CHANGES IN STATUS/QUALIFYING EVENTS/REQUIRED DOCUMENTS MATRIX

Employees may generally make changes to their benefit elections during applicable open enrollment periods, subject to any eligibility requirements. Changes made outside of open enrollment may also occur 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/disenrolling 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 If you are unable to obtain certain documents (e.g. birth or marriage certificate) within the required deadline 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. Your dependents are ineligible for benefit coverage until all required documentation has been submitted.

For all eligible events, the effective date of coverage will be the first of the month following the date of the event. For the birth/adoption of a child, coverage will begin the date of the event (Date of birth or placement in the home).

The following matrix of qualifying events is intended to provide employees and their dependents with information about the events that may authorize, and in some cases require, a change to an employee's benefit elections, as well as information about the changes that may be made based on those events. *This information is not intended to be exhaustive of all possible events, but is illustrative of the more common situations employees and their dependents face.* Questions, including those about eligibility, changes in status, changes that must be made, and the deadlines within which changes must be made, should be directed to your agency's benefits representative.

Employees are eligible for medical coverage the first of the month after their date of hire. Employees are eligible for dental and vision coverage after one year of continuous State service. Eligibility requirements can be found at: das.ohio.gov/eligibilityrequirements

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.

All Change in Status/Qualifying Event Change:

Action/Event	Required Documentation
1. **All Changes**	☐ 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 ☐ All required forms for the applicable dependent and event type

Change in Legal Marital Status:

Action/Event	Medical	Dental/Vision	Required Documentation
Employee gains spouse • **Marriage**	• Employee may enroll in coverage for self, newly eligible spouse, and any eligible dependent children. • If enrolled, employee may cancel coverage if covered under new spouse's plan.	• Employee may enroll in coverage for self, newly eligible spouse, and any eligible dependent children. • If enrolled, employee may cancel coverage if covered under new spouse's plan.	**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)

Action/Event	Medical	Dental/Vision	Required Documentation
Employee adds a common law spouse • **Common Law Spouse** Relationship had to begin prior to October 10, 1991 (if relationship began in Ohio)	• Employee may enroll in coverage for self, newly eligible spouse, and any eligible dependent children. • If enrolled, employee may cancel coverage if covered under new spouse's plan.	• Employee may enroll in coverage for self, newly eligible spouse, and any eligible dependent children. • If enrolled, employee may cancel coverage if covered under new spouse's plan.	**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
Employee loses spouse • Divorce • Legal Separation • Annulment • Death	• Employee must remove spouse and any ineligible dependents. • Employee may enroll self and any eligible dependents if no longer eligible under the spouse's plan.	• Employee must remove spouse and any ineligible dependents. • If enrolled, employee may enroll self and any eligible dependents if no longer eligible under the spouse's plan.	**Divorce** ☐ 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. **Legal Separation or Annulment** ☐ Copy of the legal separation or annulment agreement with the file date and court's signature. **Death** ☐ Death certificate

Change in Number of Eligible Dependents:

Action/Event	Medical	Dental/Vision	Required Documentation
Employee gains dependent(s) • Birth	• Employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.	• If eligible, employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. **For dental/vision requirements see "Dental/Vision Dependent Children ages 19-22" chart on page 8.**	**Biological Child under age 26 for medical; under age 19 for dental/vision** **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). If in foreign language, translation must accompany. ☐ Qualified Medical Child Support Order (QMCSO) **Note:** For newborns, employee must initiate the enrollment process by submitting the Benefit Enrollment and Change Form (ADM4717) within 31days 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.

Action/Event	Medical	Dental/Vision	Required Documentation
Employee gains dependent(s) • Adoption • Legal guardianship	• Employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.	• If eligible, employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. **For dental/vision requirements see "Dental/Vision Dependent Children ages 19-22" chart on page 8.**	**Adoption under age 26 (legal adoption or in anticipation of a legal adoption) for medical; under age 19 for dental/vision** **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 **Note: For dental/vision requirements for adopted children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22** **Legal Guardianship for child under age 26 for medical; under age 19 for dental/vision and employee or spouse 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

Action/Event	Medical	Dental/Vision	Required Documentation
Employee gains dependent(s) • Stepchild • Foster Child	• Employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.	• If eligible, employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. **For dental/vision requirements see "Dental/Vision Dependent Children ages 19-22" chart on page 8.**	**Stepchild under age 26 for medical; under age 19 for dental/vision** **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** **Both 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 **Note: For dental/vision requirements for stepchildren ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22** **Foster Child under age 26 for medical; under age 19 for dental/vision and employee or spouse is foster parent** **One of the following:** ☐ Court documents signed by a judge verifying employee or spouse has responsibility for foster child ☐ 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

Action/Event	Medical	Dental/Vision	Required Documentation
Employee gains dependent(s) • Dental/Vision dependent children ages 19-22 (Qualified Students)	• Employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.	• If eligible, employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. ***Note: The documents are only required when an enrolled dependent turns age 19, a dependent is being added to coverage, or the documents are requested during the course of an audit.*** ***The required documentation must show that the student is enrolled for the current term.*** ***The state will conduct random audits for proof of student enrollment. School schedule and grades are not acceptable proof of current enrollment.***	**Dental/Vision dependent children ages 19-22 (Qualified students)** ☐ **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 is legal guardian; **AND** • 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 • An official 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. If the dependent is enrolled in their first semester/quarter of class, one of the above documents is required showing proof of current enrollment • A "Current Enrollment Verification Certificate" from the National Student Clearinghouse with dependent's name, school name and semesters/quarters enrolled that include the current term. (http://www.studentclearinghouse.org/)

Action/Event	Medical	Dental/Vision	Required Documentation
Employee gains dependent(s) • Disabled Dependent	• Employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.	• If eligible, employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.	☐ You must submit the required documentation 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 the health plan's disability form, please go to http://das.ohio.gov/Divisions/HumanResources/HRDDownloadableForms.aspx ***Note:*** *Dependent's disability must have begun before age 23. Application must be made within five years following the loss of coverage.*
Employee gains dependent due to loss of other coverage	• Employee may enroll the affected dependent only	• Employee may enroll the affected dependent only.	☐ Proof of loss of coverage with effective date ☐ Documentation listed above for dependents being added
Employee loses dependent(s) • **Death** • **Legal guardianship ends**	• Employee must remove the affected dependent only.	☐ If enrolled, employee must remove the affected dependent only.	**Death** ☐ Death Certificate **Legal Guardianship Ends** ☐ Copy of court papers with the file date and court's signature.
Employee loses dependent due to gain of other coverage	• Employee may remove the affected dependent only.	☐ If enrolled, employee may remove the affected dependent only.	☐ Enrollment letter that includes effective date of coverage; **OR** ☐ Medical I.D. card that includes effective date of coverage.

Action/Event	Medical	Dental/Vision	Required Documentation
Dependent Satisfies Qualification Requirement of House Bill 1 Child (HB1 Child)	• Employee may enroll affected HB1 Child. **Note**: *Periodically you will be asked to provide updated documentation showing your dependent remains eligible for HB1 coverage*	• Not Applicable	Must be a biological, step, or adopted child of an employee; **AND** age 26 or 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** • 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** If a dependent is covered immediately prior to satisfying the House Bill 1 Child requirements, the above documentation is not required. ☐ 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 driver's license/State-issued Identification Card ☐ 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 ☐ A "Current Enrollment Verification Certificate" from the National Student Clearinghouse with dependent's name, school name and semesters/quarters enrolled that include the current term. (http://www.studentclearinghouse.org/)

Change in Employment Status of Employee that Affects Eligibility:

Action/Event	Medical	Dental/Vision	Required Documentation
Commencement of employment or other change in employment status.[1] • Commence employment[2] (medical) • Employee reaches 1 year of continuous service (dental/vision)[1]	• Employee may enroll self and any eligible dependents.	• Employee may enroll self and any eligible dependents.	☐ Documentation listed above for dependents being added
Change in Employment Status • Approved Extended Leave of Absence (No-pay)	• Employee can drop coverage for self and covered dependents. Employee may re-enroll for coverage upon return from leave.	• If enrolled, employee can drop coverage for self and covered dependents. Employee may re-enroll for coverage upon return from leave.	**Not Applicable**
Loss Of Other Coverage • COBRA Coverage Exhausted Or[1] • Lose Eligibility For Other Coverage[1]	• Employee may elect coverage for themselves, a spouse, or a dependent that has lost other coverage.	• Employee may elect coverage for themselves, spouse, or dependent that has lost other coverage.	☐ Proof of loss of coverage with effective date ☐ Documentation listed above for dependents being added
Loss of Medicaid or CHIP[3]	• Employee may elect coverage for self or dependent that lost coverage.	• If eligible, employee may elect coverage for self or dependent that lost coverage.	☐ Proof of loss of coverage with effective date ☐ Documentation listed above for dependents being added
Eligibility For Assistance under Medicaid or CHIP[3]	• Employee may elect coverage for self or dependent.	• If eligible, employee may elect coverage for self or dependent.	☐ Proof of loss of coverage with effective date ☐ Documentation listed above for dependents being added

[1] The event must trigger a change in eligibility for coverage under the plan.
[2] If rehired within 31 days, prior elections will be reinstated. If rehired after 31 days of termination, employee may make new election for medical.
[3] Please check with Medicaid for enrollment requirements.

Special Enrollment Events:

Action/Event	Medical	Dental/Vision	Required Documentation
Loss Of Other Coverage • COBRA Coverage Exhausted[4]; **OR** • Lose Eligibility For Other Coverage[4]	• Employee may elect coverage for themselves, a spouse, or a dependent that has lost other coverage.	• Employee may elect coverage for themselves, spouse, or dependent that has lost other coverage.	☐ Proof of loss of coverage with effective date ☐ Documentation listed above for dependents being added
Loss of Medicaid or CHIP[5]	• Employee may elect coverage for self or dependent that lost coverage.	• If eligible, employee may elect coverage for self or dependent that lost coverage.	☐ Proof of loss of coverage with effective date ☐ Documentation listed above for dependents being added
Eligibility For Assistance under Medicaid or CHIP[5]	• Employee may elect coverage for self or dependent.	• If eligible, employee may elect coverage for self or dependent.	☐ Proof of loss of coverage with effective date ☐ Documentation listed above for dependents being added
Eligibility Under Federal or State Exchange	• Employee may drop coverage to enroll in the exchange for self (along with any covered dependent) whose coverage will cease due to the revocation.	• If enrolled, employee may drop coverage for self and covered dependents.	☐ Proof of enrollment in Exchange

FMLA and USERRA Leave:

Action/Event	Medical	Dental/Vision	Required Documentation
Employee's Commencement Of FMLA or USERRA Leave	• Employee may stop election and make another election as provided under FMLA or USERRA	• If enrolled, employee may stop election and make another election as provided under FMLA or USERRA	Not applicable
Employee's Return From FMLA or USERRA Leave	• Employee may re-enroll if coverage terminated while on FMLA or USERRA leave.	• If eligible, employee may re-enroll if coverage terminated while on FMLA or USERRA leave.	Not applicable

[4] The event must trigger a change in eligibility for coverage under the plan.
[5] Please check with Medicaid for enrollment requirements.

Court Order:

Action/Event	Medical	Dental/Vision	Required Documentation
Order That Requires Coverage for Child Under Employee's Plan • Divorce • Legal Separation • Annulment • Change in legal custody	• Employee may enroll child, or may enroll self and child to provide coverage for the child.	• If enrolled, employee may enroll child, or may enroll self and child to provide coverage for the child.	☐ Court documents signed by a judge ☐ Documentation listed above for dependents being added
Order That Requires Spouse, Former Spouse, or Other Individual to Provide Coverage for the Child[6]	• Employee may drop coverage for child.	• Employee may drop coverage for child.	☐ Court documents signed by a judge ☐ Documentation listed above for dependents being added

Medicare or Medicaid:

Action/Event	Medical	Dental/Vision	Required Documentation
Employee, Spouse, or Dependent Becomes Entitled to Medicare or Medicaid	• Employee may drop coverage for self, spouse, or dependent(s), as applicable.	• If enrolled, employee may drop coverage for self, spouse, or dependent(s), as applicable.	☐ Proof of eligibility for coverage with effective date
Employee, Spouse, or Dependent Loses eligibility for Medicare or Medicaid	• Employee may enroll for self, spouse, or dependent(s) as applicable	• If eligible, employee may enroll self, spouse, or dependent(s) as applicable	☐ Proof of loss of coverage with effective date ☐ Documentation listed above for dependents being added

Change in Cost:

Action/Event	Medical	Dental/Vision	Required Documentation
Significant[7] Cost Changes - Increase/ Decrease • Employee's work hours change from part-time to full-time, full-time to part-time or among part-time tiers.	• If there is a significant cost increase, the employee may drop coverage for self and/or any covered dependents. • If there is a significant cost decrease, the employee may elect coverage for self and any eligible dependents (even if the employee has not previously enrolled.)	• Not applicable	☐ Proof of eligibility for/loss of coverage with effective date Dropping coverage • Part-Time Employee Confirmation Letter Adding coverage (one of the following) • Part-Time Employee Confirmation Letter • Job Change notification letter from agency

Change in Coverage Under Another Employer's Plan:

Action/Event	Medical	Dental/Vision	Required Documentation
Change In Coverage Under Another Employer's Plan[8] • Open Enrollment Under Other Employer's Plan • Other Employer's Plan Increases Coverage	• Employee may enroll spouse or dependents if spouse or dependents have dropped coverage under the other employer's plan and elected coverage under the State plan. • Employee may change existing State coverage and enroll for coverage for self, spouse, or dependents if employee or spouse has elected coverage under other employer's plan. • Employee may remove spouse or dependent(s) from coverage if spouse or dependent(s) enrolls in the other employer's plan during its open enrollment period (only if the other employer's plan	• If eligible, employee may enroll spouse or dependents if spouse or dependents have dropped coverage under the other employer's plan and elected coverage under the State plan. • If enrolled, employee may change existing State coverage and enroll for coverage for self, spouse, or dependents if employee or spouse has elected coverage under other employer's plan. • If enrolled, employee may remove spouse or dependent(s) from coverage if spouse or dependent(s) enrolls in the other employer's plan during its open enrollment period (only if the	☐ Documentation listed above for dependents being added ☐ Proof of eligibility for/loss of coverage with effective date Dropping Coverage • Enrollment Letter from dependent's employer or insurance company Adding Coverage • Certificate of Coverage from dependent's insurance

[7]The Plan Administrator shall, in its sole and absolute discretion, determine what constitutes a "significant" change

[8] Election change must be on account of and correspond with the change in coverage under the other employer's plan.

	benefit year is different than the State's.)	other employer's plan benefit year is different than the State's.)	

CHANGES IN STATUS (FOR DEPENDENT)

Change in Employment Status of Spouse or Dependent That Affects Eligibility:

Action/Event	Medical	Dental/Vision	Required Documentation
Commencement of employment or other change in employment status[9]	• Employee may drop coverage if added to spouse's coverage. • Employee may remove spouse or dependent from coverage.	• Employee may drop coverage if added to spouse's coverage. • If enrolled, employee may remove spouse or dependent from coverage.	☐ Documentation listed above for dependents being added ☐ Proof of eligibility for coverage with effective date • Enrollment Letter/ID card
Termination of Employment or Other Change in Employment Status	• Employee may enroll if previously covered under spouse's coverage. • Employee may enroll spouse or dependent that loses eligibility.	• If eligible, employee may enroll if previously covered under spouse's coverage. • Employee may enroll spouse or dependent that loses eligibility.	☐ Documentation listed above for dependents being added ☐ Proof of loss of coverage with effective date • Certificate of Coverage
Dependent Satisfies Eligibility Requirements Under The Plan	• Employee may enroll affected dependent.	• Employee may enroll affected dependent.	☐ Required documents for applicable dependent category above
Dependent Ceases To Satisfy Eligibility Requirements Under The Plan. [10] • Attainment of specified age • Change in student status[11]	• Employee must drop coverage for affected dependent.	• If enrolled, employee must drop coverage for affected dependent.	☐ Proof of change in status and effective date • Birth certificate • Loss of student status ○ Affidavit of Student Status (ADM 4729)

[9] Event must trigger a change in eligibility for coverage under the employer plan of the spouse or dependent.
[10] HB1 eligibility requirements pertain to medical coverage only.
[11] This is an event for Dental and Vision only; it is not a valid event for medical.

Action/Event	Medical	Dental/Vision	Required Documentation
Dependent Ceases To Meet HB1 Child Eligibility Requirements	• Employee must drop coverage for affected HB1 Child.	• Not applicable	• Proof of change in status and effective date • Birth certificate • Loss of full-time student status ○ Affidavit of Student Status (ADM 4729) • Marriage certificate • Proof of residency change