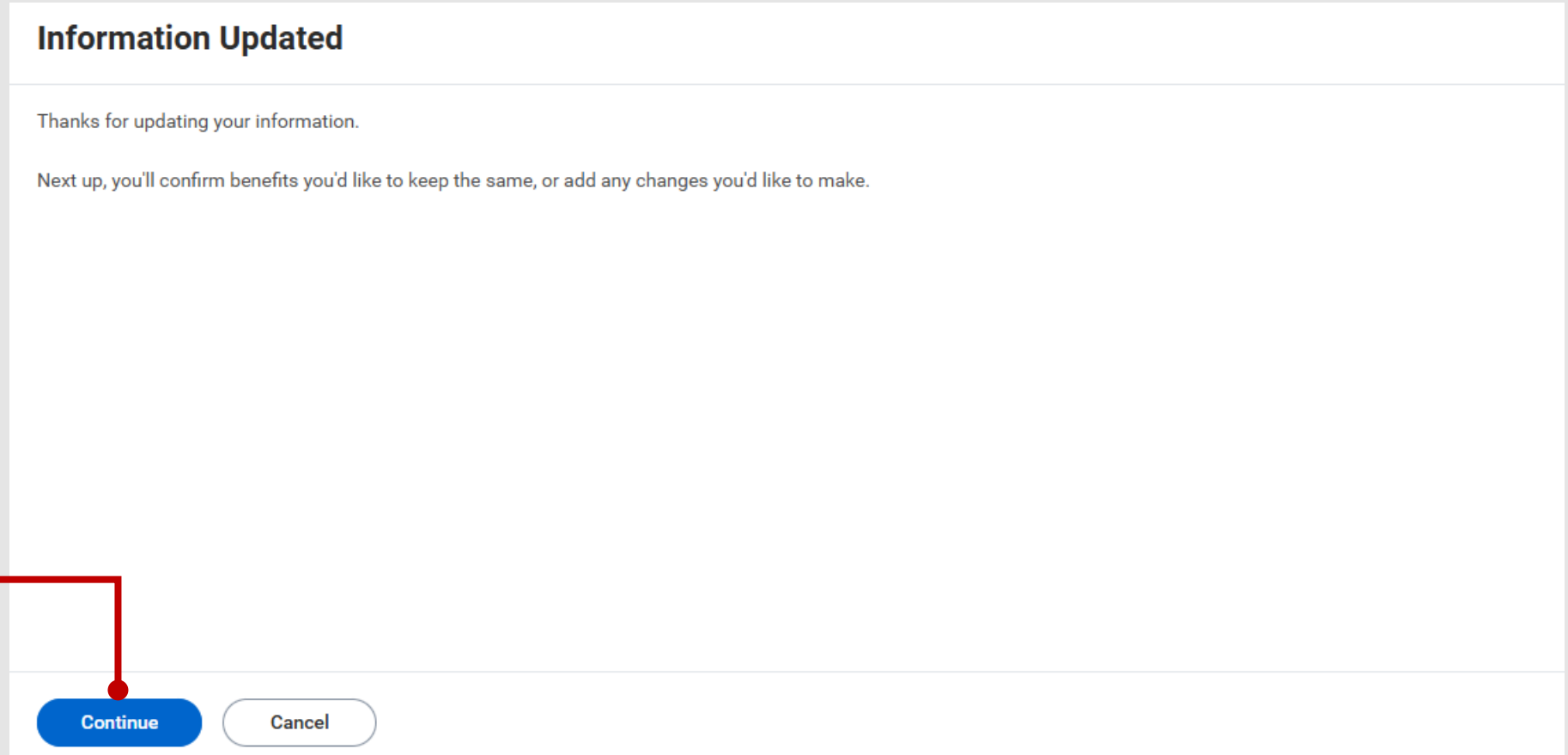
Respond **“Yes”** or **“No”**

Click **Continue**



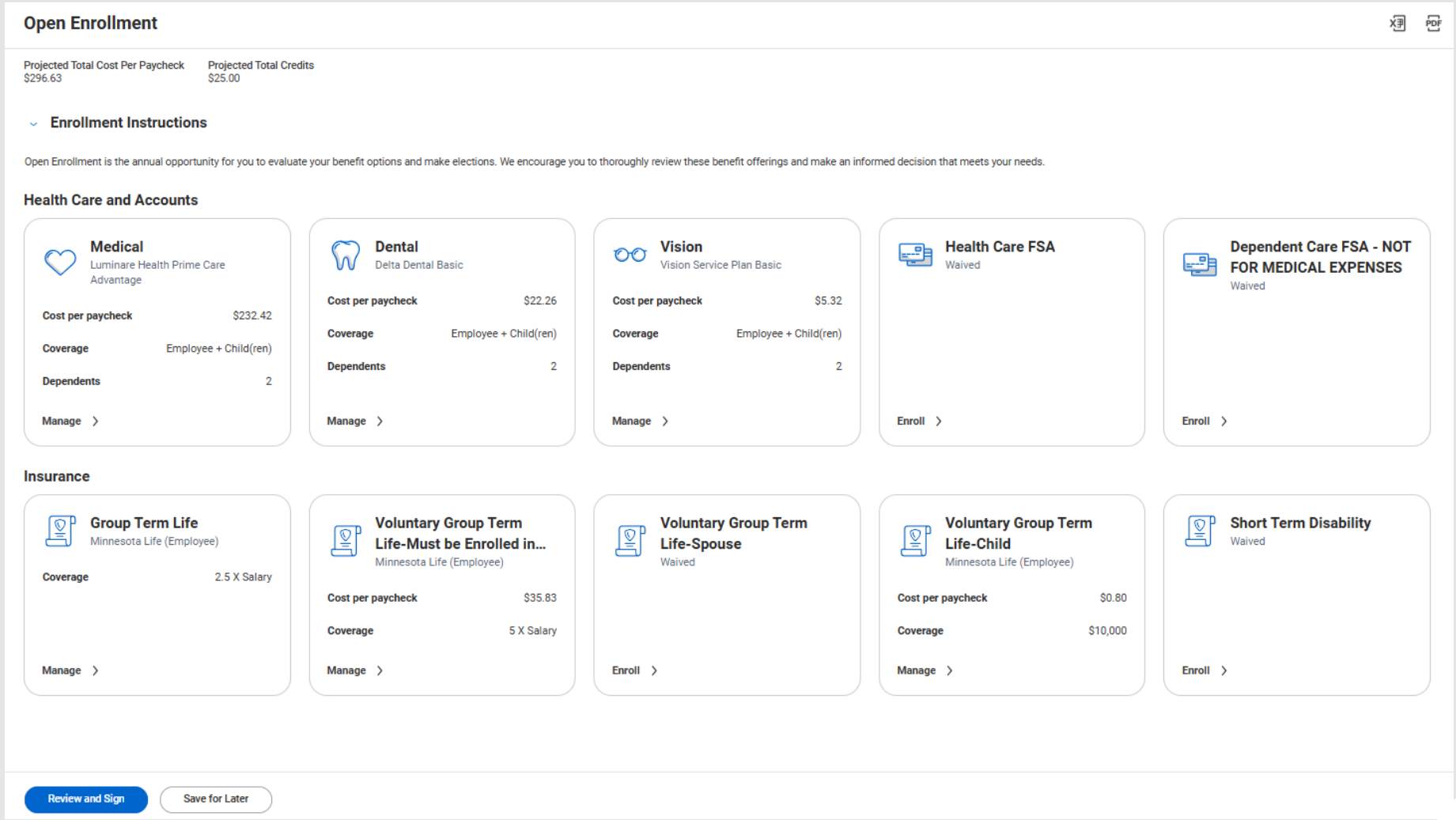
Information Updated

Click
Continue



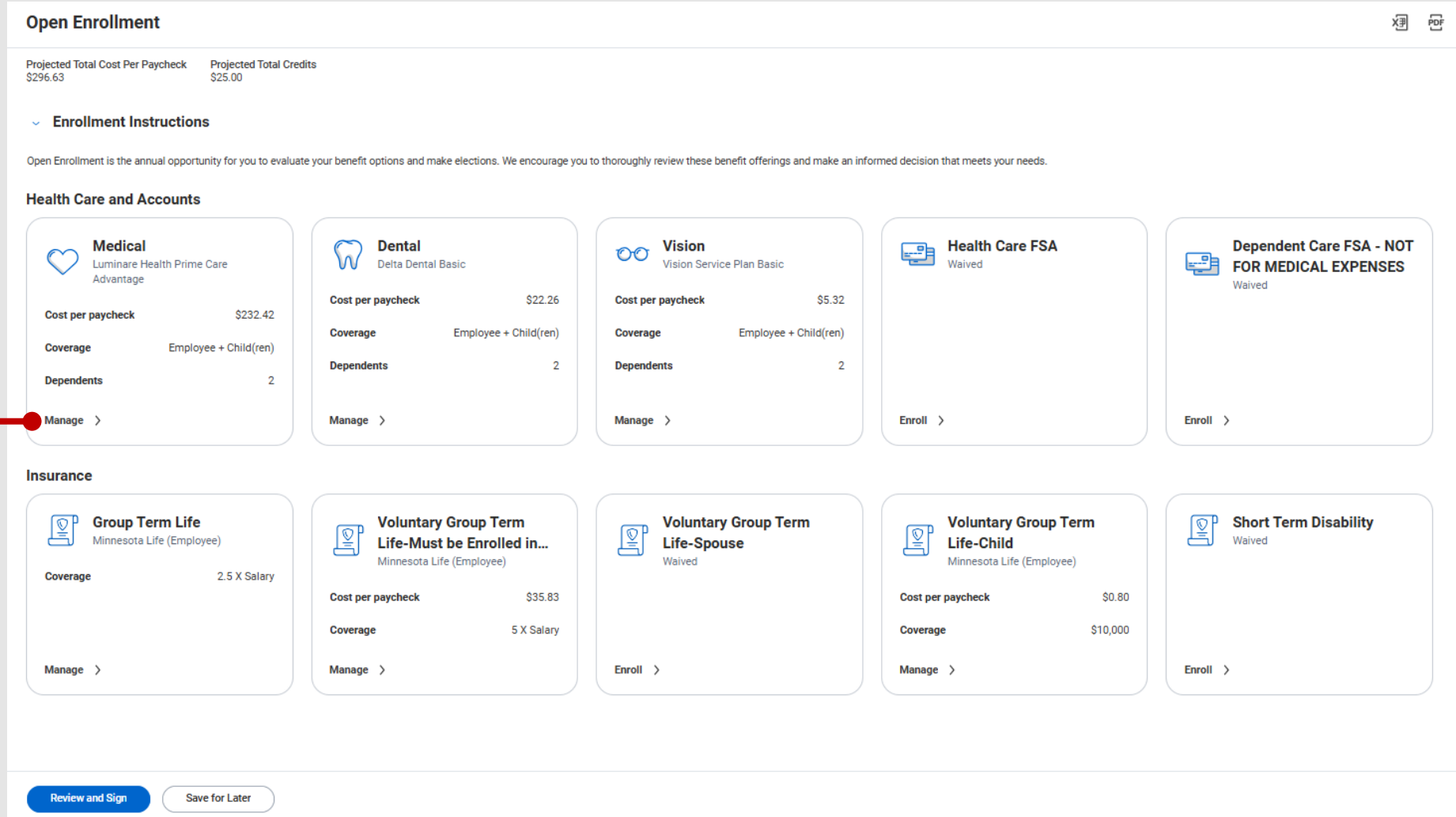
Open Enrollment

You will see a full listing of eligible benefit elections



Health

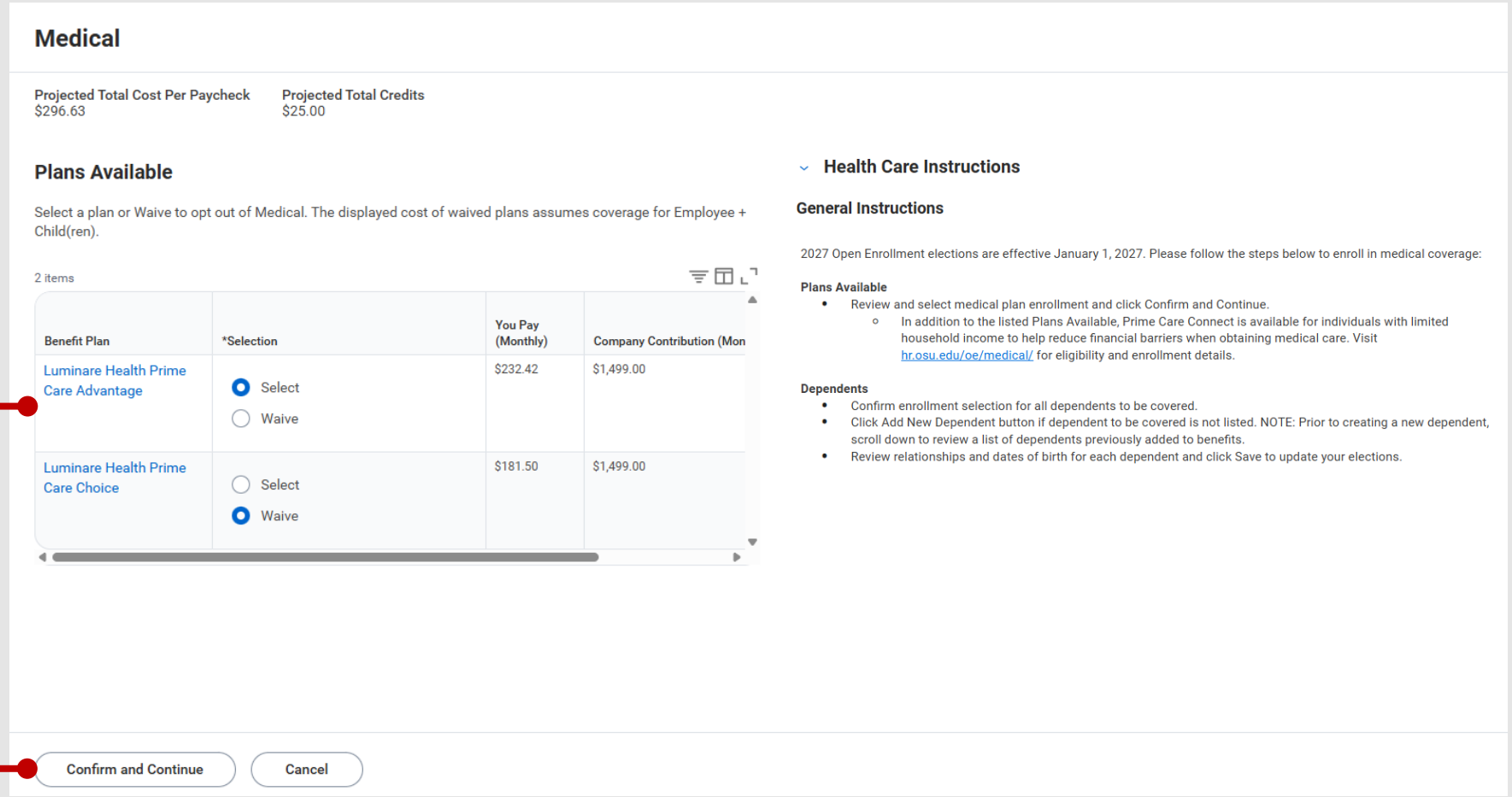
To review or change Medical, Dental or Vision coverage click **Manage/Enroll** on the applicable benefit card



Health

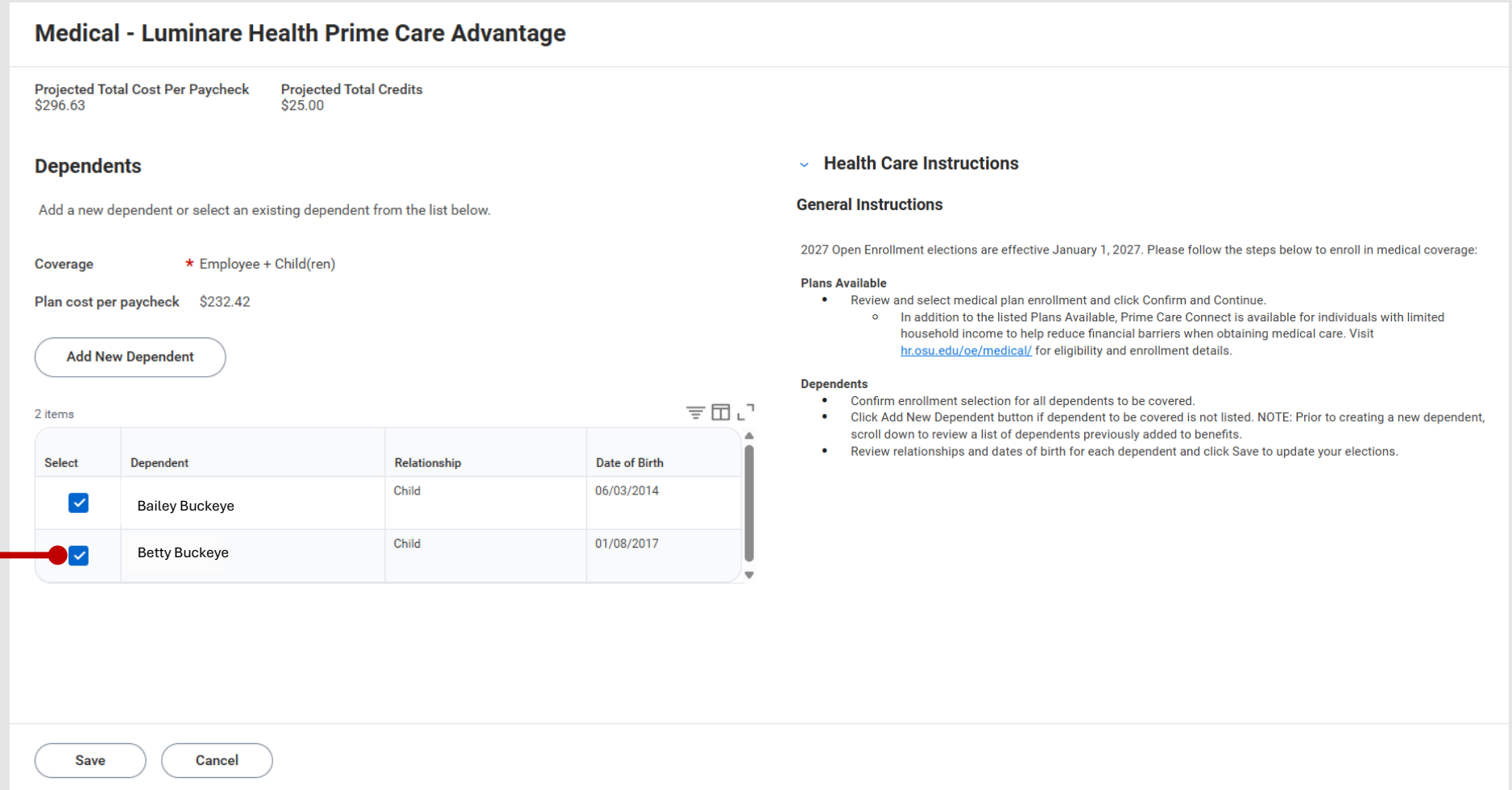
Click the **Select** radio button next to your desired plan

Click **Confirm and Continue**



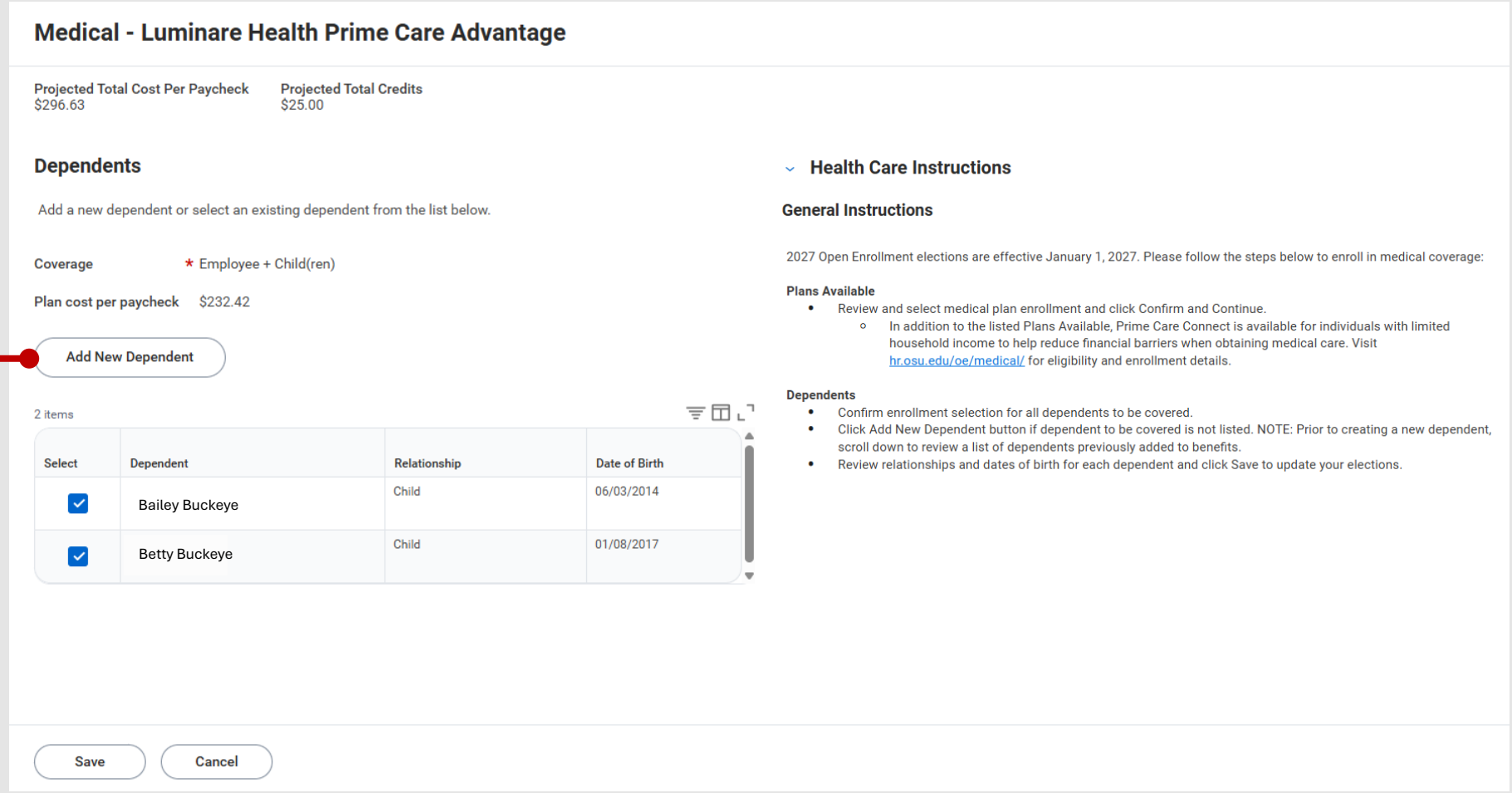
Health

If you change benefit plan enrollment, you **must** re-select dependent(s) to be covered

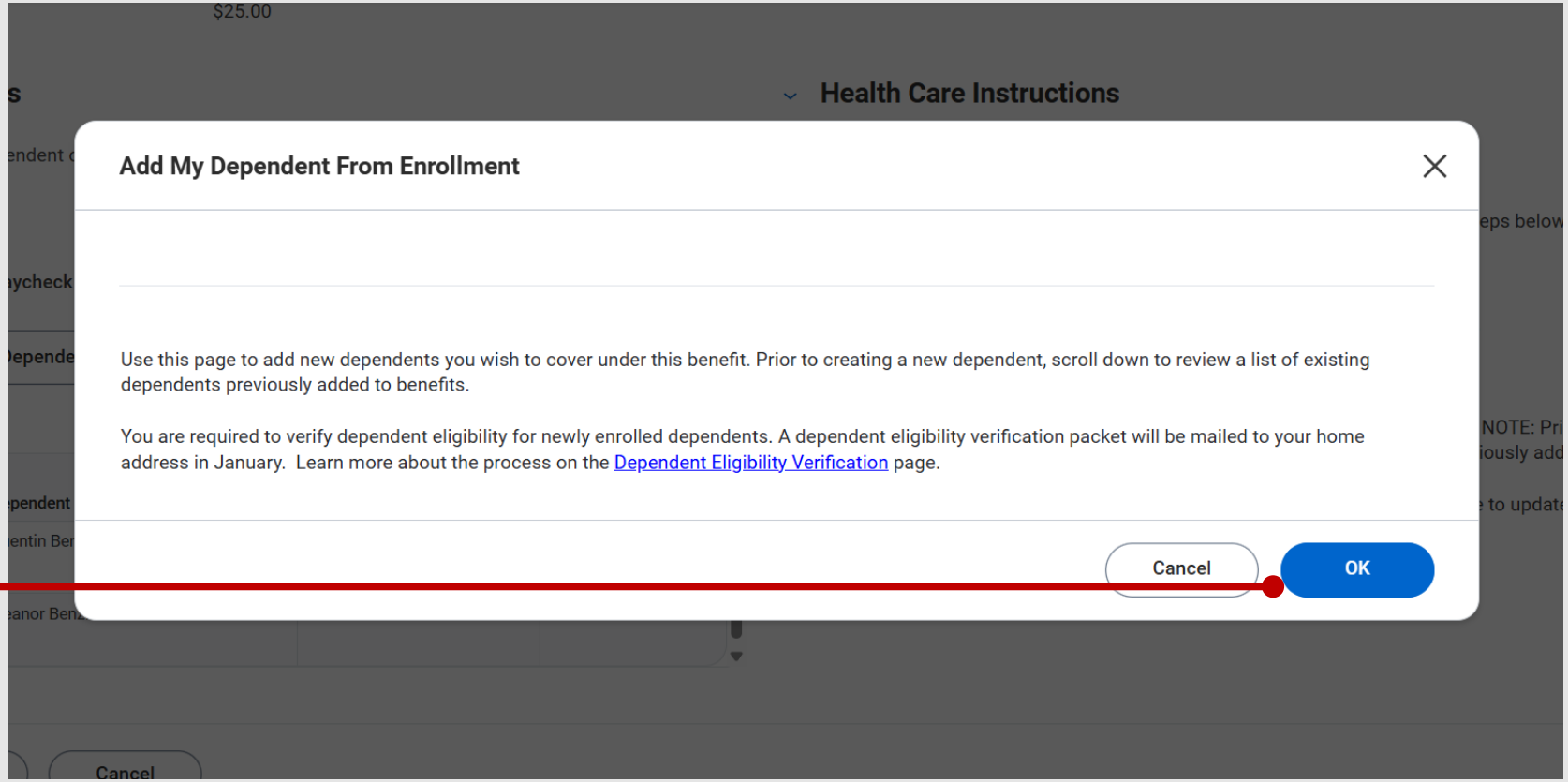


Health

To add a new dependent, click **Add New Dependent**

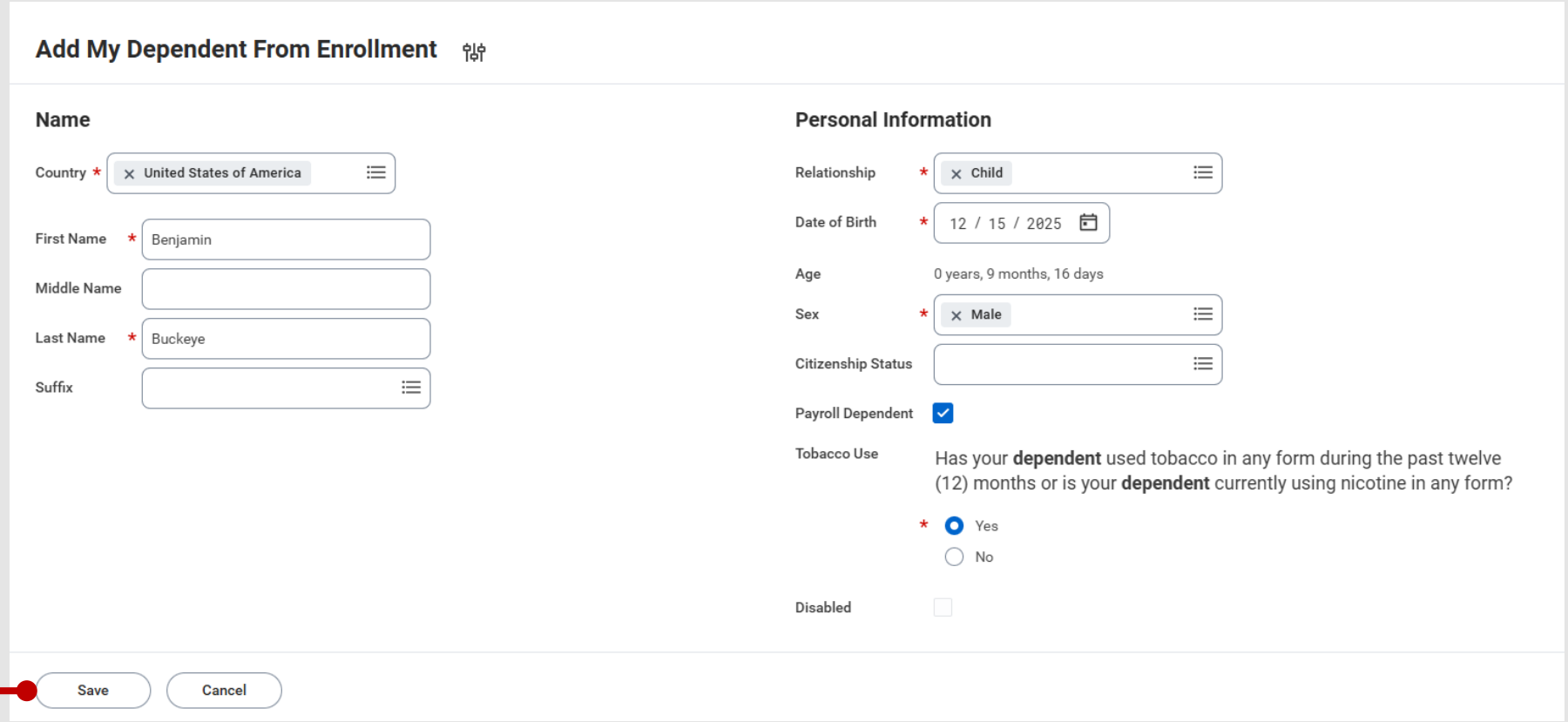


Click **OK** and you will enter Dependent information



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

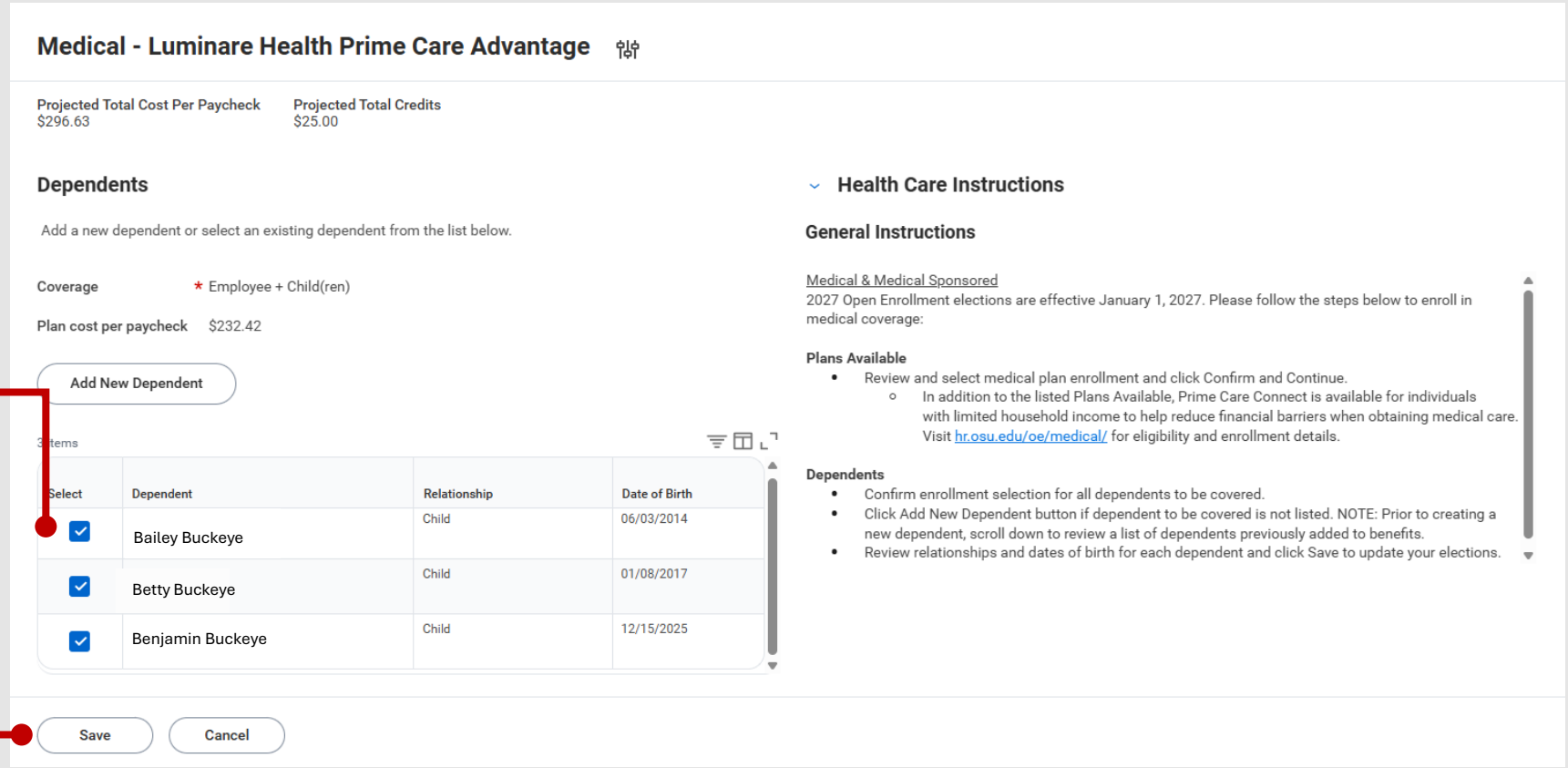
Click **Save** and you will be returned to the dependents page



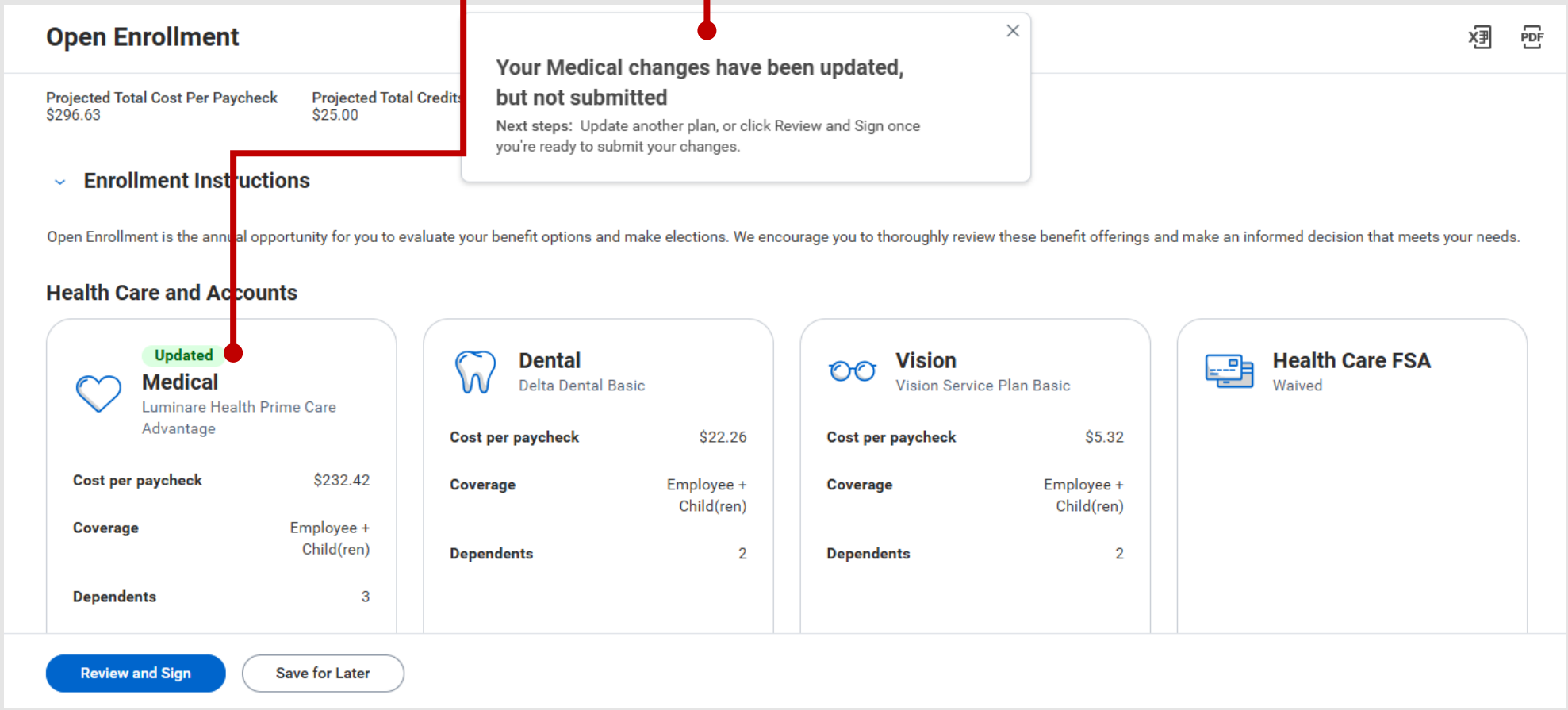
Health

Click the 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**

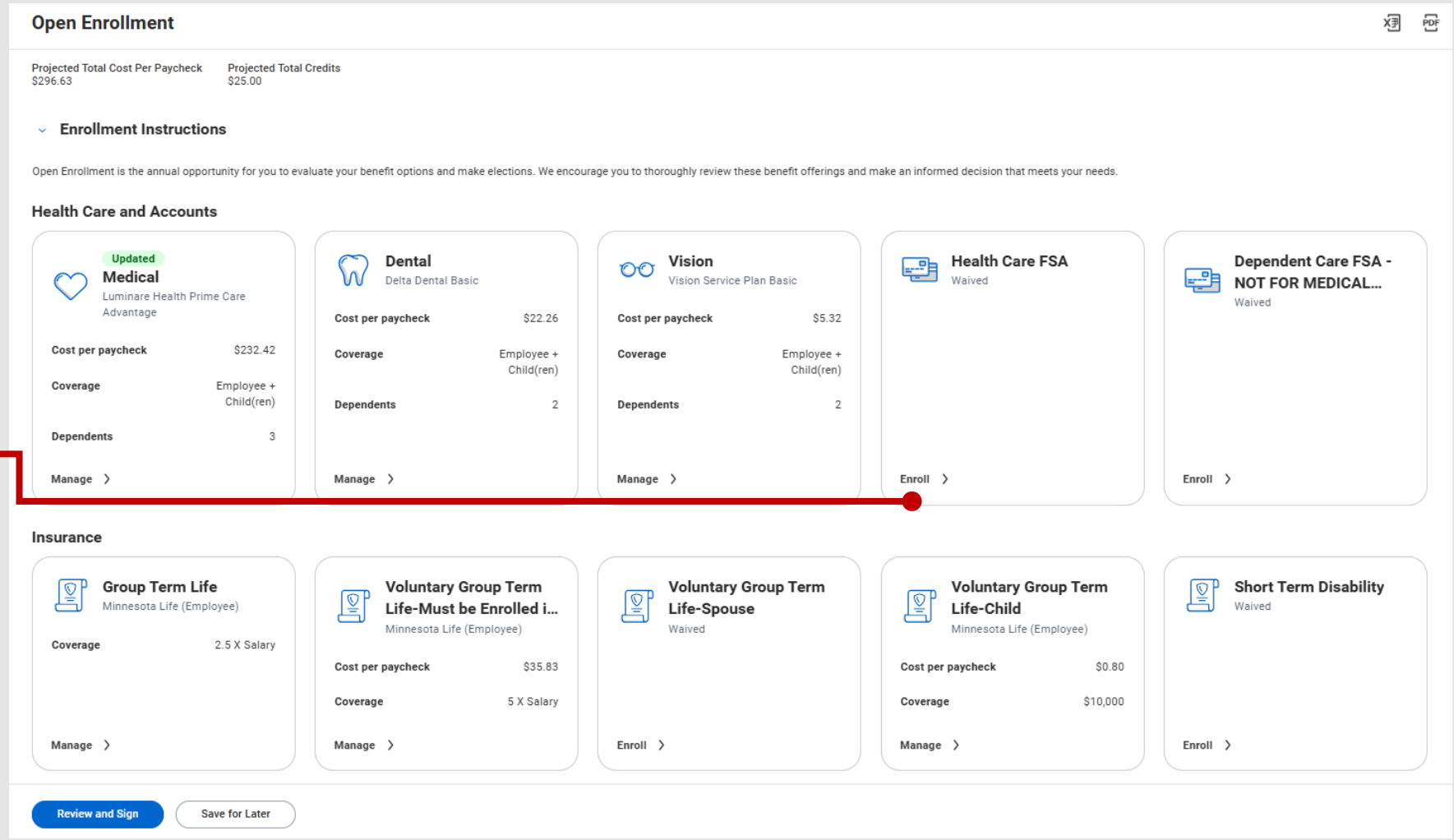


A pop-up will appear that indicates an update was made and **UPDATED** will appear on the top of the benefit card



Flexible Spending Account(s)

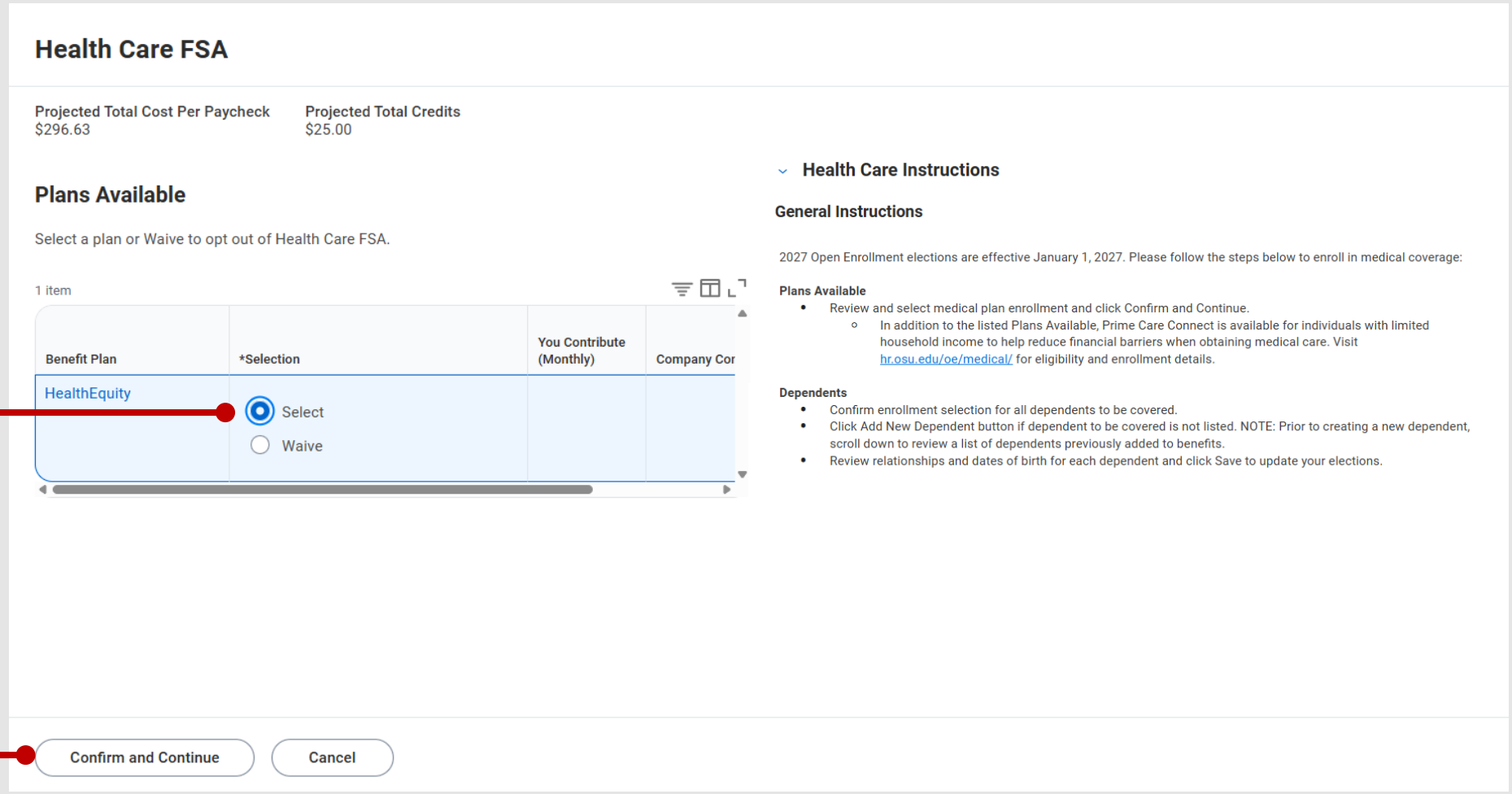
Click **Enroll** to participate in a Health Care FSA and/or Dependent Care FSA



Flexible Spending Account(s)

Click the **Select** radio button

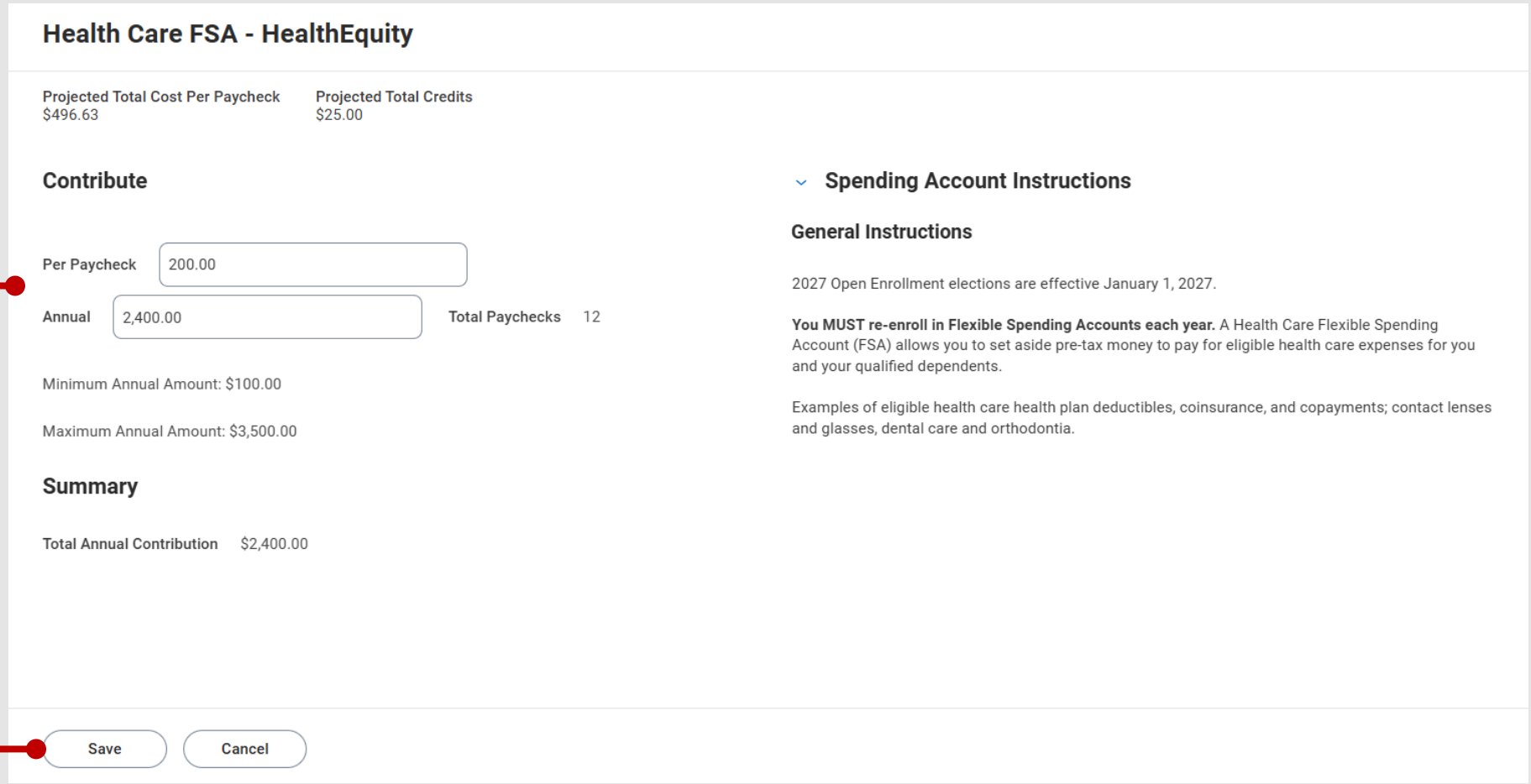
Click **Confirm and Continue**



Flexible Spending Account(s)

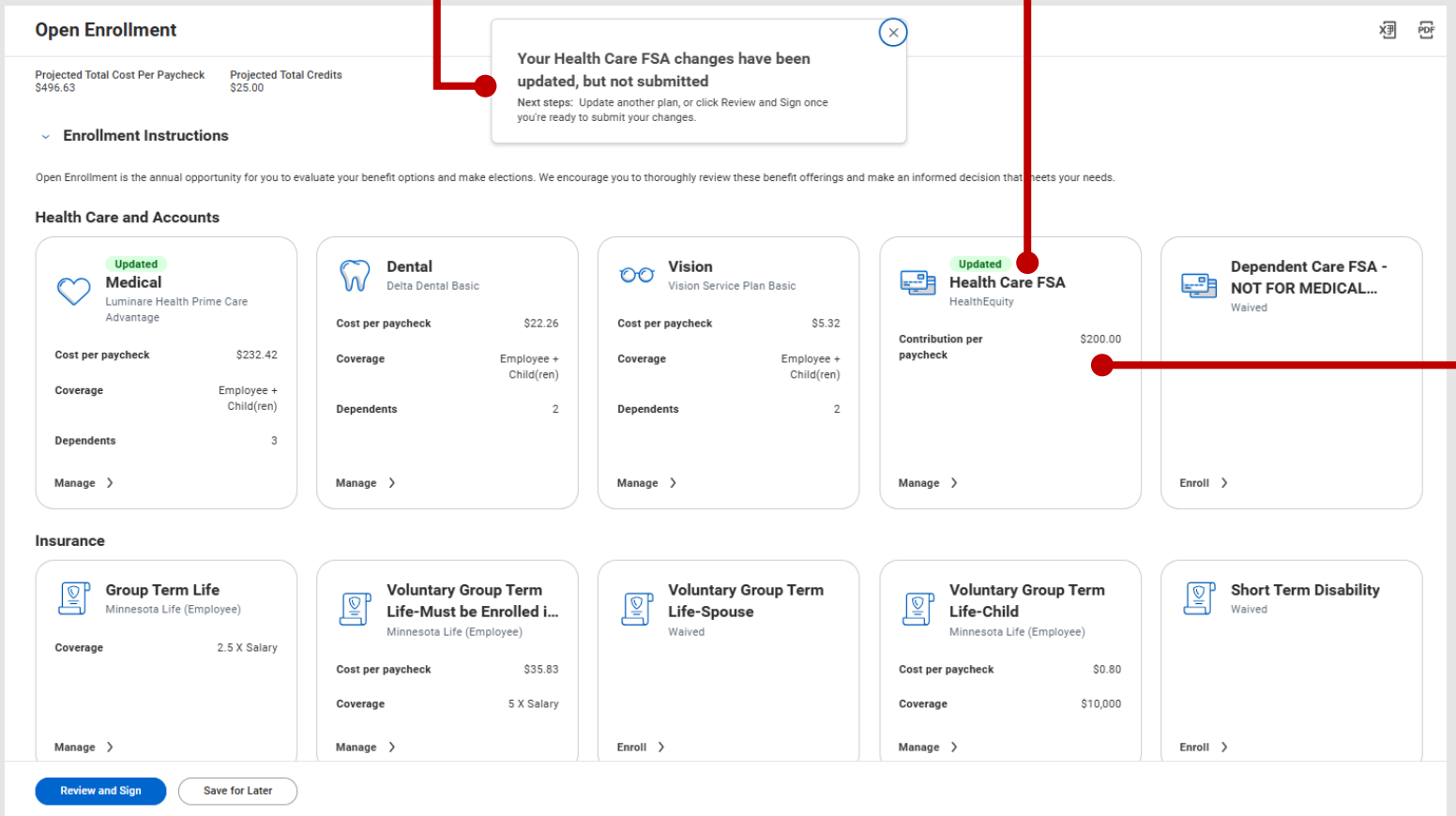
Enter either a **Per Paycheck** or **Annual** contribution

Click **Save**



Flexible Spending Account(s)

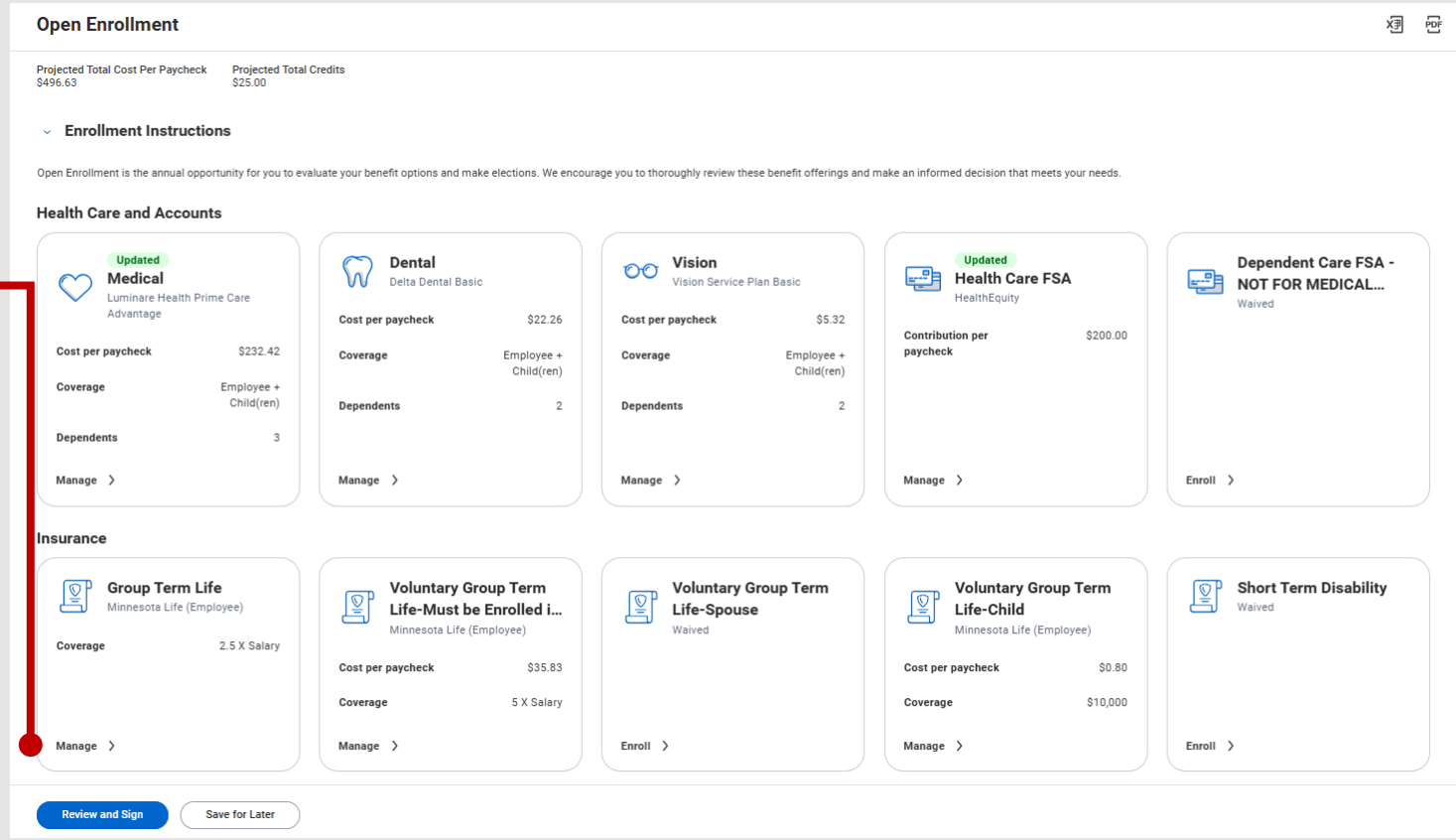
A pop-up will appear that indicates an update was made and **UPDATED** will appear on the top benefit card



The **per paycheck contribution** amount will now be listed on the applicable FSA benefit card

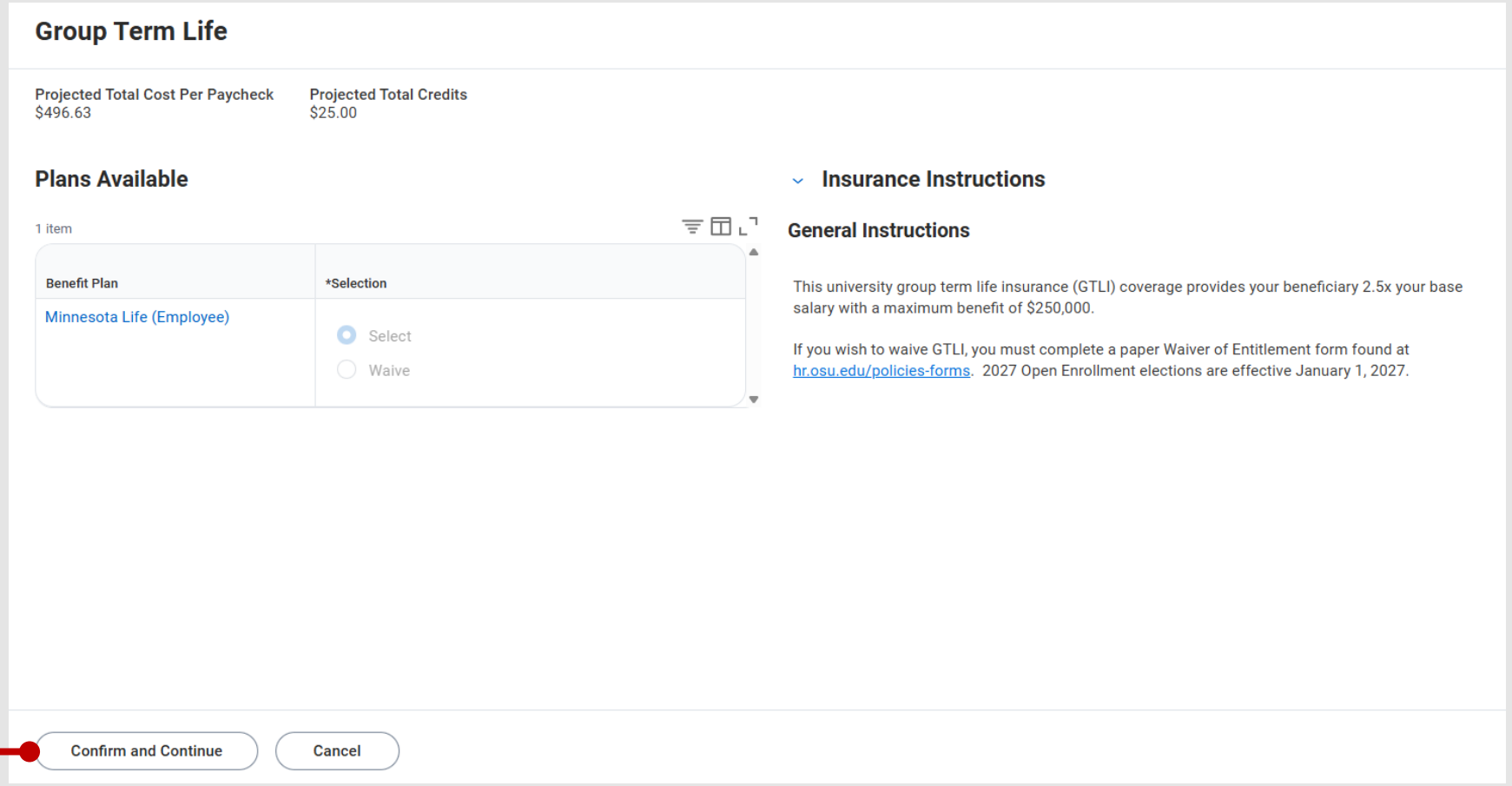
Beneficiary Designation

Click **Manage** on the Group Term Life Insurance (GTLI) plan to review beneficiaries for university provided Group Term Life Insurance coverage



Beneficiary Designation

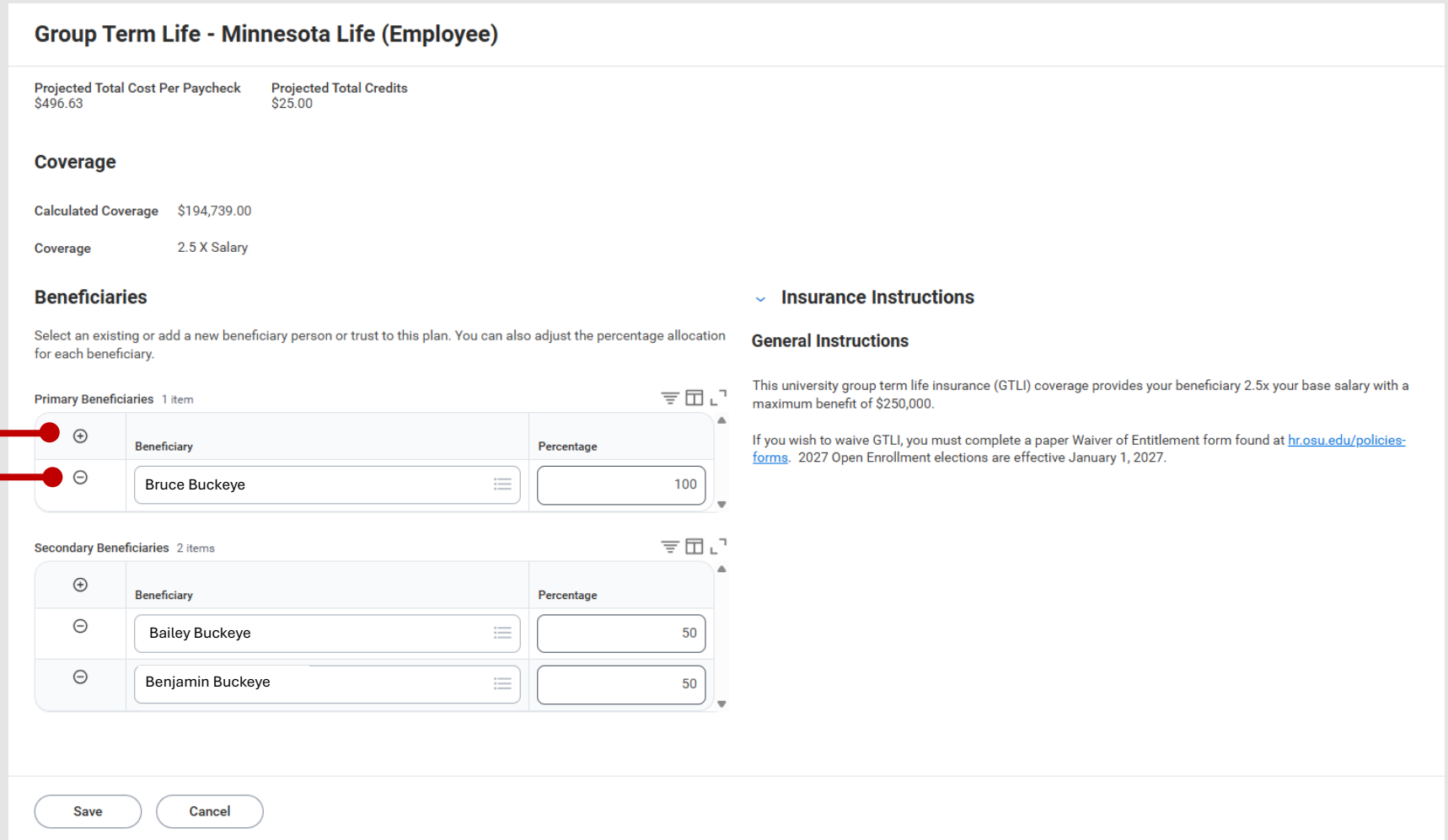
Click **Confirm and Continue** to designate life insurance beneficiaries



Beneficiary Designation

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

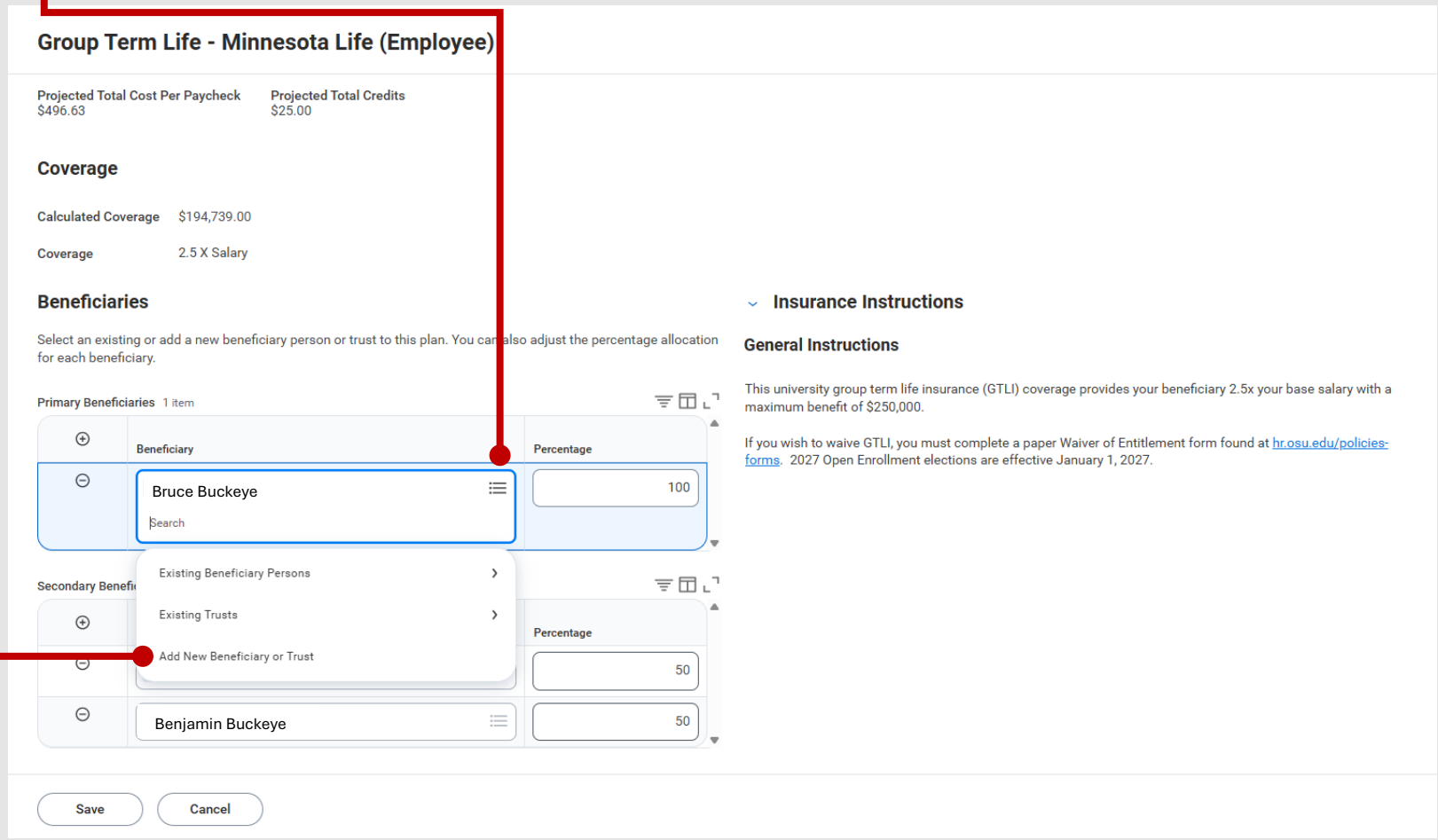
Click **Minus (-)** to remove designations and percentages



Beneficiary Designation

Click List dropdown to find options to add beneficiary or Trust

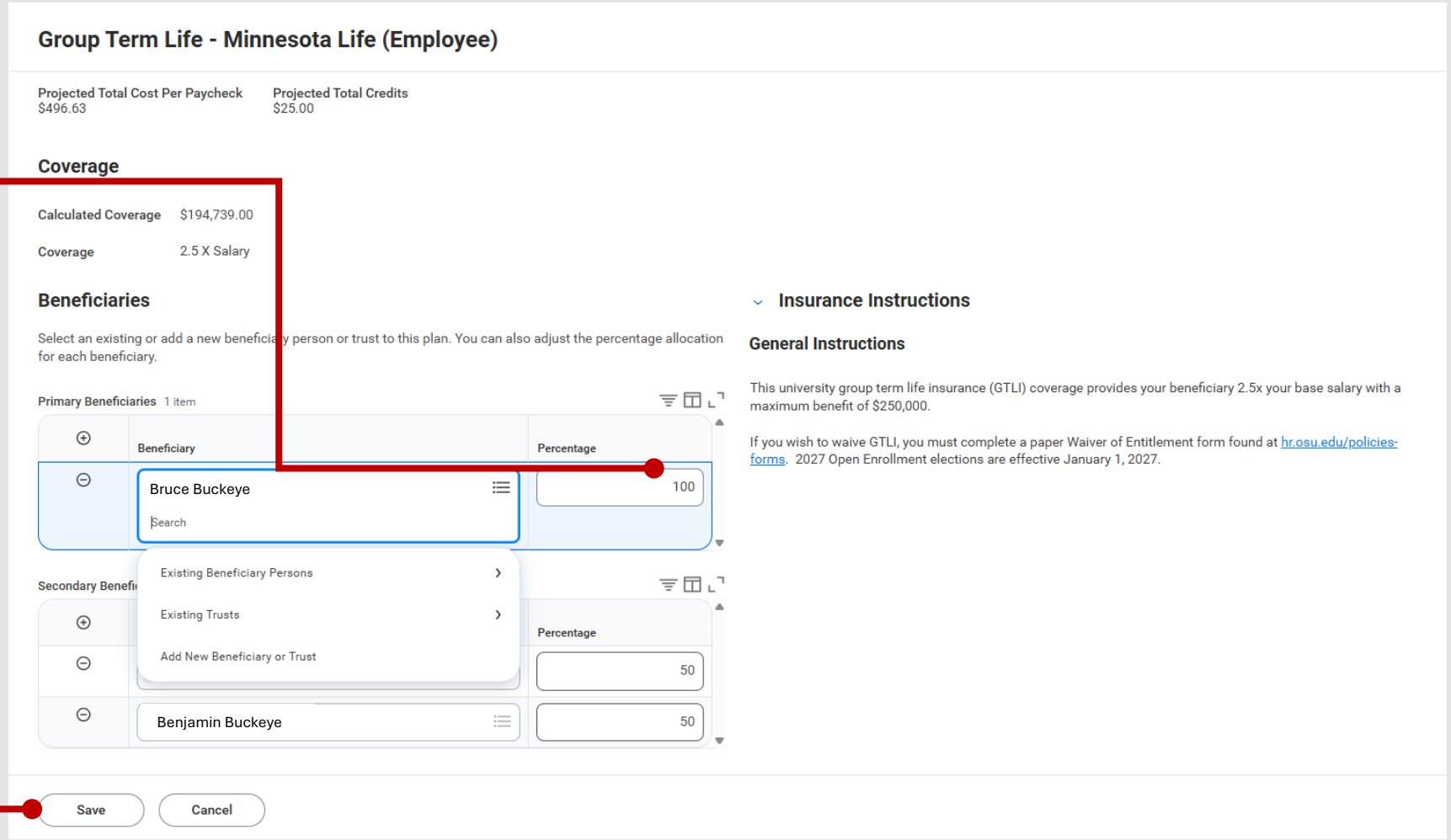
To add a new beneficiary or Trust click **Add New Beneficiary or Trust**



Beneficiary Designation

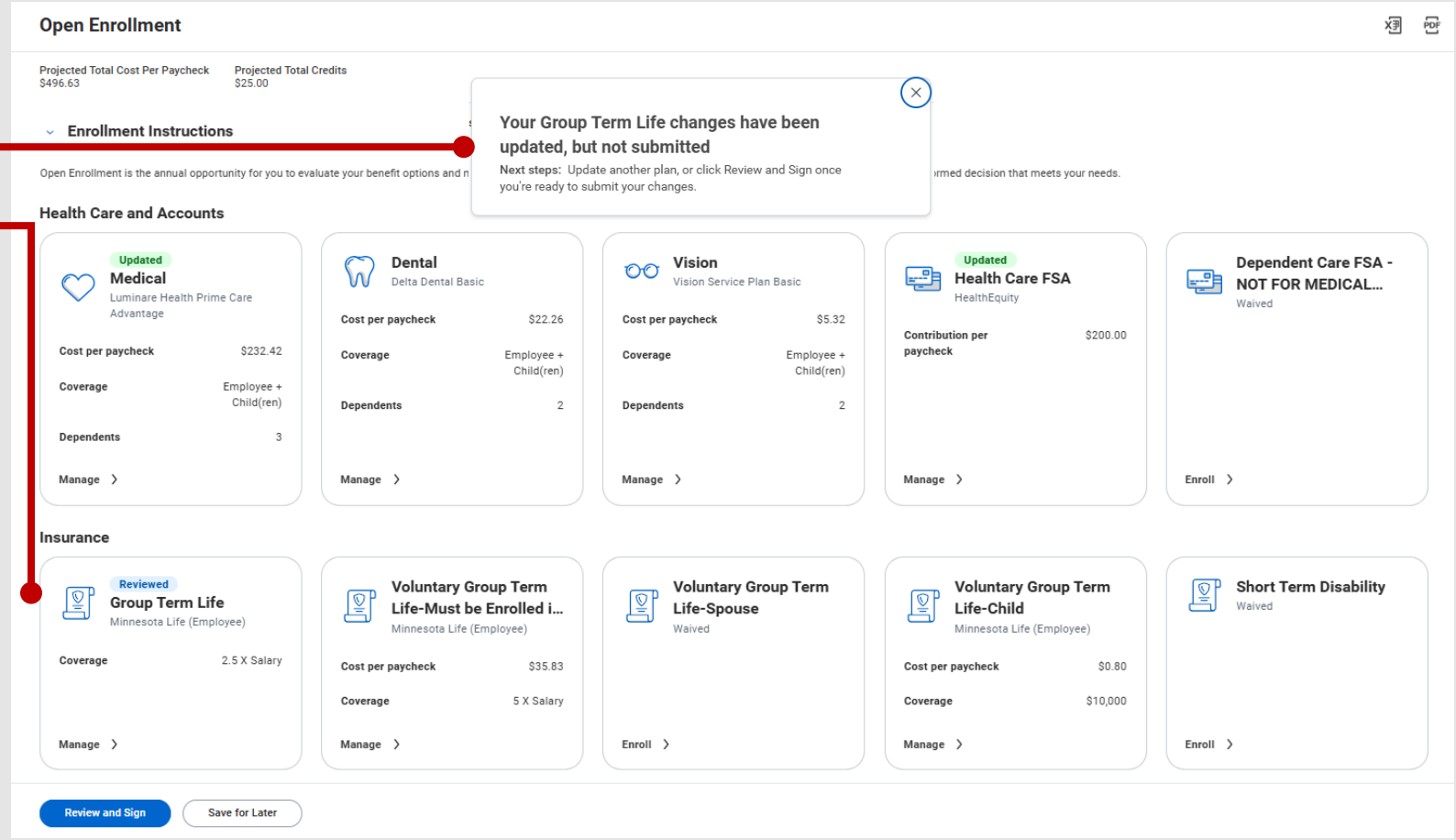
Once you have selected a beneficiary or trust, click **Percentage** to enter the percentage assigned to each beneficiary or trust

Click **Save**



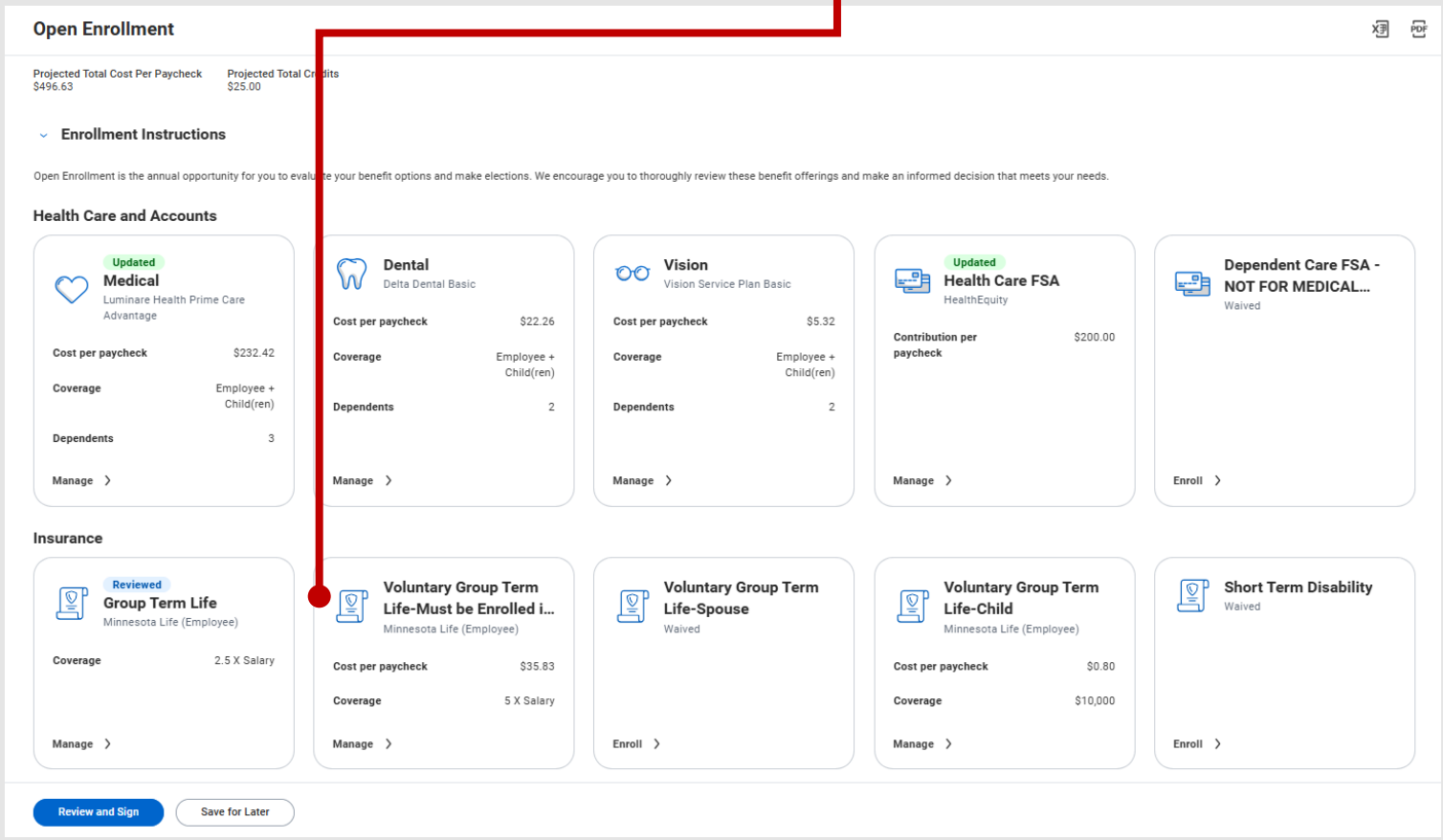
Beneficiary Designation

A pop-up will appear that indicates an update was made and **REVIEWED** will appear on the top benefit card



Voluntary Group Term Life Insurance

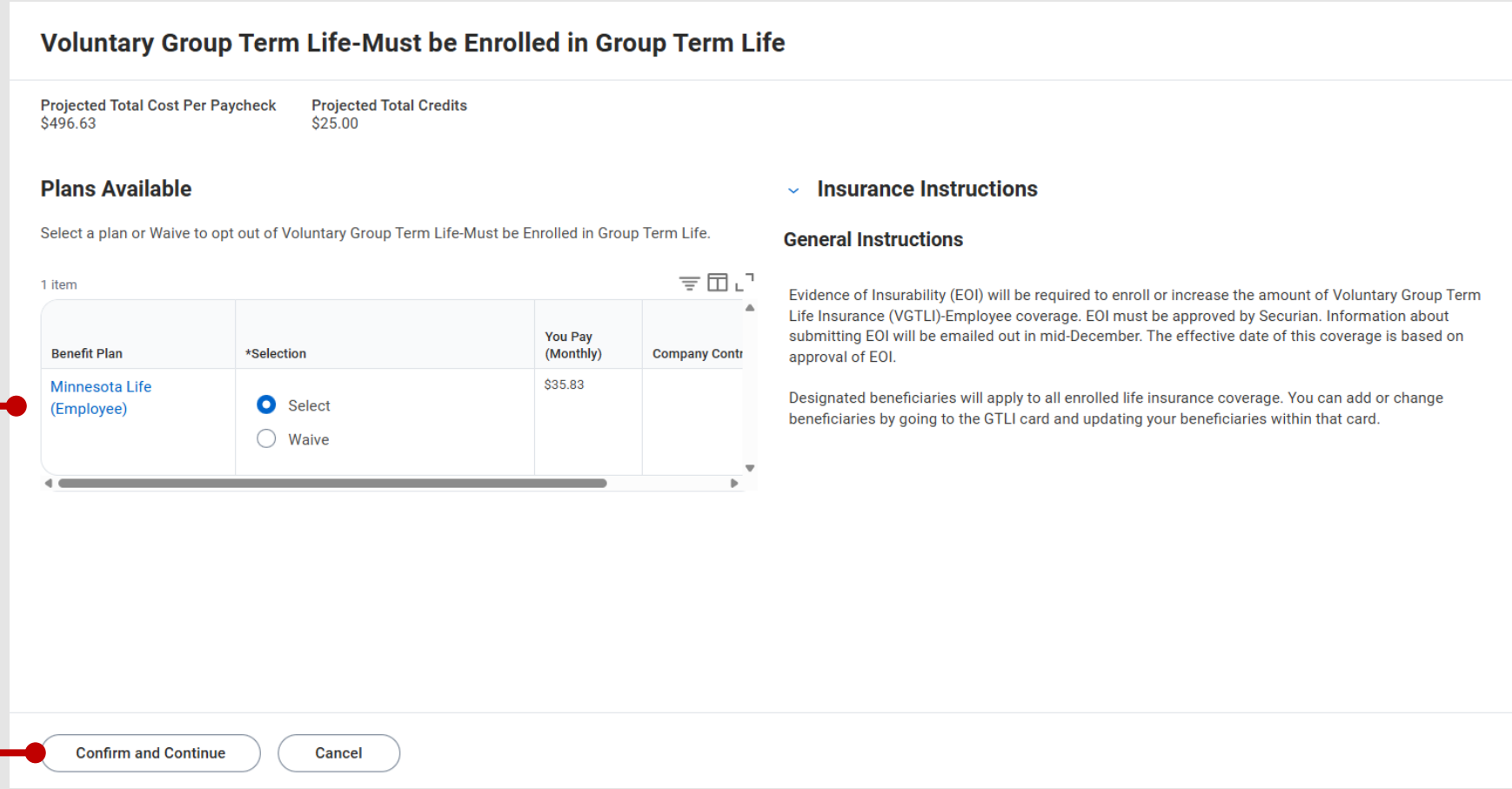
To elect, waive, or change employee, spouse, or child Voluntary Group Term Life Insurance click **Manage/Enroll** on the applicable benefit card



Voluntary Group Term Life Insurance

Click **Select** to enroll or change coverage or **Waive** to opt out of coverage

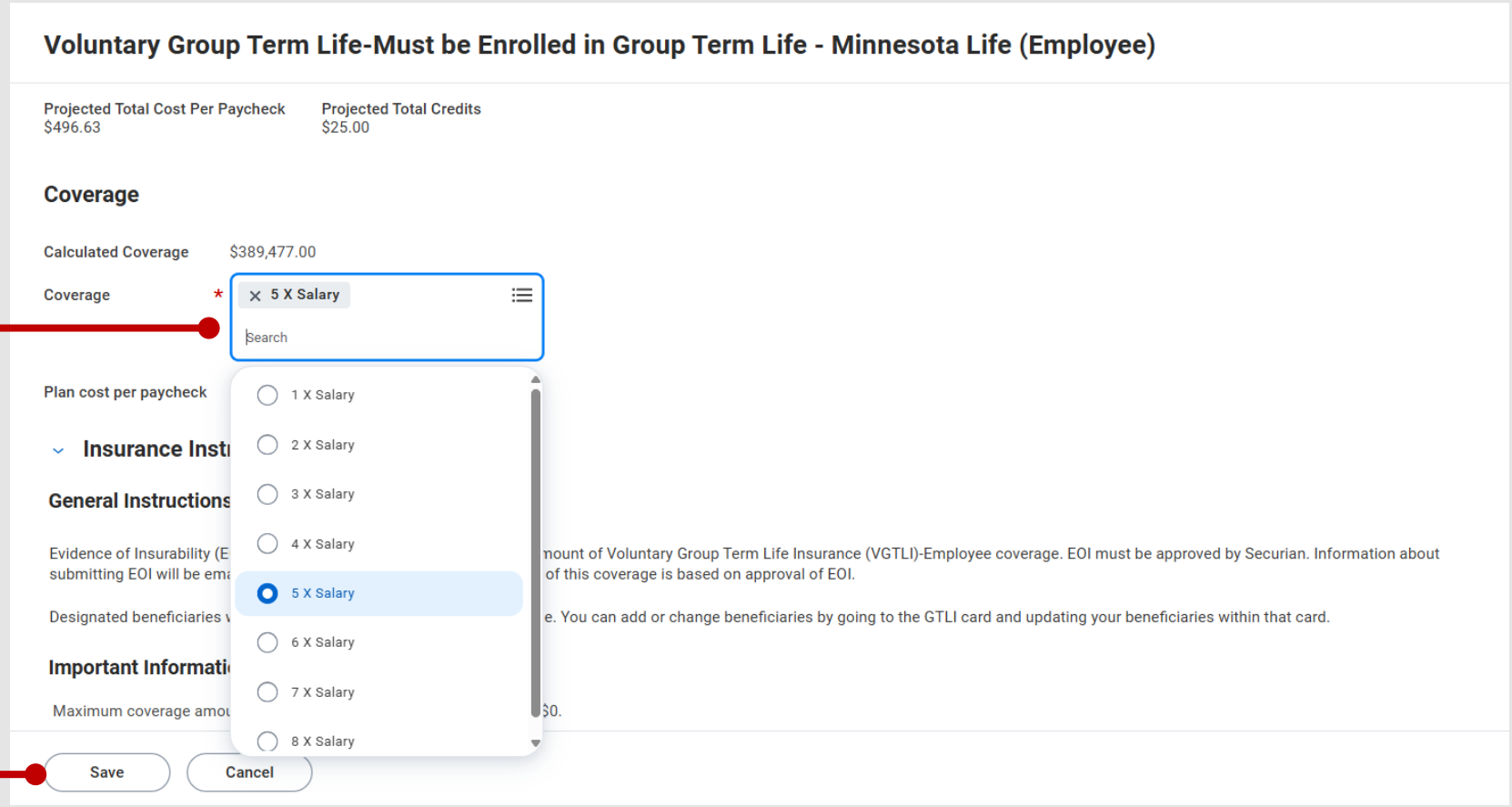
Click **Confirm and Continue**



Voluntary Group Term Life Insurance

If electing, increasing or decreasing coverage click the **List drop-down** to select your desired level of coverage

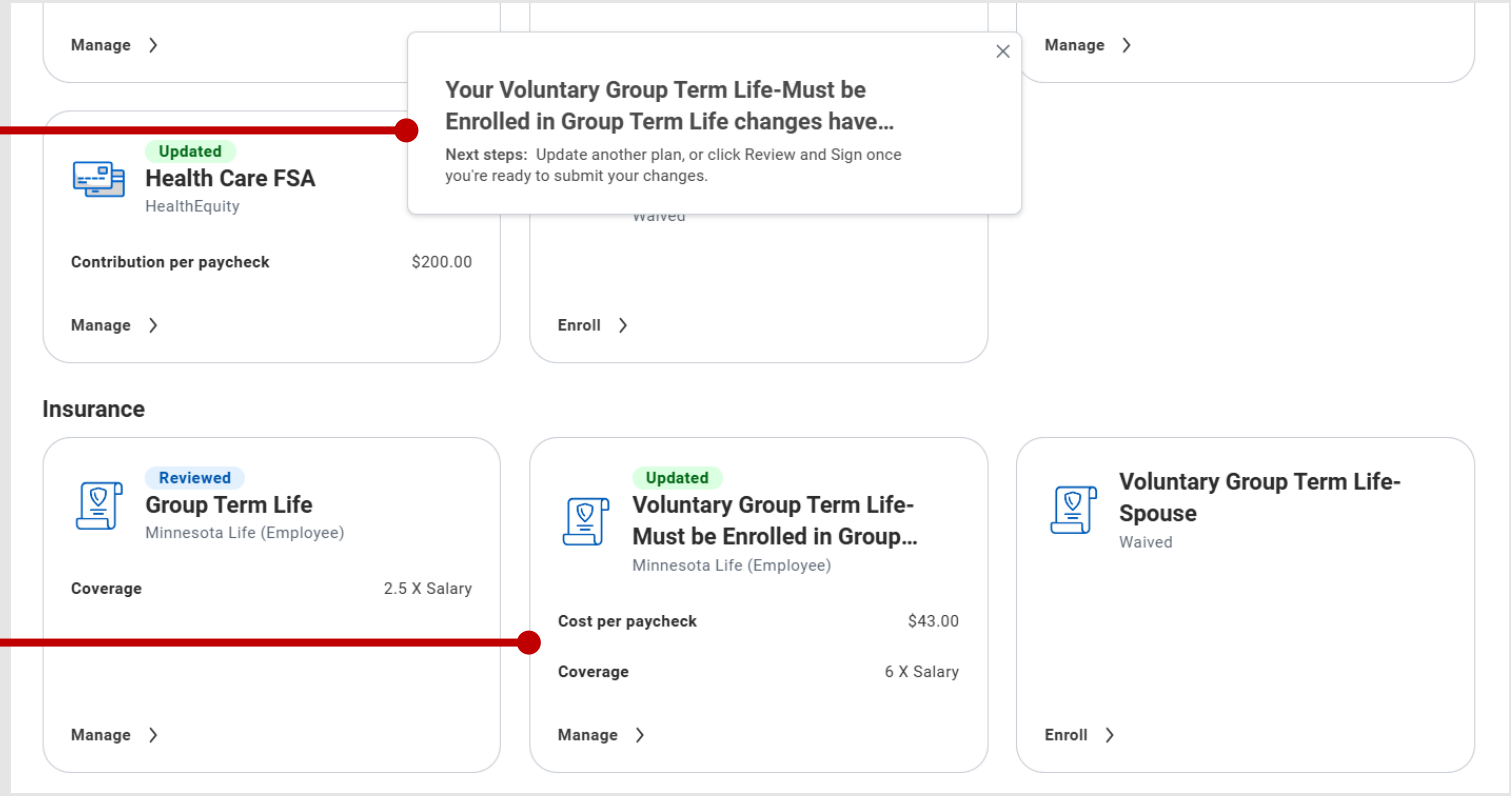
Click **Save**



Voluntary Group Term Life Insurance

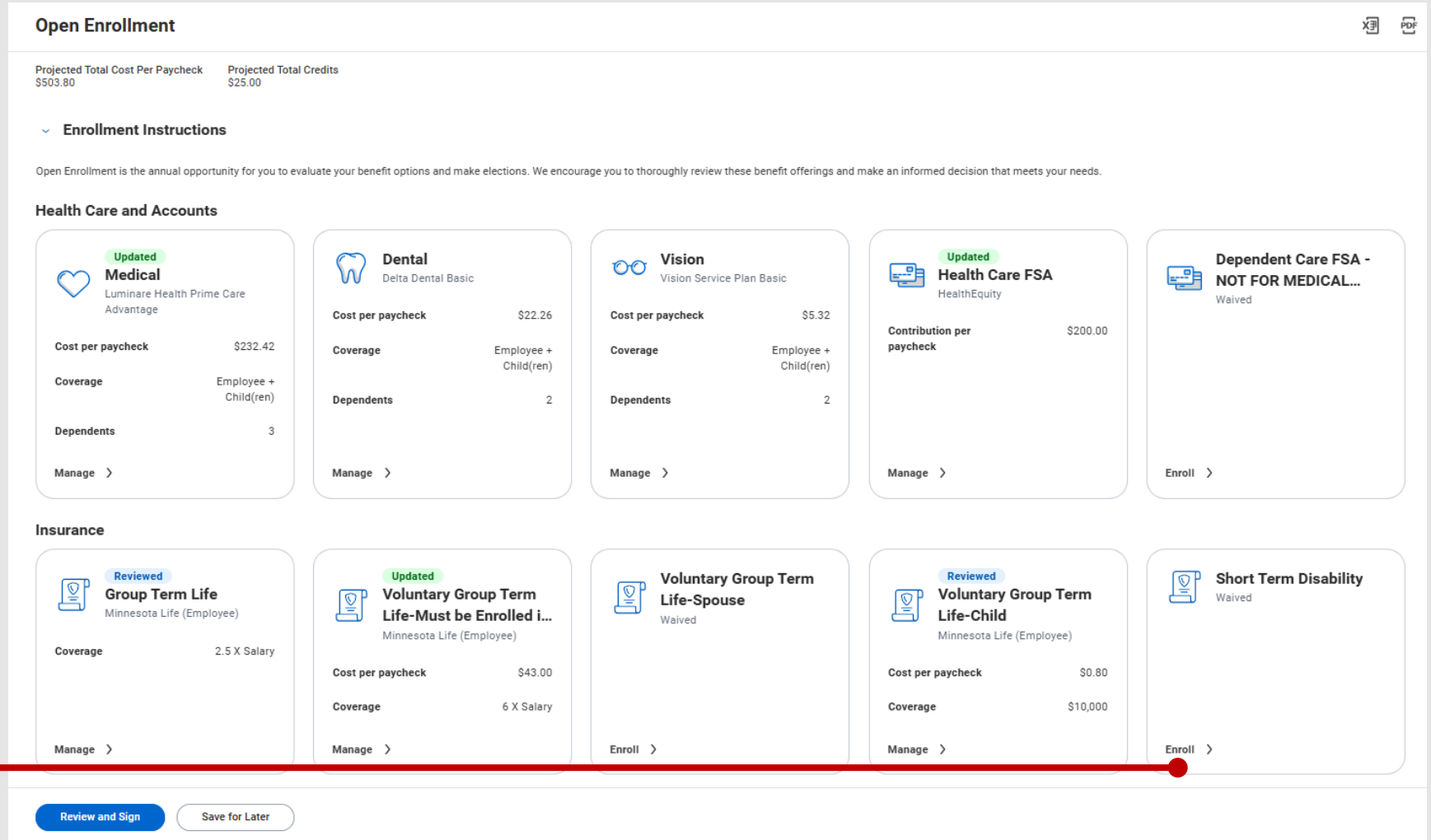
A pop-up will appear that indicates an update was made and **UPDATED** will appear on the top benefit card

If electing, changing, or remaining enrolled the **coverage level** and **per paycheck contribution amount** will be listed on the on the benefits card



Short Term Disability

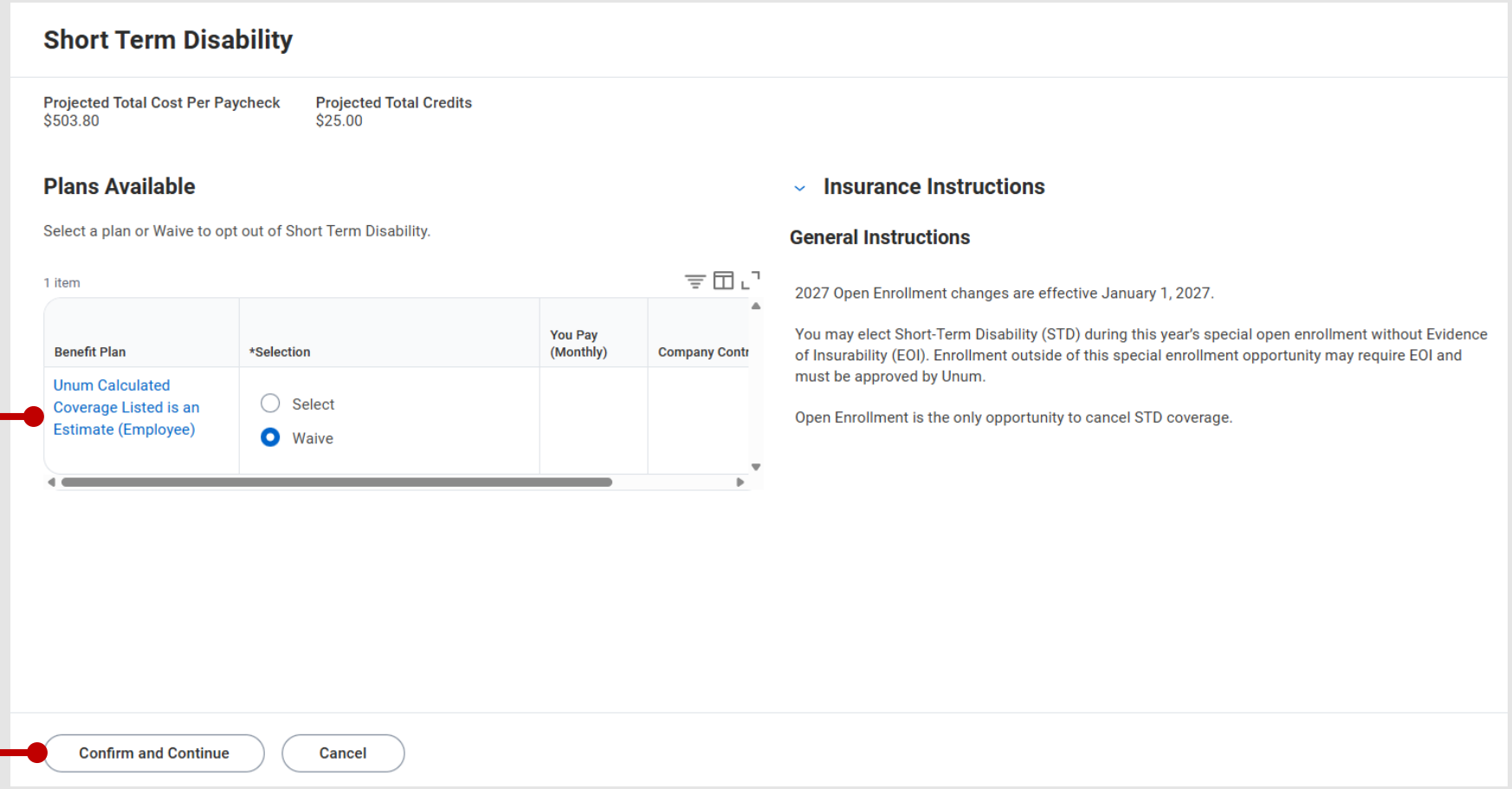
To elect, waive or review Short Term Disability coverage; click **Enroll/Manage** on the Short Term Disability benefit card



Short Term Disability

Click **Select** to enroll or review coverage or **Waive** to opt out of coverage

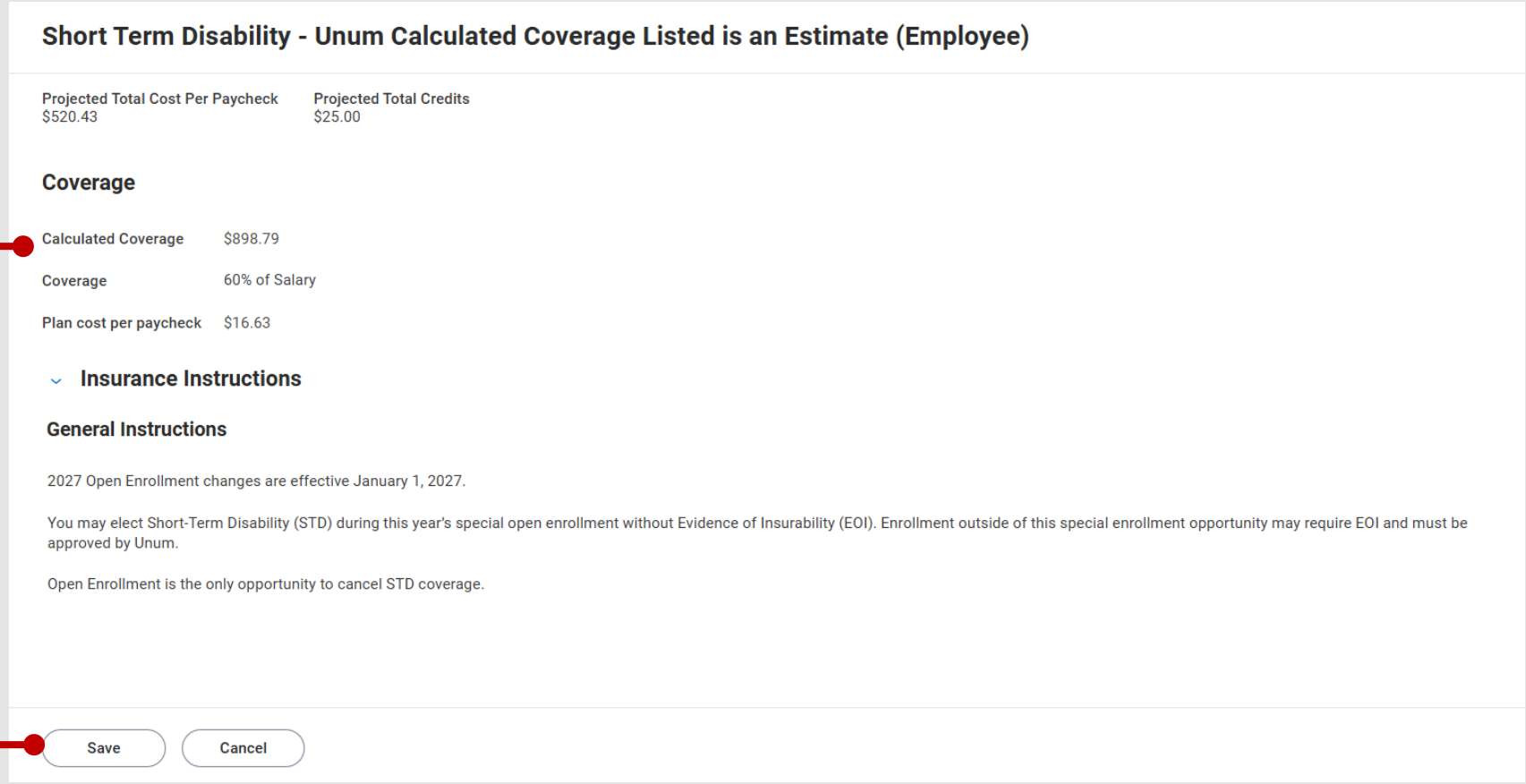
Click **Confirm and Continue**



Short Term Disability

If enrolling in Short Term Disability, you will see a summary of coverage

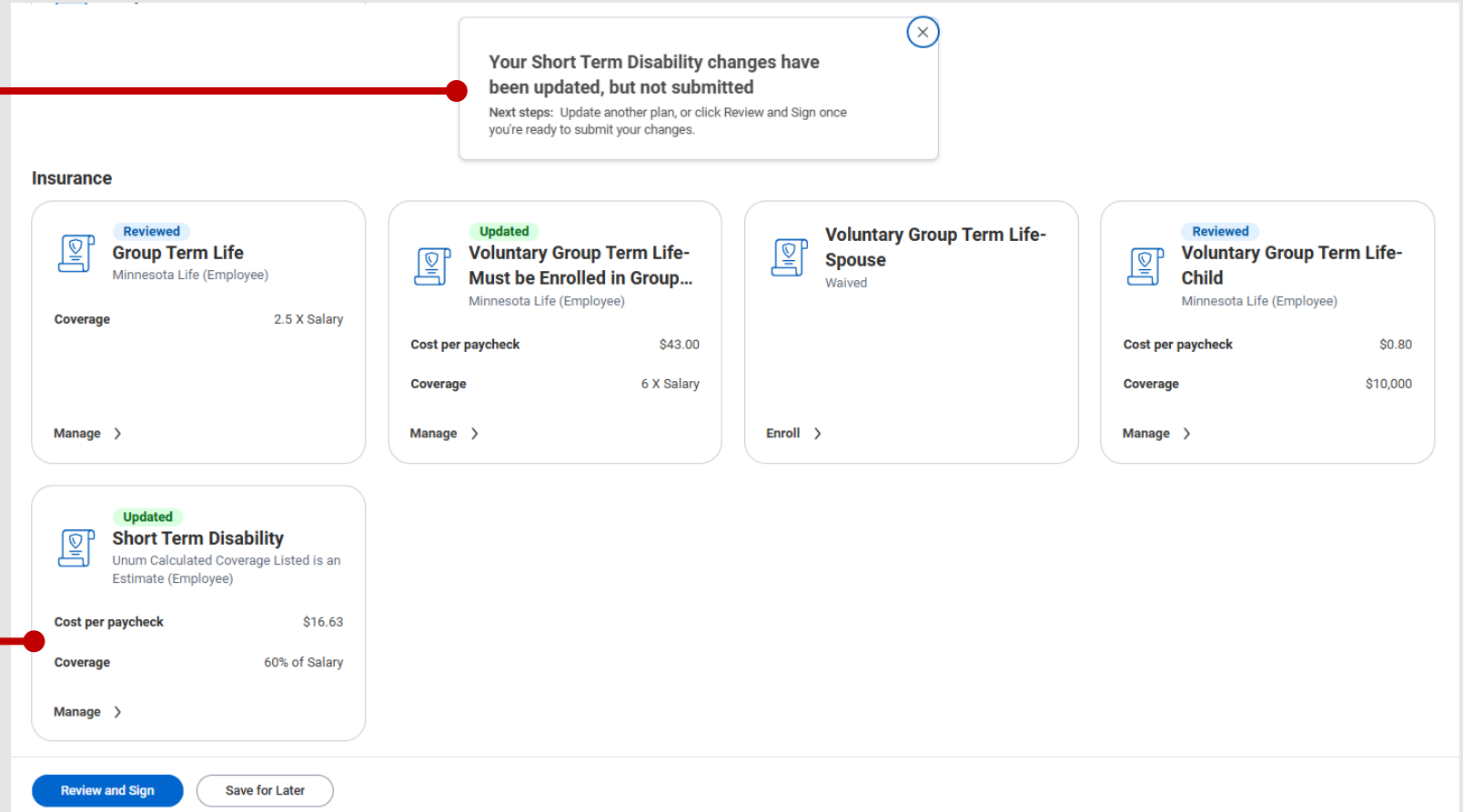
Click **Save** to continue



Short Term Disability

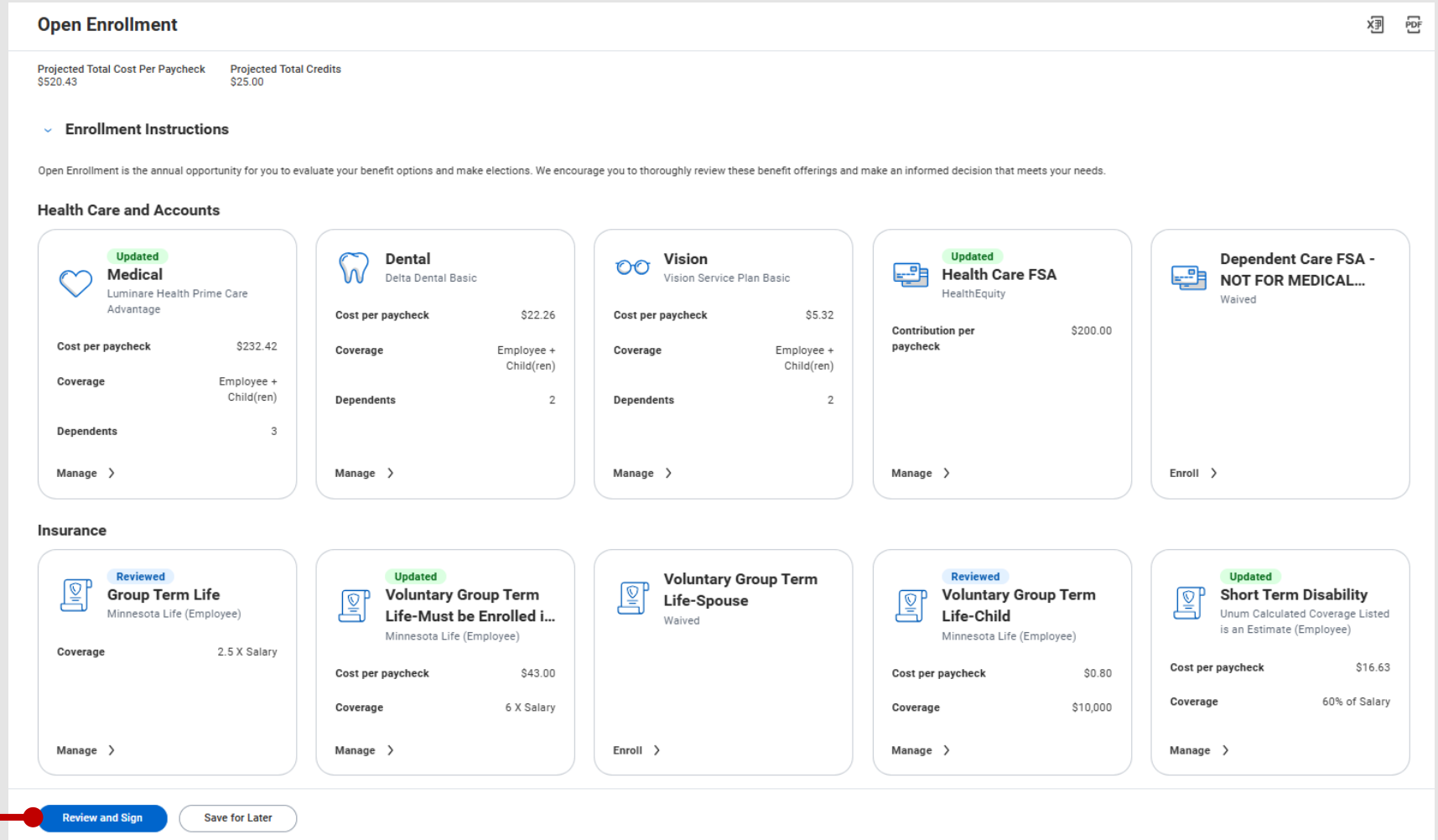
A pop-up will appear that indicates an update was made and **UPDATED** will appear on the top benefit card

If electing or remaining enrolled the **coverage level** and **per paycheck contribution** will be listed on the benefit card



Review and Sign

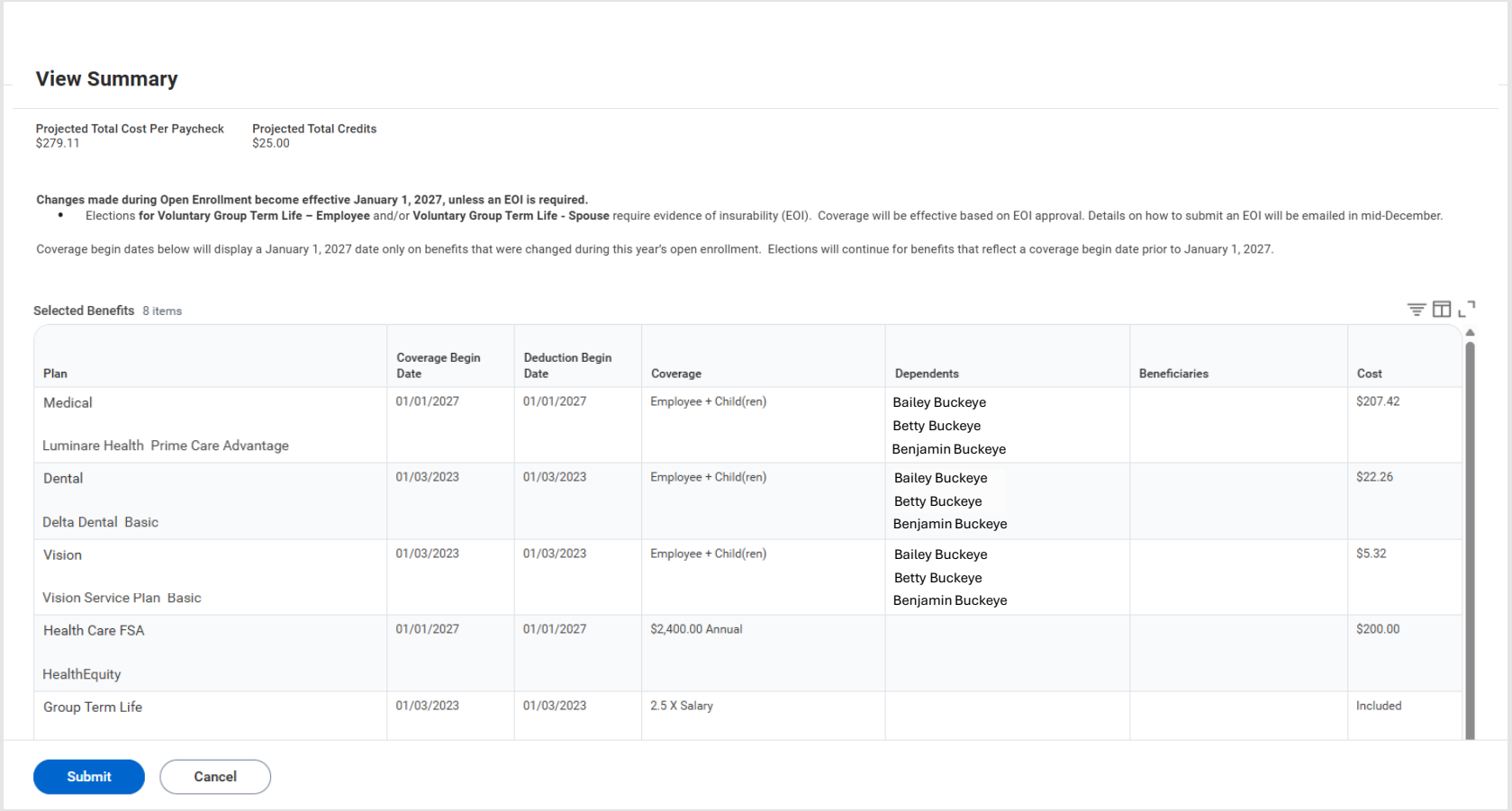
Once all intended benefit changes are made, click **Review and Sign** to continue to the final steps of the enrollment process



Review and Submit

Review Summary

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



View Summary

Projected Total Cost Per Paycheck
$279.11

Projected Total Credits
$25.00

Changes made during Open Enrollment become effective January 1, 2027, unless an EOI is required.

- Elections **for Voluntary Group Term Life – Employee** and/or **Voluntary Group Term Life - Spouse** require evidence of insurability (EOI). Coverage will be effective based on EOI approval. Details on how to submit an EOI will be emailed in mid-December.

Coverage begin dates below will display a January 1, 2027 date only on benefits that were changed during this year's open enrollment. Elections will continue for benefits that reflect a coverage begin date prior to January 1, 2027.

Selected Benefits 8 items

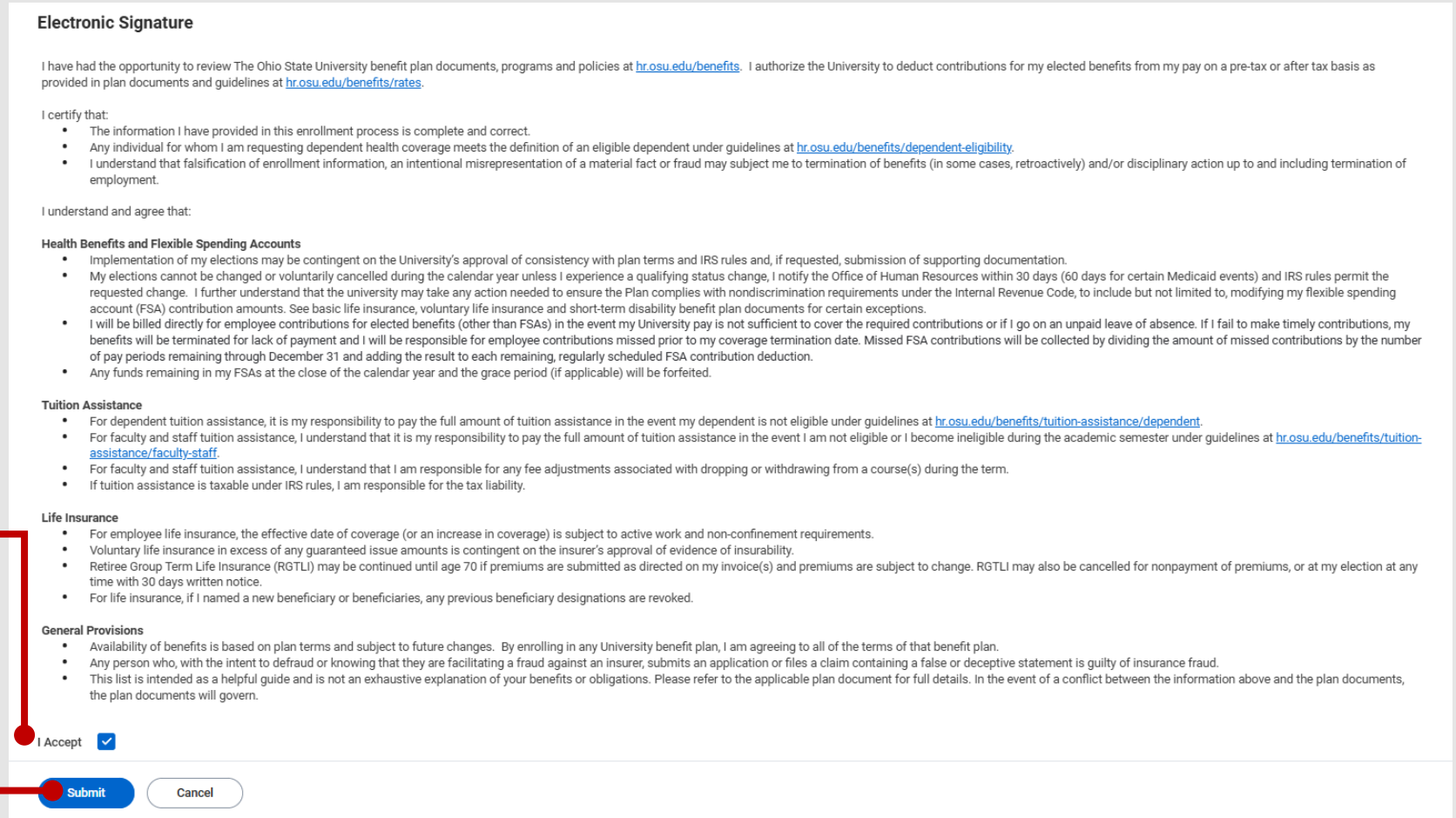
Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical Luminare Health Prime Care Advantage	01/01/2027	01/01/2027	Employee + Child(ren)	Bailey Buckeye Betty Buckeye Benjamin Buckeye		$207.42
Dental Delta Dental Basic	01/03/2023	01/03/2023	Employee + Child(ren)	Bailey Buckeye Betty Buckeye Benjamin Buckeye		$22.26
Vision Vision Service Plan Basic	01/03/2023	01/03/2023	Employee + Child(ren)	Bailey Buckeye Betty Buckeye Benjamin Buckeye		$5.32
Health Care FSA HealthEquity	01/01/2027	01/01/2027	$2,400.00 Annual			$200.00
Group Term Life	01/03/2023	01/03/2023	2.5 X Salary			Included

Submit Cancel

Review and Submit

After checking the summary page for accuracy, select the box at the bottom next to **I Accept**

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:

Health Benefits and Flexible Spending Accounts

- 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 further understand that the university may take any action needed to ensure the Plan complies with nondiscrimination requirements under the Internal Revenue Code, to include but not limited to, modifying my flexible spending account (FSA) contribution amounts. 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. Missed FSA contributions will be collected by dividing the amount of missed contributions by the number of pay periods remaining through December 31 and adding the result to each remaining, regularly scheduled FSA contribution deduction.
- Any funds remaining in my FSAs at the close of the calendar year and the grace period (if applicable) will be forfeited.

Tuition Assistance

- For dependent tuition assistance, it is my responsibility to pay the full amount of tuition assistance in the event my dependent is not eligible under guidelines at hr.osu.edu/benefits/tuition-assistance/dependent.
- For faculty and staff tuition assistance, I understand that it is my responsibility to pay the full amount of tuition assistance in the event I am not eligible or I become ineligible during the academic semester under guidelines at hr.osu.edu/benefits/tuition-assistance/faculty-staff.
- For faculty and staff tuition assistance, I understand that I am responsible for any fee adjustments associated with dropping or withdrawing from a course(s) during the term.
- If tuition assistance is taxable under IRS rules, I am responsible for the tax liability.

Life Insurance

- 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 insurer's approval of evidence of insurability.
- Retiree Group Term Life Insurance (RGTLI) may be continued until age 70 if premiums are submitted as directed on my invoice(s) and premiums are subject to change. RGTLI may also be cancelled for nonpayment of premiums, or at my election at any time with 30 days written notice.
- For life insurance, if I named a new beneficiary or beneficiaries, any previous beneficiary designations are revoked.

General Provisions

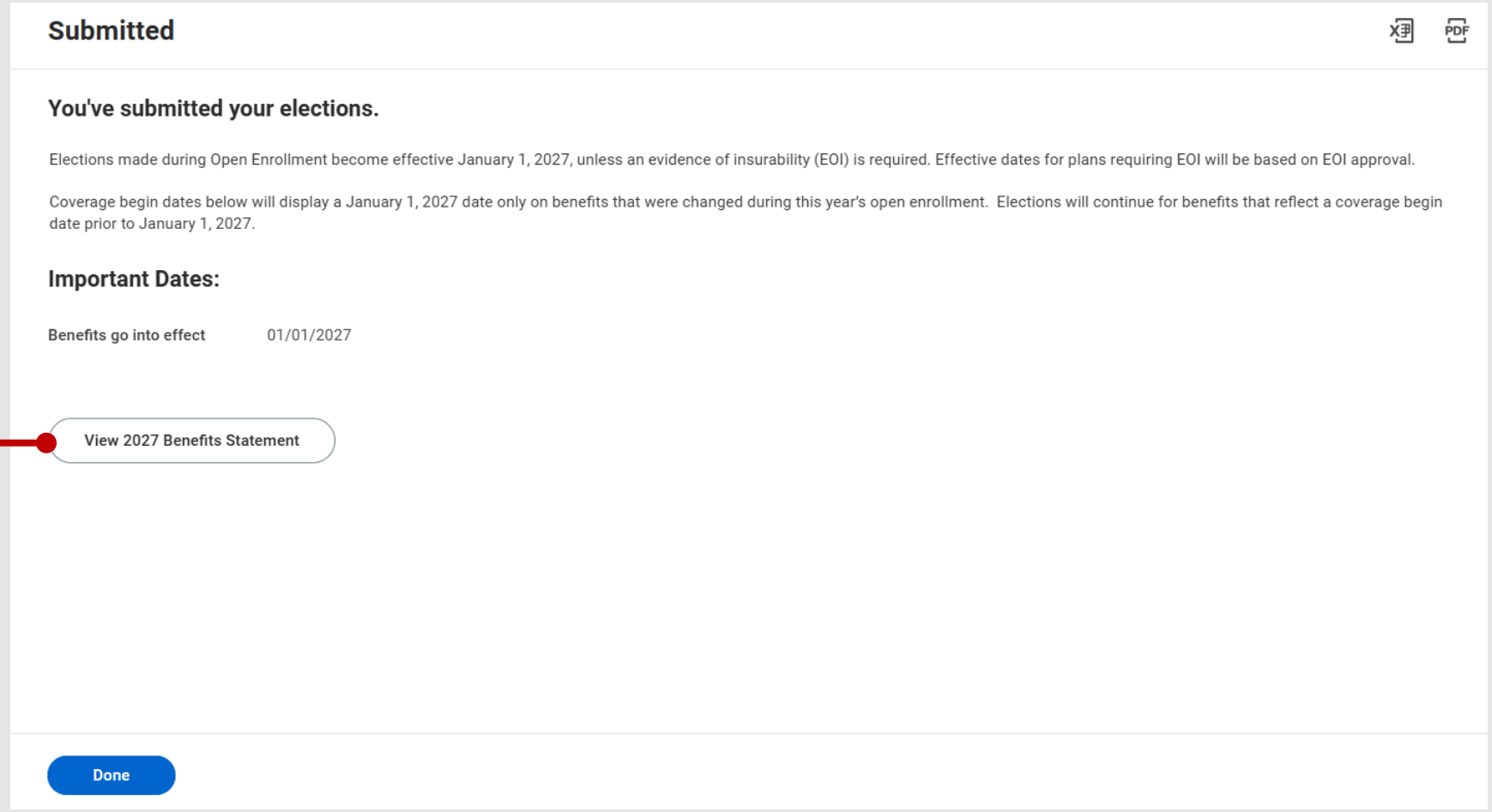
- Availability of benefits is based on plan terms and subject to future changes. By enrolling in any University benefit plan, I am agreeing to all of the terms of that benefit plan.
- Any person who, with the intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- This list is intended as a helpful guide and is not an exhaustive explanation of your benefits or obligations. Please refer to the applicable plan document for full details. In the event of a conflict between the information above and the plan documents, the plan documents will govern.

I Accept ☑

Submit | Cancel

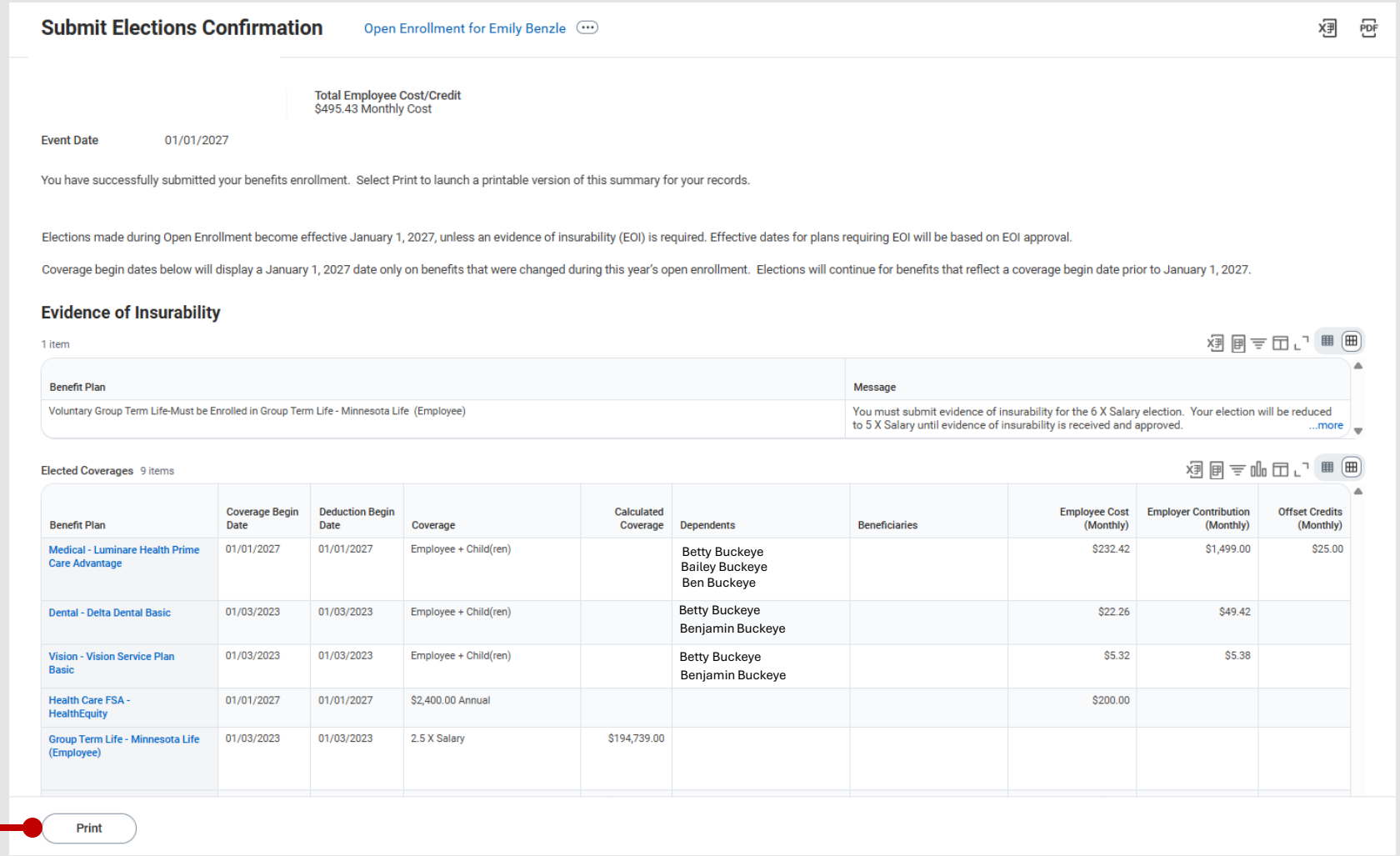
Reviewing Elections

To view your benefits statement, click **View Benefits Statement**



Reviewing Elections

To print your statement click **Print** at the bottom of the Benefits Statement



Submit Elections Confirmation

Open Enrollment for Emily Benzle

Total Employee Cost/Credit
$495.43 Monthly Cost

Event Date 01/01/2027

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, 2027, unless an evidence of insurability (EOI) is required. Effective dates for plans requiring EOI will be based on EOI approval.

Coverage begin dates below will display a January 1, 2027 date only on benefits that were changed during this year's open enrollment. Elections will continue for benefits that reflect a coverage begin date prior to January 1, 2027.

Evidence of Insurability

1 item

Benefit Plan	Message
Voluntary Group Term Life-Must be Enrolled in Group Term Life - Minnesota Life (Employee)	You must submit evidence of insurability for the 6 X Salary election. Your election will be reduced to 5 X Salary until evidence of insurability is received and approved. ...more

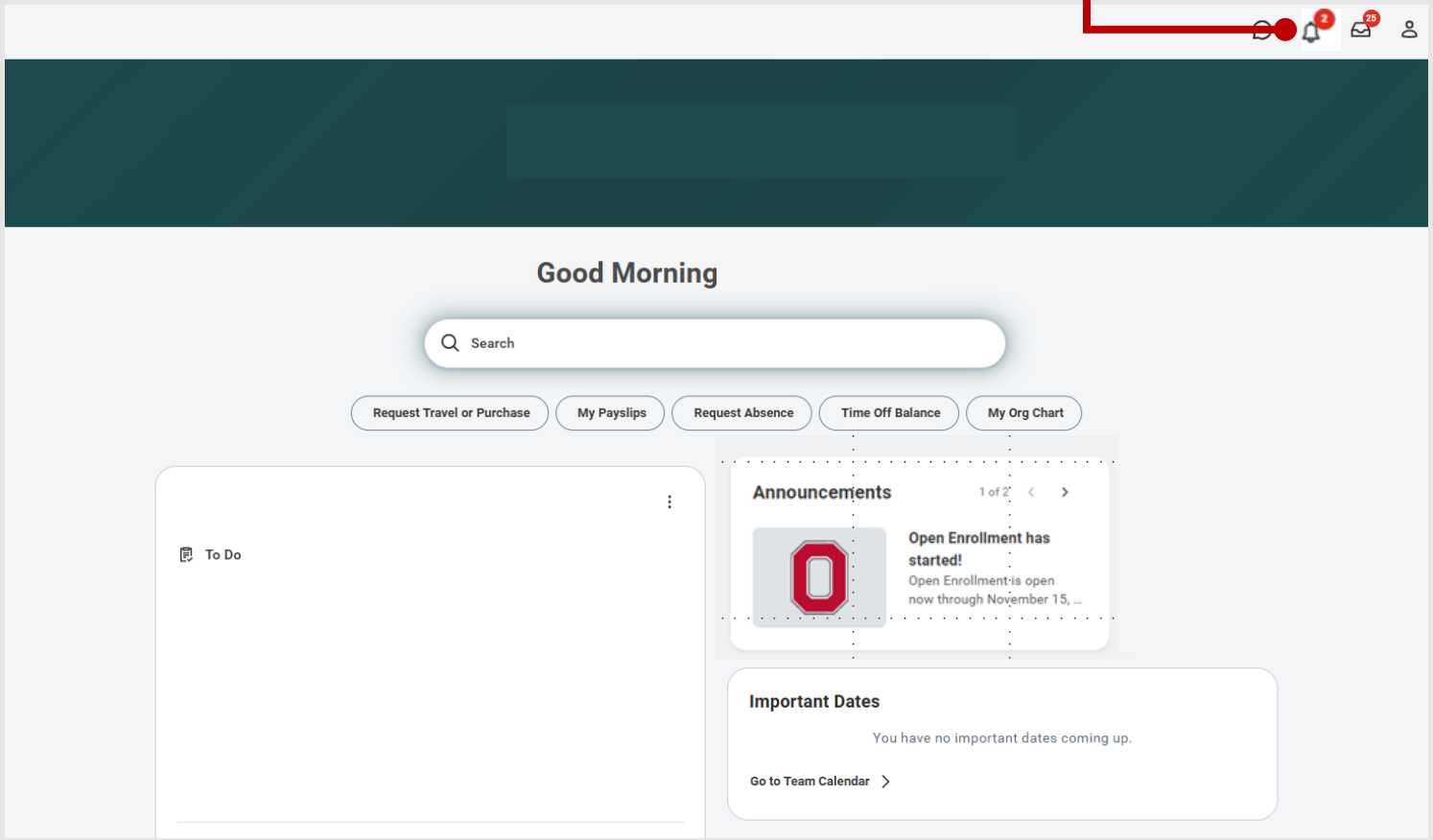
Elected Coverages 9 items

Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee Cost (Monthly)	Employer Contribution (Monthly)	Offset Credits (Monthly)
Medical - Luminare Health Prime Care Advantage	01/01/2027	01/01/2027	Employee + Child(ren)		Betty Buckeye Bailey Buckeye Ben Buckeye		$232.42	$1,499.00	$25.00
Dental - Delta Dental Basic	01/03/2023	01/03/2023	Employee + Child(ren)		Betty Buckeye Benjamin Buckeye		$22.26	$49.42	
Vision - Vision Service Plan Basic	01/03/2023	01/03/2023	Employee + Child(ren)		Betty Buckeye Benjamin Buckeye		$5.32	$5.38	
Health Care FSA - HealthEquity	01/01/2027	01/01/2027	$2,400.00 Annual				$200.00		
Group Term Life - Minnesota Life (Employee)	01/03/2023	01/03/2023	2.5 X Salary	$194,739.00					

Print

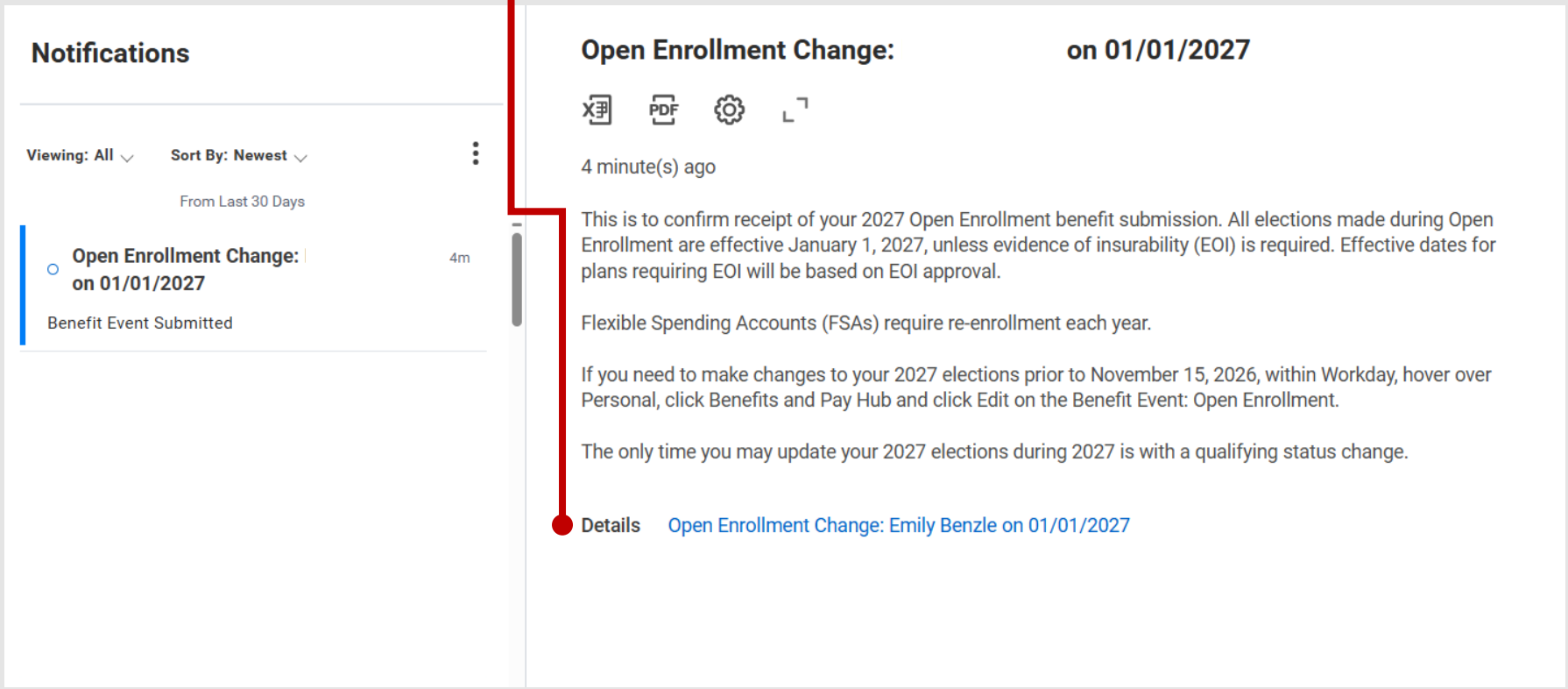
Reviewing Elections

After the **Open Enrollment** event is submitted you will receive a Workday notification confirming the events completion



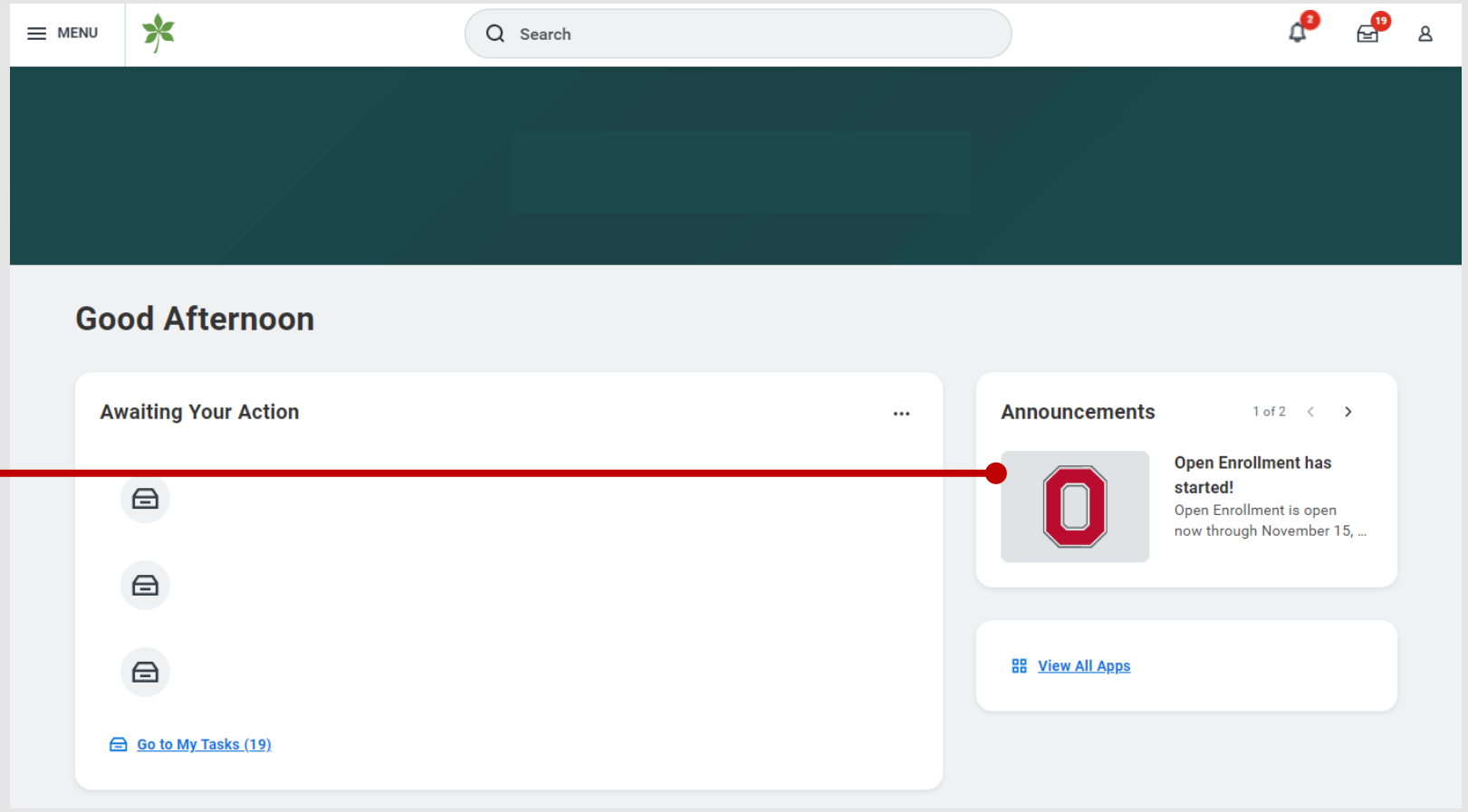
Reviewing Elections

The Workday notification includes a link to the submitted benefits statement



Resubmit or Change Open Enrollment Elections

Once you have submitted your Open Enrollment event you can make changes online from October 30th – November 15th by clicking **Open Enrollment** in the Announcements section of your Workday home screen



Questions

HR CONNECTION

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