

## REQUIRED DOCUMENTS FOR ADDING AND MAINTAINING 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 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	<input type="checkbox"/> <a href="#">Benefit Enrollment and Change Form (ADM4717)</a> <b>AND/OR</b> the Dental and Vision Enrollment and Change Form located at <a href="http://www.benefitstrust.org/forms.htm">http://www.benefitstrust.org/forms.htm</a> (union members) <b>AND</b>  <input type="checkbox"/> Required forms for the applicable dependent type  <b>Note: Union members adding dependents for dental/vision coverage must complete the <a href="#">Verification Form (DAS-BAS 4020)</a> in addition to the Dental and Vision Enrollment and Change Form</b>
		<b>Click on one of the following to see the required documentation:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Common Law Spouse <input type="checkbox"/> Biological child under 26 <input type="checkbox"/> Adopted child under 26 <input type="checkbox"/> Stepchild under 26 <input type="checkbox"/> Foster child under 26 <input type="checkbox"/> Child under age 26 for whom the employee is the legal guardian <input type="checkbox"/> Dental/Vision dependent children ages 19-22 <input type="checkbox"/> Disabled dependent <input type="checkbox"/> HB 1 Dependents

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Spouse	<input type="checkbox"/> A current legal spouse	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Page 1 AND signature page of employee’s prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse as dependent</li> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> Prior year IRS e-file Signature Authorization including PIN number and both spouses’ names and signatures</li> </ul> <p><b><u>OR</u></b></p> <hr/> <p><input type="checkbox"/> Marriage certificate (or the document the county certifies)</p> <p><b><u>AND</u></b></p> <p><b>One of the following proof of current (within last 6 months) joint tenancy:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of joint ownership of residence or other real estate</li> <li><input type="checkbox"/> Proof that employee and spouse are both listed on a lease or share the rent of a home or other property</li> <li><input type="checkbox"/> Proof of a jointly-owned bank account, financial account, or utility bill listing both employee and spouse at same address</li> <li><input type="checkbox"/> 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</li> </ul> <p><b><u>OR</u></b></p> <hr/> <p><b>For marriage in the last 12 months:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Marriage Certificate (or the document the county certifies)</li> </ul>

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<b>Common Law Spouse</b>	<input type="checkbox"/> Relationship began prior to October 10, 1991 (if relationship began in Ohio)	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Affidavit of Common Law Marriage (ADM 4731)</a></li> <li><input type="checkbox"/> Certificate of Common Law Marriage issued by a state or local government</li> </ul> <p><b>AND</b></p> <p><b>One of the following dated within the last six months:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of joint ownership of residence or other real estate</li> <li><input type="checkbox"/> Proof that employee and spouse are both listed on a lease or share the rent of a home or other property</li> <li><input type="checkbox"/> Proof of a jointly-owned bank account, financial account, or utility bill listing both employee and spouse at same address</li> <li><input type="checkbox"/> 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</li> </ul>
<b>Biological child under age 26</b>	<input type="checkbox"/> Biological child under 26	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent</li> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> Qualified Medical Child Support Order (QMCSO)</li> </ul> <p><b>Note:</b> For newborns, employee must initiate the enrollment process by submitting the <a href="#">Benefit Enrollment and Change Form (ADM4717)</a> within 31days of birth. Employees must submit required documentation within 31 days of receipt. Please refer to the <a href="#">Benefit Enrollment and Change Form (ADM4717)</a> for specific requirements.</p> <p><b>Note: For dental/vision requirements for biological children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</b></p>

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<b>Adopted child under age 26</b>	<input type="checkbox"/> Adopted child under 26 (legal adoption or in anticipation of a legal adoption)	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent</li> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> Court documents with court signature showing that the employee or spouse has adopted the child</li> <li><input type="checkbox"/> International adoption papers from country of adoption</li> <li><input type="checkbox"/> Papers from the adoption agency showing intent to adopt</li> </ul> <p><b>Note: For dental/vision requirements for adopted children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</b></p>
<b>Stepchild under age 26</b>	<input type="checkbox"/> Stepchild under 26	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the stepchild as dependent</li> <li><input type="checkbox"/> 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</li> </ul> <p><b>OR</b></p> <p style="text-align: center;"><b>Both of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Marriage Certificate (or the document the county certifies) to show spouse is married to employee</li> <li><input type="checkbox"/> 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</li> </ul> <p><b>Note: For dental/vision requirements for stepchildren ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</b></p>
<b>Foster child under age 26</b>	<input type="checkbox"/> Foster child under 26 <b>AND</b> <input type="checkbox"/> Employee or spouse is foster parent	<p><b>One of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Court documents signed by a judge verifying employee or spouse has responsibility for foster child</li> <li><input type="checkbox"/> Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the foster child as dependent</li> <li><input type="checkbox"/> 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</li> </ul> <p><b>Note: For dental/vision requirements for foster children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</b></p>

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<b>Child under age 26 for whom the employee is legal guardian</b>	<input type="checkbox"/> Child under 26 <b>AND</b> <input type="checkbox"/> Employee or spouse is legal guardian	<b>One of the following:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Court documents signed by a judge appointing employee or spouse as legal guardian</li> <li><input type="checkbox"/> Page 1 and signature page of employee's prior year Federal Income Tax Return (1040, 1040A, or 1040EZ) listing the child as dependent</li> <li><input type="checkbox"/> 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</li> </ul> <b>Note: For dental/vision requirements for legal guardianship children ages 19-22 see dependent type Dental/Vision Dependent Children ages 19-22</b>
<b>Disabled dependent</b>	<input type="checkbox"/> 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	You must submit the required documentation for one of the following dependent categories as noted above: <ul style="list-style-type: none"> <li><input type="checkbox"/> Biological child</li> <li><input type="checkbox"/> Adopted child</li> <li><input type="checkbox"/> Stepchild</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Approval for disability status from the health plan</li> </ul> To obtain the health plan's disability form, please go to <a href="http://das.ohio.gov/Divisions/HumanResources/HRDDownloadableForms.aspx">http://das.ohio.gov/Divisions/HumanResources/HRDDownloadableForms.aspx</a> <p><i><b>Note:</b> Application must be made within five years following the loss of coverage.</i></p>
<b>Spouse or dependent that resides outside of the country</b>	<input type="checkbox"/> <b>Any dependent category listed above</b>	<b>You must submit the required document(s) proof for one of the following dependent categories as noted above; AND</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Visa or passport with date stamp within the last 31 days</li> </ul>

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<p><b>Dental/Vision dependent children ages 19-22</b></p>	<p><input type="checkbox"/> Biological, adopted, stepchild, or child for whom employee is legal guardian between ages 19-22</p> <p><b>AND</b></p> <p><input type="checkbox"/> Unmarried</p>	<p><b>You must submit the required document(s) proof for one of the following dependent categories as noted above:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biological child</li> <li><input type="checkbox"/> Adopted child</li> <li><input type="checkbox"/> Stepchild</li> <li><input type="checkbox"/> Foster Child</li> <li><input type="checkbox"/> Child for whom the employee is legal guardian</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">Affidavit of Student Status (ADM 4729)</a></li> </ul> <p><b>One of the following forms of proof of qualified student status:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> 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</li> <li><input type="checkbox"/> 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. (<a href="http://www.studentclearinghouse.org/">http://www.studentclearinghouse.org/</a>)</li> </ul> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>The state will conduct random audits for proof of student enrollment. School schedule and grades are not acceptable proof of current enrollment.</i></p>

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<p><b>HB 1 Dependents</b></p>	<p><input type="checkbox"/> Biological, step, or adopted child of an employee</p> <p><b>AND</b></p> <p><input type="checkbox"/> Age 26 or 27</p> <p><b>AND</b></p> <p><input type="checkbox"/> Unmarried</p> <p><b>AND</b></p> <p><input type="checkbox"/> Not employed by an employer that offers any health benefit plan under which the child is eligible for coverage</p> <p><b>AND</b></p> <p><input type="checkbox"/> Not eligible for Medicare or Medicaid</p> <p><b>AND (one of the following):</b></p> <p><input type="checkbox"/> A full-time student at an accredited public or private institution of higher education</p> <p><b>OR</b></p> <p><input type="checkbox"/> A resident of Ohio</p>	<p><b>You must submit the required document(s) proof for one of the following dependent categories as noted above:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biological child</li> <li><input type="checkbox"/> Adopted child</li> <li><input type="checkbox"/> Stepchild</li> </ul> <p><b>AND</b></p> <hr/> <p><input type="checkbox"/> <a href="#">HB1 Affidavit</a></p> <p><b>AND</b></p> <hr/> <p><b>One item from one of the categories below (Ohio resident or full-time student):</b></p> <p><b>If a resident of Ohio, one of the following forms of proof is required:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Copy of driver’s license/State-issued Identification Card</li> <li><input type="checkbox"/> Utility bill</li> <li><input type="checkbox"/> Lease/mortgage</li> </ul> <p><b>OR</b></p> <p><b>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;</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A letter from the registrar with the dependent’s name, statement of current <u>full-time</u> enrollment and school phone number</li> <li><input type="checkbox"/> A transcript with the dependent’s name, school name, indication of current <u>full-time</u> enrollment and school phone number</li> <li><input type="checkbox"/> 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. (<a href="http://www.studentclearinghouse.org/">http://www.studentclearinghouse.org/</a>)</li> </ul> <p><b>Note:</b> <i>Periodically you will be asked to provide updated documentation showing your dependent remains eligible for HB1 coverage</i></p>