Workday Open Enrollment Walk Through

Presented by:
Human Resources, HRConnection
Log in to Workday at workday.osu.edu

Click the **Inbox** icon on the top right of the screen or on home page
Click **Open Enrollment Change** event

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.

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 **Manage/Enroll** on the benefit plan you wish to view.
Click the **Select** radio button next to the desired plan.

Click **Confirm and Continue**
Click the **Select** box to enroll eligible dependents or click **Add New Dependent**

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

<table>
<thead>
<tr>
<th>Projected Total Cost Per Paycheck</th>
<th>Projected Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$386.90</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

**Dependents**

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

- **Coverage**: Family
- **Plan cost per paycheck**: $381.12

<table>
<thead>
<tr>
<th>Select</th>
<th>Dependent</th>
<th>Relationship</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️</td>
<td></td>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td>✔️</td>
<td></td>
<td>Child</td>
<td></td>
</tr>
<tr>
<td>✔️</td>
<td>Test Testerson</td>
<td>Child</td>
<td>01/20/2006</td>
</tr>
</tbody>
</table>

- Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their information.

Click **Save**
A pop-up will appear that indicates the change was made.

This process will need to be repeated for each health benefit you wish to elect or change.
Click **Enroll** to participate in Health Care FSA and/or Dependent Care FSA

### Open Enrollment

<table>
<thead>
<tr>
<th>Projected Total Cost Per Paycheck</th>
<th>Projected Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$490.88</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

### Health Care and Accounts

#### Medical
- **Trustmark Prime Care Advantage**
  - Cost per paycheck: $381.12
  - Coverage: Family
  - Dependents: 3

#### Dental
- **Delta Dental Plus**
  - Cost per paycheck: $64.96
  - Coverage: Family
  - Dependents: 3

#### Vision
- **Vision Service Plan Plus**
  - Cost per paycheck: $44.80
  - Coverage: Family
  - Dependents: 3

- **Health Care FSA**
  - Waived

- **Dependent Care FSA**
  - Waived
Click the **Select** radio button, then click **Confirm and Continue**.
Enter either the **Per Paycheck** or **Annual** election

Click **Save**

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**Health Care FSA - TASC**

Projected Total Cost Per Paycheck: $720.05
Projected Total Credits: $25.00

**Contribute**

<table>
<thead>
<tr>
<th>Per Paycheck</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>229.17</td>
<td>2,750.00</td>
</tr>
</tbody>
</table>

Total Paychecks: 12

Minimum Annual Amount: $100.00
Maximum Annual Amount: $2,750.00

**Summary**

Total Annual Contribution: $2,750.00

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Save   Cancel
A pop-up will appear that indicates the change was made.

The per paycheck contribution amount will now be listed on the applicable FSA Benefit Card.
Click **Manage** on the Group Term Life Insurance (GTLL) plan to review beneficiaries for university provided group term life insurance coverage.
Click **Confirm and Continue** to designate life insurance beneficiaries

### Group Term Life

<table>
<thead>
<tr>
<th>Projected Total Cost Per Paycheck</th>
<th>Projected Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,136.72</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

**Plans Available**

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

[Button: Confirm and Continue] [Button: Cancel]
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

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tester Test</td>
<td>100</td>
</tr>
</tbody>
</table>

#### Secondary Beneficiaries

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tester Test</td>
<td>100</td>
</tr>
</tbody>
</table>

[Save] [Cancel]
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.

**Group Term Life - Minnesota Life (Employee)**

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

**Coverage**

- Calculated Coverage: $120,042.00
- Coverage: 2.5 X Salary

**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.

**Insurance Instructions**

**Beneficiary Designation**

The beneficiaries added on this page apply to both Group Term Life AND Voluntary Group Term Life Insurance plans.
Once you have selected an individual or trust, click Percentage to enter the percentage assigned to each beneficiary.

Click **Save**
To elect or change employee, spouse, or child Voluntary Group Term Life; Click Enroll on the applicable benefit card
Click **Select** to enroll in coverage

Click **Confirm and Continue**

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

<table>
<thead>
<tr>
<th>Projected Total Cost Per Paycheck</th>
<th>Projected Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,136.72</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

**Plans Available**

Select a plan or Waive to opt out of Voluntary Group Term Life-Must be Enrolled in Group Term Life.

<table>
<thead>
<tr>
<th>*Selection</th>
<th>Benefit Plan</th>
<th>You Pay (Monthly)</th>
<th>Company Contribution (Monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select</strong></td>
<td>Minnesota Life (Employee)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Click List dropdown to select desired coverage under each plan.

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

Projected Total Cost Per Paycheck: $1,227.44
Projected Total Credits: $25.00

Coverage

Your guaranteed coverage amount for Voluntary Group Term Life-Must be Enrolled in Group Term Life - Minnesota Life (Employee) is $0. Submit your Evidence of Insurability to Minnesota Life to be considered for the coverage amount of 8 X Salary. Your election will be waived if you are denied coverage.

Calculated Coverage: $880,032.00

- Coverage
  - 8 X Salary

Plan cost per paycheck

- 1 X Salary
- 2 X Salary
- 3 X Salary
- 4 X Salary
- 5 X Salary
- 6 X Salary
- 7 X Salary
- 8 X Salary

Evidence of Insurability (EOI)

- Evidence of Insurability (EOI) information will be mailed from Minnesota Life to your home address following Open Enrollment.

2022 Open Enrollment choices

- Covered under Group Term Life, Optional Life, or Term Life for yourself and your eligible dependents.

Save   Cancel
If electing Spouse Voluntary Group Term Life, you must add a spouse. If no spouse is listed, Click **Add New Dependent** and follow prompts.

Click **Save**
A pop-up will appear that indicates a change was made

**The Coverage** and the **Cost per paycheck** will be listed on the applicable Voluntary Group Term Life Insurance (VGTLI) card.
To elect or waive Short Term Disability coverage; Click **Enroll/Manage** on the Short Term Disability benefit card

**Insurance**

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

- **Voluntary Group Term Life-Child**
  - Minnesota Life (Employee)
  - Cost per paycheck: $0.80
  - Coverage: $10,000

- **Voluntary Group Term Life-Must be Enrolled in Group Term Life**
  - Minnesota Life (Employee)
  - Cost per paycheck: $49.28
  - Coverage: 8 X Salary

- **Short Term Disability**
  - Waived

[Enroll]
Click the radio button to **Select** or **Waive** Short Term Disability Coverage

Click **Confirm and Continue**

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**Short Term Disability**

<table>
<thead>
<tr>
<th>Projected Total Cost Per Paycheck</th>
<th>Projected Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,192.70</td>
<td>$25.00</td>
</tr>
</tbody>
</table>

**Plans Available**

Select a plan or Waive to opt out of Short Term Disability.

<table>
<thead>
<tr>
<th>Selection</th>
<th>Benefit Plan</th>
<th>You Pay (Monthly)</th>
<th>Company Contribution (Monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select</strong></td>
<td>Unum Calculated Coverage Listed is an Estimate (Employee)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Confirm and Continue button]
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)**

**Projected Total Cost Per Paycheck**
$1,227.44

**Projected Total Credits**
$25.00

**Coverage**

Your guaranteed coverage amount for Short Term Disability - Unum Calculated Coverage Listed is an Estimate (Employee) is $90. Submit your Evidence of Insurability to Unum to be considered for the coverage amount of 60% of Salary. Your election will be waived if you are denied coverage.

**Calculated Coverage**
$1,154.00

**Coverage**
60% of Salary

**Plan cost per paycheck**
$34.74

**Insurance Instructions**

**Save**  **Cancel**
A pop-up will appear that indicates a change was made.

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 on 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

Projected Total Cost Per Paycheck: $1,227.44
Projected Total Credits: $25.00

If you enrolled in **Short Term Disability**, please submit your elections and when you are returned to the home page, click on the Benefits application and click on the Unum EOI button under the External Links Section.

Coverage elected under **Voluntary Group Term Life - Employee** or **Voluntary Group Term Life - Spouse** is subject to evidence of insurability (EOI). EOI information will be mailed from Minnesota Life to your home address following open enrollment.

### Selected Benefits

<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>Medical</td>
<td>01/01/2022</td>
<td>01/01/2022</td>
<td>Family</td>
<td><a href="#">Test</a></td>
<td><a href="#">Test</a></td>
<td>$305.12</td>
</tr>
<tr>
<td>Trustmark Prime Care Advantage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>01/01/2022</td>
<td>01/01/2022</td>
<td>Family</td>
<td><a href="#">Test</a></td>
<td><a href="#">Test</a></td>
<td>$64.96</td>
</tr>
<tr>
<td>Delta Dental Plus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>01/01/2022</td>
<td>01/01/2022</td>
<td>Family</td>
<td><a href="#">Test</a></td>
<td><a href="#">Test</a></td>
<td>$44.80</td>
</tr>
<tr>
<td>Vision Service Plus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care FSA</td>
<td>01/01/2022</td>
<td>01/01/2022</td>
<td>$2,750.00 Annual</td>
<td></td>
<td></td>
<td>$229.17</td>
</tr>
<tr>
<td>TASC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent Care FSA</td>
<td>01/01/2022</td>
<td>01/01/2022</td>
<td>$5,000.00 Annual</td>
<td></td>
<td></td>
<td>$416.67</td>
</tr>
<tr>
<td>TASC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Term Life</td>
<td>03/11/2020</td>
<td>03/01/2020</td>
<td>2.5 X Salary</td>
<td></td>
<td></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>01/01/2022</td>
<td>01/01/2022</td>
<td>8 X Salary</td>
<td><a href="#">Test</a></td>
<td><a href="#">Test</a></td>
<td>$49.28</td>
</tr>
</tbody>
</table>
After checking the benefit 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

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**Submitted**

**You've submitted your elections.**

Elections made during Open Enrollment become effective January 1, 2022, unless an evidence of insurability (EOI) is required.

**Important Dates:**

- Benefits go into effect: 01/01/2022
- Final day to update benefits: 11/14/2021

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**View 2022 Benefits Statement**
Once you have submitted your open enrollment event you can make changes to your online elections from November 1-15th by clicking **Benefits Open Enrollment** in the announcements section of your Workday home screen.