

## 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/change in status 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 benefits representative and submit the required documentation listed below within 31 calendar days of the qualifying/change in status event. You may initiate the enrollment process without submitting all the required documentation within 31 days of the qualifying/change in status event if certain criteria are met. Please refer to the [Verification Form \(DAS-BAS 4020\)](#) 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.**

## REQUIRED DOCUMENTS FOR ADDING DEPENDENTS



DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
<b>All</b>	<b>All Dependents</b>	<input type="checkbox"/> <a href="#">Verification form</a> <b>AND</b> <a href="#">Medical Benefit Enrollment and Change Form (ADM4717)</a> <b>OR</b> <a href="#">Dental and Vision Enrollment and Change Form (ADM 4720)</a> (exempts) or go to the Union Benefits Trust website at <a href="http://www.benefitstrust.org/forms">www.benefitstrust.org/forms</a> (union members) <b>AND</b>
<b>HB 1 Dependents</b>	<input type="checkbox"/> Biological, step, or adopted child of an employee <b>AND</b> <input type="checkbox"/> Age 26 or 27 <b>AND</b> <input type="checkbox"/> Unmarried <b>AND</b> <input type="checkbox"/> Not employed by an employer that offers any health benefit plan under which the child is eligible for coverage <b>AND</b> <input type="checkbox"/> Not eligible for Medicare or Medicaid <b>AND (one of the following):</b> <input type="checkbox"/> A full-time student at an accredited public or private institution of higher education <b>OR</b> <input type="checkbox"/> A resident of Ohio	<p><b>You must submit the required document(s) proof for one of the following dependent categories as noted above:</b></p> <input type="checkbox"/> Biological child <input type="checkbox"/> Adopted child <input type="checkbox"/> Stepchild <b>AND</b> <input type="checkbox"/> <a href="#">HB1 Affidavit</a> <b>AND</b>

**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

**Note:** Periodically you will be asked to provide updated documentation showing your dependent remains eligible for HB1 coverage