

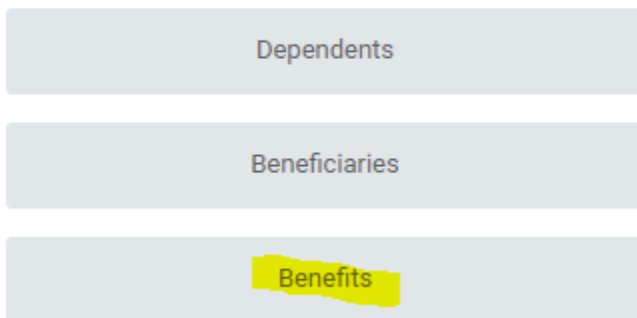
## Creating a Birth Event in Workday

To add your new baby to coverage, you will need to create a Birth event in Workday. You can do so by logging into Workday at <https://workday.osu.edu>. Once logged in, you will click on the Benefits shield under Applications (your view may differ).



Under Change, you will select Benefits.

### Change



Your Change Reason will be Birth, and the event date will be the date of birth. You do not need to include any attachments.

Change Reason \* Birth

Benefit Event Date \* 08/01/2021

Submit Elections By 08/30/2021

A pop-up will appear, letting you enter the event. If you fail to interact with the pop-up, check your inbox for a notification to navigate to the event.

### You have submitted

Up Next: Change Benefit Elections

[View Details](#)

Open

## Inbox

Actions Archive

Viewing: All Sort By: Newest

Benefit Change - Birth : [redacted] on 08/01/2021  
1 minute(s) ago - Effective 08/01/2021

08/03/2021  
2 day(s) ago - Effective 08/03/2021

### Change Benefit Elections

1 minute(s) ago - Effective 08/01/2021

Initiated On 08/09/2021

Submit Elections By 08/30/2021

Let's Get Started

Make sure you answer the tobacco question; it defaults to yes.

### Health Information

#### Tobacco Use


Response to the following question will be used to calculate Voluntary Group Term Life Insurance (VGTLI) 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, then Continue again. Next, you will see cards for the benefits you are eligible to interact with. To add your baby to a coverage, click “Manage” or “Enroll”.

### Health Care and Accounts

**Medical**  
Trustmark Prime Care Advantage

Cost per paycheck \$41.22

Coverage Employee Only

[Manage](#)

You will be shown a screen that displays what plan you are currently enrolled in. Unless you want to switch plans (this does not apply to dental) you will Confirm and Continue past this screen.

### Plans Available

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

2 items ☰ ☰ 🔍

| *Selection                                                             | Benefit Plan                   | You Pay (Biweekly) | Company Contribution (Biweekly) | Credits (Biweekly) |
|------------------------------------------------------------------------|--------------------------------|--------------------|---------------------------------|--------------------|
| <input checked="" type="radio"/> Select<br><input type="radio"/> Waive | Trustmark Prime Care Advantage | \$41.22            | \$273.04                        | \$12.50            |
| <input type="radio"/> Select<br><input checked="" type="radio"/> Waive | Trustmark Prime Care Choice    | \$33.36            | \$269.18                        | \$12.50            |

This will take you to a screen where you can Add New Dependent (if you have existing dependents on your plan, they will be listed here as well).

### Dependents

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

Coverage \* Employee Only

Plan cost per paycheck \$41.22

[Add New Dependent](#)

Click Add New Dependent, then click OK.

Input your dependent's personal information here. If you do not have a Social Security number yet, you can skip "National IDs".

## Name

Country \*

First Name \*

Middle Name

Last Name \*

Suffix

## Personal Information

Relationship \*

Date of Birth \*

Age 0 years, 0 months, 8 days

Sex \*

Citizenship Status

Payroll Dependent

Tobacco Use Has your **dependent** used tobacco in any form during the past twelve (12) months or is your **dependent** currently using nicotine in any form?

\*  Yes  
 No

Address, Phone & Email will auto-populate. Click Save. This will take you back to the enrollment screen, which should look something like this:

1 item

| Select                              | Dependent | Relationship | Date of Birth |
|-------------------------------------|-----------|--------------|---------------|
| <input checked="" type="checkbox"/> | Baby Doe  | Child        | 08/01/2021    |

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Dependent Social Security Numbers 1 item

| Dependent | *Social Security Number                                                                                                                                                                                  |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Baby Doe  | <p><input type="radio"/> Social Security Number (SSN) <input type="text" value="-- -- --"/></p> <p><input checked="" type="radio"/> Reason SSN is Not Available <input type="text" value="newborn"/></p> |

If you do not have an SSN yet, please select “Reason SSN is Not Available” and put “newborn” in the box.

Click Save. If you wish to add your baby to Dental and/or Vision, click Manage or Enroll on those cards. You should not have to re-add your dependent, they should appear with a checkbox next to their name. Click the box until a blue check appears – this means they are enrolled on the plan.

## Dependents

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

Coverage \* Employee Only

Plan cost per paycheck \$2.36

Add New Dependent

1 item

| Select                   | Dependent | Relationship | Date of Birth |
|--------------------------|-----------|--------------|---------------|
| <input type="checkbox"/> | Baby Doe  | Child        | 08/01/2021    |

You may also be eligible to make changes to your FSAs, Life Insurances, or Short-Term Disability at this time.

If you have questions or experience issues, please contact HR Connection at 614-247-6947 or [hrconnection@osu.edu](mailto:hrconnection@osu.edu).