REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

OhioDAS

An employee may enroll a dependent in State of Ohio medical 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**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form (ADM4717) **AND** ☐ Required forms for the applicable dependent type
		Click on one of the following to see the required documentation: • Spouse • Common Law Spouse • Biological child under 19 • Adopted child under 19 • Stepchild under 19 • Foster child under 19 • Child under age 19 for whom the employee is the legal guardian • Child under 19 for whom the Plan has received a Qualified Medical Child Support Order • Disabled dependent • Student (19-22 years of age) • HB 1 Dependents

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
All	**All Dependents**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	☐ A current legal spouse	**One of the following:** ☐ Page 1 AND signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse as dependent ☐ Page 1 AND Certificate of Electronic Filing of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse as dependent ☐ Prior year IRS e-file Signature Authorization including PIN number and both spouses' names and signatures **OR** ☐ Marriage certificate (or the document the county certifies) **AND** **One of the following proof of current (within last 6 months) joint tenancy:** ☐ Proof of joint ownership of residence or other real estate ☐ Proof that employee and spouse are both listed on a lease or share the rent of a home or other property ☐ Proof of a jointly-owned bank account, financial account, or utility bill listing both employee and spouse at same address ☐ Bank statement, financial account statement, or utility bill listing employee AND a second bank statement, financial account statement, or utility bill listing the spouse, both documents with the same address **OR** **For marriage in the last 12 months:** ☐ Marriage Certificate (or the document the county certifies)

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

OhioDAS

DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
Common Law Spouse	☐ Relationship began prior to October 10, 1991 (if relationship began in Ohio)	**One of the following:** ☐ Affidavit of Common Law Marriage (ADM 4731) ☐ Certificate of Common Law Marriage issued by a state or local government **AND** **One of the following dated within the last six months:** ☐ Proof of joint ownership of residence or other real estate ☐ Proof that employee and spouse are both listed on a lease or share the rent of a home or other property ☐ Proof of a jointly-owned bank account, financial account, or utility bill listing both employee and spouse at same address ☐ Bank statement, financial account statement, or utility bill listing employee AND a second bank statement, financial account statement, or utility bill listing the spouse, both documents with the same address

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

OhioDAS

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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.

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
All	**All Dependents**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**
Biological child under age 19	☐ Biological child under 19 **AND** ☐ Unmarried	**One of the following:** ☐ Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent ☐ 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 ☐ 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.*

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

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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**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**
Adopted child under age 19	☐ Adopted child under 19 (legal adoption or in anticipation of a legal adoption) **AND** ☐ Unmarried	**One of the following**: ☐ Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent ☐ 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 ☐ Court documents with court signature showing that the employee or spouse has adopted the child ☐ International adoption papers from country of adoption ☐ Papers from the adoption agency showing intent to adopt

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

OhioDAS

An employee may enroll a dependent in State of Ohio medical 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**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**
Stepchild under age 19	☐ Stepchild under 19 **AND** ☐ Unmarried **AND** ☐ Living in the employee's home 50% or more of the time	**One of the following:** ☐ Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the stepchild as dependent ☐ 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 **OR** **All of the following:** ☐ Marriage Certificate (or the document the county certifies) to show spouse is married to employee ☐ 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 ☐ Court approved document that evidences the child living with the employee at least 50% of the time

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

OhioDAS

An employee may enroll a dependent in State of Ohio medical 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**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**
Foster child under age 19	☐ Foster child under 19 **AND** ☐ Lives in the employee's home	**One of the following:** ☐ Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the foster child as dependent ☐ 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 ☐ Court documents signed by a judge verifying employee or spouse has responsibility for foster child

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

OhioDAS

An employee may enroll a dependent in State of Ohio medical 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.

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
All	**All Dependents**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**
Child under age 19 for whom the employee is legal guardian	☐ Unmarried child under 19 **AND** ☐ Resides with the employee **AND** ☐ Employee is legal guardian	**One of the following:** ☐ Court documents signed by a judge appointing employee or spouse as legal guardian ☐ Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A, or 1040EZ) listing the child as dependent ☐ 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

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

OhioDAS

An employee may enroll a dependent in State of Ohio health medical 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**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**
Child under age 19 for whom the Plan has received a Qualified Medical Child Support Order	☐ Unmarried child under 19 **AND** ☐ Named as an alternate recipient with respect to the employee under a Qualified Medical Child Support Order (QMCSO)	☐ Qualified Medical Child Support Order (QMCSO)

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

OhioDAS

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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**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**
Disabled dependent	☐ Unmarried child **AND** ☐ Incapable of self-support **AND** ☐ Disability began before age 23 **AND** ☐ Is primarily dependent upon the employee for support	**You must submit the required document(s) proof for one of the following dependent categories as noted above:** ☐ Biological child ☐ Adopted child ☐ Stepchild **AND** ☐ 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:** *Application must be made within five years following the loss of coverage.*

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
All	**All Dependents**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

OhioDAS

DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
Student (19-22 years of age)	☐ Unmarried dependent under age 23 who falls under one of the previously listed categories **AND** ☐ A student at an accredited (licensed) school, college, or university.	**You must submit the required document(s) proof for one of the following dependent categories as noted above:** ☐ Biological child ☐ Adopted child ☐ Stepchild ☐ Foster child ☐ Child for whom the employee or spouse is legal guardian **AND** ☐ Annual Affidavit of Student Status (ADM 4729) **AND** **One of the following forms of proof of qualified student status:** ☐ 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. ☐ 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. ☐ For student subject to Michelle's Law on medically necessary leave of absence beginning on or after 7/1/2010: Medical documentation **Note**: *The State will annually request proof of school enrollment and a completed Affidavit of Student Status. If the required proof is not provided, coverage ends on the last day of the birthday month.*

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

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REQUIRED DOCUMENTS FOR ADDING DEPENDENTS

DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
All	**All Dependents**	☐ Verification Form **AND** Medical Benefit Enrollment and Change Form(ADM4717) **AND**
HB 1 Dependents Note: For dependents ages 19-22 who are enrolled in college, see the definition above for dependent type "student."	☐ Biological, step, or adopted child of an employee **AND** ☐ Between ages 19 through 27 **AND** ☐ Unmarried **AND** ☐ Not employed by an employer that offers any health benefit plan under which the child is eligible for coverage **AND** ☐ Not eligible for Medicare or Medicaid **AND (one of the following):** ☐ A full-time student at an accredited public or private institution of higher education **OR** ☐ A resident of Ohio	**You must submit the required document(s) proof for one of the following dependent categories as noted above:** ☐ Biological child ☐ Adopted child ☐ Stepchild **AND** ☐ HB1 Affidavit **AND** **One item from one of the categories below (Ohio resident or full-time student):** **If a resident of Ohio, one of the following forms of proof is required:** ☐ Copy of drivers license ☐ Utility bill ☐ Lease/mortgage **OR** **If a full-time student, proof of full-time enrollment in an accredited public or private institution of higher learning by way of one of the following;** ☐ A letter from the registrar with the dependent's name, statement of current full-time enrollment and school phone number ☐ A transcript with the dependent's name, school name, indication of current full-time enrollment and school phone number **Note**: *Periodically you will be asked to provide updated documentation showing your dependent remains eligible for HB1 coverage*