

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS



An employee may enroll a dependent in State of Ohio health benefits during Open Enrollment. A dependent may also be enrolled due to a change in status/qualifying event for change of dependent status during the plan year.

The **employee** is responsible for enrolling a dependent that becomes eligible under the plan provisions. You must notify your agency's benefits representative and submit the required documentation listed below within 31 calendar days of the qualifying/change in status event. You may initiate the enrollment process without submitting all the required documentation within 31 days of the qualifying/change in status event if certain criteria are met. Please refer to the [Verification Form \(DAS-BAS 4020\)](#) for specific requirements regarding this process.

Please be aware that knowingly providing false or misleading information may result in any or all of the following actions by the State of Ohio: 1) disciplinary action, up to and including removal; 2) collection action to recoup payments of benefits and claims paid for individuals determined to be ineligible dependents; and/or 3) civil and/or criminal prosecution.

DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
All	All Dependents	<input type="checkbox"/> Verification form AND Medical Benefit Enrollment and Change Form (ADM4717) OR Dental and Vision Enrollment and Change Form (ADM 4720) (exempts) or go to the Union Benefits Trust website at www.benefittrust.org/forms (union members) AND <input type="checkbox"/> Required forms for the applicable dependent type

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
		<p>Click on one of the following to see the required documentation:</p> <ul style="list-style-type: none"> • Spouse • Common Law Spouse • Biological child under 26 • Adopted child under 26 • Stepchild under 26 • Foster child under 26 • Child under age 26 for whom the employee is the legal guardian • Child under 26 for whom the Plan has received a Qualified Medical Child Support Order • Disabled dependent • HB 1 Dependents

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All	All Dependents	<input type="checkbox"/> Verification form AND Medical Benefit Enrollment and Change Form (ADM4717) OR Dental and Vision Enrollment and Change Form (ADM 4720) (exempts) or go to the Union Benefits Trust website at www.benefitstrust.org/forms (union members) AND
Spouse	<input type="checkbox"/> A current legal spouse	<p>One of the following:</p> <input type="checkbox"/> Page 1 AND signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse as dependent <input type="checkbox"/> Page 1 AND Certificate of Electronic Filing of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse as dependent <input type="checkbox"/> Prior year IRS e-file Signature Authorization including PIN number and both spouses' names and signatures
		<p>OR</p> <hr/> <input type="checkbox"/> Marriage certificate (or the document the county certifies)
		<p>AND</p> <p>One of the following proof of current (within last 6 months) joint tenancy:</p> <input type="checkbox"/> Proof of joint ownership of residence or other real estate <input type="checkbox"/> Proof that employee and spouse are both listed on a lease or share the rent of a home or other property <input type="checkbox"/> Proof of a jointly-owned bank account, financial account, or utility bill listing both employee and spouse at same address <input type="checkbox"/> Bank statement, financial account statement, or utility bill listing employee AND a second bank statement, financial account statement, or utility bill listing the spouse, both documents with the same address
		<p>OR</p> <hr/> <p>For marriage in the last 12 months:</p> <input type="checkbox"/> Marriage Certificate (or the document the county certifies)

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All	All Dependents	<input type="checkbox"/> Verification form AND Medical Benefit Enrollment and Change Form (ADM4717) OR Dental and Vision Enrollment and Change Form (ADM 4720) (exempts) or go to the Union Benefits Trust website at www.benefitstrust.org/forms (union members) AND
Common Law Spouse	<input type="checkbox"/> Relationship began prior to October 10, 1991 (if relationship began in Ohio)	<p>One of the following:</p> <input type="checkbox"/> Affidavit of Common Law Marriage (ADM 4731) <input type="checkbox"/> Certificate of Common Law Marriage issued by a state or local government AND <p>One of the following dated within the last six months:</p> <input type="checkbox"/> Proof of joint ownership of residence or other real estate <input type="checkbox"/> Proof that employee and spouse are both listed on a lease or share the rent of a home or other property <input type="checkbox"/> Proof of a jointly-owned bank account, financial account, or utility bill listing both employee and spouse at same address <input type="checkbox"/> Bank statement, financial account statement, or utility bill listing employee AND a second bank statement, financial account statement, or utility bill listing the spouse, both documents with the same address

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All	All Dependents	<input type="checkbox"/> Verification form AND Medical Benefit Enrollment and Change Form (ADM4717) OR Dental and Vision Enrollment and Change Form (ADM 4720) (exempts) or go to the Union Benefits Trust website at www.benefitstrust.org/forms (union members) AND
Biological child under age 26	<input type="checkbox"/> Biological child under 26	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1 and signature page of employee’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent <input type="checkbox"/> Page 1 and Certificate of Electronic Filing of employee’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent <input type="checkbox"/> The child’s birth certificate, Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240) or certification of Birth Abroad (FS-240) <p>Note: <i>For newborns, no initial documentation is needed. Employee must initiate the enrollment process within 31 days of birth. Please refer to Verification Form (DAS-BAS4020) for other specific requirements.</i></p> <p>Note: For dental/vision requirements for biological children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</p>

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All	All Dependents	<input type="checkbox"/> Verification form AND Medical Benefit Enrollment and Change Form (ADM4717) OR Dental and Vision Enrollment and Change Form (ADM 4720) (exempts) or go to the Union Benefits Trust website at www.benefitstrust.org/forms (union members) AND
Adopted child under age 26	<input type="checkbox"/> Adopted child under 26 (legal adoption or in anticipation of a legal adoption)	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1 and signature page of employee’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent <input type="checkbox"/> Page 1 and Certificate of Electronic Filing of employee’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent <input type="checkbox"/> Court documents with court signature showing that the employee or spouse has adopted the child <input type="checkbox"/> International adoption papers from country of adoption <input type="checkbox"/> Papers from the adoption agency showing intent to adopt <p>Note: For dental/vision requirements for adopted children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</p>

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Stepchild under age 26	<input type="checkbox"/> Stepchild under 26	<p>One of the following:</p> <input type="checkbox"/> Page 1 and signature page of employee’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the stepchild as dependent <input type="checkbox"/> Page 1 and Certificate of Electronic Filing of employee’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the stepchild as dependent <p>OR</p> <hr/> <p>Both of the following:</p> <input type="checkbox"/> Marriage Certificate (or the document the county certifies) to show spouse is married to employee <input type="checkbox"/> The child’s birth certificate, Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240) or certification of Birth Abroad (FS-240) showing spouse is biological parent <p>Note: For dental/vision requirements for stepchildren ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</p>

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Foster child under age 26	<input type="checkbox"/> Foster child under 26	<p>One of the following:</p> <input type="checkbox"/> Page 1 and signature page of employee’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the foster child as dependent <input type="checkbox"/> Page 1 and Certificate of Electronic Filing of employee’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the foster child as dependent <input type="checkbox"/> Court documents signed by a judge verifying employee or spouse has responsibility for foster child

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Child under age 26 for whom the employee is legal guardian	<input type="checkbox"/> Child under 26 AND <input type="checkbox"/> Employee is legal guardian	One of the following: <input type="checkbox"/> Court documents signed by a judge appointing employee or spouse as legal guardian <input type="checkbox"/> Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A, or 1040EZ) listing the child as dependent <input type="checkbox"/> Page 1 and Certificate of Electronic Filing of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent Note: For dental/vision requirements for legal guardianship children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22

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Dental/Vision dependent children ages 19-22	<input type="checkbox"/> Biological, adopted, stepchild, or child for whom employee is legal guardian between ages 19-22 AND <input type="checkbox"/> Unmarried	<p>You must submit the required document(s) proof for one of the following dependent categories as noted above:</p> <input type="checkbox"/> Biological child <input type="checkbox"/> Adopted child <input type="checkbox"/> Stepchild <input type="checkbox"/> Child for whom the employee is legal guardian AND <input type="checkbox"/> Affidavit of Student Status (ADM 4729) <p>One of the following forms of proof of qualified student status:</p> <input type="checkbox"/> A letter from the registrar with the dependent’s name showing current enrollment. If the birthday occurs during a standard school break (e.g. summer), the letter from the registrar must show enrollment in the previous term. <input type="checkbox"/> An official transcript with the dependent’s name, school name, and semesters/quarters enrolled that include the current term. If the birthday occurs during a standard school break (e.g. summer), the transcript must show enrollment in the previous term. If the dependent is enrolled in their first semester/quarter of class, one of the above documents is required showing proof of current enrollment. <input type="checkbox"/> A “Current Enrollment Verification Certificate” from the National Student Clearinghouse with dependent’s name, school name and semesters/quarters enrolled that include the current term. (http://www.studentclearinghouse.org/) <p>Note: The state will conduct random audits for proof of student enrollment. The above documents are only required when an enrolled dependent turns age 19, a dependent is being enrolled in coverage, or the documents are requested during the course of an audit.</p>

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All	All Dependents	<input type="checkbox"/> Verification form AND Medical Benefit Enrollment and Change Form (ADM4717) OR Dental and Vision Enrollment and Change Form (ADM 4720) (exempts) or go to the Union Benefits Trust website at www.benefitstrust.org/forms (union members) AND
Disabled dependent	<input type="checkbox"/> Child AND <input type="checkbox"/> Incapable of self-support AND <input type="checkbox"/> Disability began before age 26 AND <input type="checkbox"/> Is primarily dependent upon the employee for support	<p>You must submit the required document(s) proof for one of the following dependent categories as noted above:</p> <input type="checkbox"/> Biological child <input type="checkbox"/> Adopted child <input type="checkbox"/> Stepchild AND <input type="checkbox"/> Approval for disability status from the health plan

To obtain health plan's required document, go to <http://das.ohio.gov/Divisions/HumanResources/HRDownloadableForms/tabid/216/Default.aspx>

te: *Application must be made within five years following the loss of coverage.*

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HB 1 Dependents	<input type="checkbox"/> Biological, step, or adopted child of an employee AND <input type="checkbox"/> Age 26 or 27 AND <input type="checkbox"/> Unmarried AND <input type="checkbox"/> Not employed by an employer that offers any health benefit plan under which the child is eligible for coverage AND <input type="checkbox"/> Not eligible for Medicare or Medicaid AND (one of the following): <input type="checkbox"/> A full-time student at an accredited public or private institution of higher education OR <input type="checkbox"/> A resident of Ohio	<p>You must submit the required document(s) proof for one of the following dependent categories as noted above:</p> <input type="checkbox"/> Biological child <input type="checkbox"/> Adopted child <input type="checkbox"/> Stepchild AND <input type="checkbox"/> HB1 Affidavit AND <p>One item from one of the categories below (Ohio resident or full-time student): If a resident of Ohio, one of the following forms of proof is required:</p> <input type="checkbox"/> Copy of driver's license/State-issued Identification Card <input type="checkbox"/> Utility bill <input type="checkbox"/> Lease/mortgage OR <p>If a full-time student, proof of full-time enrollment in an accredited public or private institution of higher learning by way of one of the following;</p> <input type="checkbox"/> A letter from the registrar with the dependent's name, statement of current full-time enrollment and school phone number <input type="checkbox"/> A transcript with the dependent's name, school name, indication of current full-time enrollment and school phone number A "Current Enrollment Verification Certificate" from the National Student Clearinghouse with dependent's name, school name and semesters/quarters enrolled that include the current term. (http://www.studentclearinghouse.org/) Note: Periodically you will be asked to provide updated documentation showing your dependent remains eligible for HB1 coverage