

## REQUIRED DOCUMENTS FOR DROPPING DEPENDENTS



An employee may disenroll a dependent from State of Ohio health benefits during Open Enrollment. A dependent may also be disenrolled due to loss of eligibility or due to a qualifying event for change of dependent status during the plan year.

The **employee** is responsible for disenrolling a dependent who no longer meets eligibility requirements or has a qualifying event for change of dependent status. You must notify your agency's HCM department within 31 calendar days of the dependent becoming ineligible and submit the required documentation listed below. Otherwise, you may be liable for any plan expenses incurred by the ineligible dependent. A dependent who is disenrolled from the plan may be eligible to continue coverage through the provisions of COBRA or as an HB1 dependent.

**Note: If the State becomes aware of an ineligible dependent, that dependent will be removed. COBRA rights may be forfeited by failure to provide timely notification when the dependent becomes ineligible for coverage.**

EVENT	REQUIRED DOCUMENT FOR DISENROLLMENT
<input type="checkbox"/> <b>ALL DEPENDENT DROPS</b>	<input type="checkbox"/> <a href="#">Verification form</a> <b>AND</b> <a href="#">Enrollment Form</a> (if not enrolled via OAKS) <b>AND</b> <input type="checkbox"/> All required documents for the applicable event
<input type="checkbox"/> Death of dependent	<input type="checkbox"/> Death certificate
<input type="checkbox"/> Divorce	<input type="checkbox"/> Copy of the FINAL divorce decree with the file date and judge's signature. If divorce is not final, the dependent cannot be dropped outside of Open Enrollment.
<input type="checkbox"/> Legal separation or annulment	<input type="checkbox"/> Copy of the legal separation or annulment agreement with the file date and court's signature.
<input type="checkbox"/> End of a Qualified Medical Support Order (QMCSO)	<input type="checkbox"/> Qualified Medical Support Order (QMCSO) showing the end date of the Order

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<input type="checkbox"/> Dependent attains other coverage	<input type="checkbox"/> Proof of other coverage
<input type="checkbox"/> Dependent child reaches the limiting age and does not qualify as a student dependent  <input type="checkbox"/> Dependent child 19 - 22 with student status graduates or is no longer enrolled in school  <input type="checkbox"/> Dependent child marries  <input type="checkbox"/> HB1 dependent no longer meets eligibility requirements due to age, residence, student status, or eligibility for coverage under employer's plan, or is eligible for Medicare or Medicaid  <input type="checkbox"/> Dependent stepchild or guardian no longer meets eligibility requirements  <input type="checkbox"/> Dependent no longer lives in the employee's home (foster child)  <input type="checkbox"/> End of legal guardianship  <input type="checkbox"/> Other similar circumstances	<input type="checkbox"/> No additional documentation needed