

# SAVE THE DATE: Benefits Open Enrollment is

## Pre-enrollment checklist:

### Log in to [myOhio.gov](#) to:

1. Verify that your home address – actual physical residence is required – and mailing address, if applicable, are correct:
  - a. Click on the [MyInfo](#) tab in the top menu bar.
  - b. Click on the [Home and Mailing Address](#) link.
  - c. Verify that your home and mailing address are correct.
  - d. If you have recently moved, please ensure the U.S. Postal Service has your current address by going to [usps.com](#).
2. Review your current benefits enrollment for yourself and your dependents:
  - a. Click on the [Health and Benefits](#) tab in the top menu bar.
  - b. Click on the [Benefits Summary](#) link.
  - c. View your current plan.
  - d. Click on each plan type to view your enrolled dependents.
  - e. Verify that your dependents are enrolled in the plans you want.
  - f. Click on each dependent's name and verify all information, such as date of birth and Social Security number.

May 7 - 21

3. Opt-out of receiving non-personalized printed benefits publications:

Employees can now opt to receive benefits communications, such as this postcard and the *Pathways to myBenefits* magazine, by email only.

- a. Within [myOhio.gov](#), click on the [MyInfo](#) tab in the top menu bar.
- b. Click on the [Communications Preference](#) link.
- c. Click on the [Edit Communication Preference](#) option.
- d. Make your selection by clicking on either [Email](#) or [US Mail](#).
- e. Click on the [OK](#) button.
- f. Click on the [Save](#) button.

Once you have completed these steps, your selection has been entered and saved. Your selection may take one *Pathways to myBenefits* cycle or up to six weeks to complete.

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**Dependent Eligibility Reminder:** It is the employee's responsibility to contact their agency benefits specialist or human resources office when one of your enrolled dependents is or becomes ineligible for benefits coverage.

Enrollment or continuation of an ineligible dependent may result in loss of benefits, disciplinary action and repayment of claims. Dependents may be eligible to continue their medical, dental and vision benefits through COBRA (continuation coverage) if you notify your agency benefits specialist or human resources office within 60 days of a qualifying event.

For information about dependent eligibility and documentation requirements, see the Benefits website at: [das.ohio.gov/EligibilityRequirements](#).