

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 <input type="checkbox"/> Required forms for the applicable dependent type
Biological child under age 19	<input type="checkbox"/> Biological child under 19 AND <input type="checkbox"/> Unmarried	One of the following: <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) Note: For newborns, no initial documentation is needed. Employee must submit one of the above documents within 31 days of birth.

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
Adopted child under age 19	<input type="checkbox"/> Adopted child under 19 (legal adoption or in anticipation of a legal adoption) AND <input type="checkbox"/> Unmarried	One of the following: <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
Stepchild under age 19	<input type="checkbox"/> Stepchild under 19 AND <input type="checkbox"/> Unmarried AND <input type="checkbox"/> Living in the employee's home 50% or more of the time	One of the following: <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> <hr/> All of the following: <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 <input type="checkbox"/> Court approved document that evidences the child living with the employee at least 50% of the time

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
Foster child under age 19	<input type="checkbox"/> Foster child under 19 AND <input type="checkbox"/> Lives in the employee's home	One of the following: <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
Child under age 19 for whom the employee is legal guardian	<input type="checkbox"/> Unmarried child under 19 AND <input type="checkbox"/> Resides with the employee 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
Child under age 19 for whom the Plan has received a Qualified Medical Child Support Order	<input type="checkbox"/> Unmarried child under 19 AND <input type="checkbox"/> Named as an alternate recipient with respect to the employee under a Qualified Medical Child Support Order (QMCSO)	<input type="checkbox"/> Qualified Medical Child Support Order (QMCSO)

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
Disabled dependent	<input type="checkbox"/> Unmarried child AND <input type="checkbox"/> Incapable of self-support AND <input type="checkbox"/> Disability began before age 23 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/HRDDownloadableForms/tabid/216/Default.aspx Note: <i>Application must be made within five years following the loss of coverage.</i>