

## 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.**

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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> <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> <p><b>One item from one of the categories below (Ohio resident or full-time student):</b>  <b>If a resident of Ohio, one of the following forms of proof is required:</b></p> <input type="checkbox"/> Copy of drivers license <input type="checkbox"/> Utility bill <input type="checkbox"/> Lease/mortgage <b>OR</b> <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> <input type="checkbox"/> A letter from the registrar with the dependent's name, statement of current full-time enrollment and school phone number <input type="checkbox"/> A transcript with the dependent's name, school name, indication of current full-time enrollment and school phone number <b>Note: Periodically you will be asked to provide updated documentation showing your dependent remains eligible for HB1 coverage</b>