

## 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
<b>All</b>	<b>All Dependents</b>	<input type="checkbox"/> <a href="#">Verification form <b>AND</b> Medical Benefit Enrollment and Change Form (ADM4717 )</a> <b>OR</b> <a href="#">Dental and Vision Enrollment and Change Form (ADM 4720)</a> <b>AND</b> <input type="checkbox"/> Required forms for the applicable dependent type
<b>Disabled dependent</b>	<input type="checkbox"/> Unmarried child <b>AND</b> <input type="checkbox"/> Incapable of self-support <b>AND</b> <input type="checkbox"/> Disability began before age 23 <b>AND</b> <input type="checkbox"/> Is primarily dependent upon the employee for support	<p><b>You must submit the required document(s) proof for one of the following dependent categories as noted above:</b></p> <input type="checkbox"/> Biological child <input type="checkbox"/> Adopted child <input type="checkbox"/> Stepchild <b>AND</b> <input type="checkbox"/> Approval for disability status from the health plan To obtain health plan's required document, go to <a href="http://das.ohio.gov/Divisions/HumanResources/HRDDownloadableForms/tabid/216/Default.aspx">http://das.ohio.gov/Divisions/HumanResources/HRDDownloadableForms/tabid/216/Default.aspx</a> <b>Note:</b> <i>Application must be made within five years following the loss of coverage.</i>