REQUIRED DOCUMENTS FOR ADDING AND MAINTAINING DEPENDENTS

OhioDAS

An employee may enroll a dependent in State of Ohio health benefits during Open Enrollment. A dependent may also be enrolled 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 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. 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.

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**	☐ 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** ☐ Required forms for the applicable dependent type **Note: Union members adding dependents for dental/vision coverage must complete the Verification Form (DAS-BAS 4020) in addition to the Dental and Vision Enrollment and Change Form**
		Click on one of the following to see the required documentation: ☐ Spouse ☐ Common Law Spouse ☐ Biological child under 26 ☐ Adopted child under 26 ☐ Stepchild under 26 ☐ Foster child under 26 ☐ Child under age 26 for whom the employee is the legal guardian ☐ Dental/Vision dependent children ages 19-22 ☐ Disabled dependent ☐ HB 1 Dependents

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OhioDAS

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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)

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OhioDAS

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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
Biological child under age 26	☐ Biological child under 26	**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. **Note: For dental/vision requirements for biological children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22**

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OhioDAS

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Adopted child under age 26	☐ Adopted child under 26 (legal adoption or in anticipation of a legal adoption)	**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**
Stepchild under age 26	☐ Stepchild under 26	**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	☐ Foster child under 26 **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 **Note: For dental/vision requirements for foster children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22**

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Child under age 26 for whom the employee is legal guardian	☐ Child under 26 **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 **Note: For dental/vision requirements for legal guardianship children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22**
Disabled dependent	☐ 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 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:*** *Application must be made within five years following the loss of coverage.*
Spouse or dependent that resides outside of the country	☐ **Any dependent category listed above**	**You must submit the required document(s) proof for one of the following dependent categories as noted above; AND** ☐ Visa or passport with date stamp within the last 31 days

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OhioDAS

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Dental/Vision dependent children ages 19-22	☐ Biological, adopted, stepchild, or child for whom employee is legal guardian between ages 19-22 **AND** ☐ Unmarried	**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) **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/) ***Note: The above 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.*** ***Letter, transcript, or verification certificate must show that the student has attended classes for two out of three semesters or three out of four quarters during the most recent 12-month period.*** ***The state will conduct random audits for proof of student enrollment. School schedule and grades are not acceptable proof of current enrollment.***

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OhioDAS

DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
HB 1 Dependents	☐ 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 (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 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/) **Note**: *Periodically you will be asked to provide updated documentation showing your dependent remains eligible for HB1 coverage*