

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 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 HCM department within 31 calendar days of the dependent becoming eligible and submit the required documentation listed below.

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) 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 submit one of the above documents within 31 days of birth.</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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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
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>
Foster child under age 26	<input type="checkbox"/> Foster 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 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 <p>Note: For dental/vision requirements for foster children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</p>

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
<p>Child under age 26 for whom the employee is legal guardian</p>	<p><input type="checkbox"/> Child under 26 AND <input type="checkbox"/> Employee is legal guardian</p>	<p>One of the following:</p> <ul style="list-style-type: none"> <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 <p>Note: For dental/vision requirements for children of legal guardianship ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</p>
<p>Stepchild under age 26</p>	<p><input type="checkbox"/> Stepchild under 26</p>	<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 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> <p>Both of the following:</p> <ul style="list-style-type: none"> <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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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
<p>Dental/Vision dependent children ages 19-22</p>	<p><input type="checkbox"/> Biological, adopted, stepchild, or child for whom employee is legal guardian between ages 19-22</p> <p>AND</p> <p><input type="checkbox"/> Unmarried</p>	<p>You must submit the required document(s) proof for one of the following dependent categories as noted above:</p> <p><input type="checkbox"/> Biological child</p> <p><input type="checkbox"/> Adopted child</p> <p><input type="checkbox"/> Stepchild</p> <p><input type="checkbox"/> Child for whom the employee is legal guardian</p> <p>AND</p> <p><input type="checkbox"/> Annual affidavit of Student Status (ADM 4729)</p> <p>AND</p> <p>One of the following forms of proof of qualified student status:</p> <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.</p> <p><input type="checkbox"/> A 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.</p> <p>Note: The state will conduct random audits for proof of student enrollment. School schedule and grades are not acceptable proof of current enrollment.</p>