

REQUIRED DOCUMENTS FOR ADDING AND MAINTAINING 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 (e.g. student status change events related to dental and/or vision coverage, birth, etc.).

The **employee** is responsible for enrolling a dependent under the plan's provisions. You must notify your agency's benefits representative, initiate and submit change request and available supporting documentation within 31 calendar days of the change in status/qualifying event. You may initiate the enrollment process without submitting all the required documentation within 31 days of the qualifying event if certain criteria are met. Please refer to the [Benefit Enrollment and Change Form \(ADM 4717\)](#) 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"/> Benefit Enrollment and Change Form (ADM4717) AND/OR the Dental and Vision Enrollment and Change Form located at http://www.benefitstrust.org/forms.htm (union members) AND <input type="checkbox"/> Required forms for the applicable dependent type Note: Union members adding dependents for dental/vision coverage must complete the Verification Form (DAS-BAS 4020) in addition to the Dental and Vision Enrollment and Change Form

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
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). If in foreign language, translation must accompany. <input type="checkbox"/> Qualified Medical Child Support Order (QMCSO) <p>Note: For newborns, employee must initiate the enrollment process by submitting the Benefit Enrollment and Change Form (ADM4717) within 31 days of birth. Employees must submit required documentation within 31 days of receipt. Please refer to the Benefit Enrollment and Change Form (ADM4717) for specific requirements.</p> <p>Note: For dental/vision requirements for biological children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22.</p>
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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Child under age 26 for whom the employee is legal guardian	<input type="checkbox"/> Child under 26 AND <input type="checkbox"/> Employee or spouse is legal guardian	<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 legal guardianship 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 AND <input type="checkbox"/> Employee or spouse is foster parent	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Court documents signed by a judge verifying employee or spouse has responsibility for foster child <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 <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>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><u>OR</u></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>