



We are currently experiencing an issue adding dependents to the MPI (My Personal Information) system. Complete the following form, save and upload to [the Benefits secure upload site](#).

DEPENDENT INFORMATION

Please complete for all dependents you wish to cover.

All employees should complete and upload the [Life Insurance Beneficiary](#) form.

UPLOAD >

SPOUSE /DOMESTIC PARTNER							
Last Name	First Name	MI	Birth Date	Gender	SSN	Relationship	Coverage
							Medical Dental Vision <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Spouse/partner employed outside Ohio University? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, continue with next question.</i>		Does that employer offer health insurance? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, continue with next question.</i>		Are they enrolled in that employer's coverage? <input type="checkbox"/> Y <input type="checkbox"/> N <i>If yes, please attach proof of coverage.</i>			

CHILD							
Last Name	First Name	MI	Birth Date	Gender	SSN	Relationship	Coverage
							Medical Dental Vision <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADDRESS:							
	Street				City		State Zip

CHILD							
Last Name	First Name	MI	Birth Date	Gender	SSN	Relationship	Coverage
							Medical Dental Vision <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADDRESS:							
	Street				City		State Zip

CHILD							
Last Name	First Name	MI	Birth Date	Gender	SSN	Relationship	Coverage
							Medical Dental Vision <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADDRESS:							
	Street				City		State Zip

CHILD							
Last Name	First Name	MI	Birth Date	Gender	SSN	Relationship	Coverage
							Medical Dental Vision <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ADDRESS:							
	Street				City		State Zip

STEPS:

- Complete the dependent information form if applicable.
- Complete the [Life Insurance Beneficiary](#) form.
- Save both forms and upload to [the Benefits secure upload site](#). This site requires your OHIO ID and password.
- Wait for email confirmation that your dependents have been added to the system.
- Access [MPI: Self-Service Benefits](#) to enroll in your benefit coverages including uploading supporting documentation (i.e. **Spouse**- Marriage license, **Child** – Birth Certificate, etc.) See [Verification of Dependents](#) for a complete listing of acceptable documents. Visit [How to Enroll](#) for more details including a [Self Service Benefits User Guide](#).