

REQUIRED DOCUMENTS FOR ADDING 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 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	<input type="checkbox"/> 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	<input type="checkbox"/> A current legal spouse	<p>One of the following:</p> <ul style="list-style-type: none"> <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 <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 <input type="checkbox"/> Prior year IRS e-file Signature Authorization including PIN number and both spouses' names and signatures <p><u>OR</u></p> <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> Marriage certificate (or the document the county certifies) <p><u>AND</u></p> <p>One of the following proof of current (within last 6 months) joint tenancy:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of joint ownership of residence or other real estate <input type="checkbox"/> Proof that employee and spouse are both listed on a lease or share the rent of a home or other property <input type="checkbox"/> Proof of a jointly-owned bank account, financial account, or utility bill listing both employee and spouse at same address <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 <p><u>OR</u></p> <hr/> <p>For marriage in the last 12 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Marriage Certificate (or the document the county certifies)

REQUIRED DOCUMENTS FOR ADDING DEPENDENTS



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