

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"/> 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 <input type="checkbox"/> Required forms for the applicable dependent type <p>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</p>

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
<p>HB 1 Dependents</p>	<p><input type="checkbox"/> Biological, step, or adopted child of an employee</p> <p>AND</p> <p><input type="checkbox"/> Age 26 or 27</p> <p>AND</p> <p><input type="checkbox"/> Unmarried</p> <p>AND</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>AND</p> <p><input type="checkbox"/> Not eligible for Medicare or Medicaid</p> <p>AND (one of the following):</p> <p><input type="checkbox"/> A full-time student at an accredited public or private institution of higher education</p> <p>OR</p> <p><input type="checkbox"/> A resident of Ohio</p>	<p>You must submit the required document(s) proof for one of the following dependent categories as noted above:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Biological child <input type="checkbox"/> Adopted child <input type="checkbox"/> Stepchild <p>AND</p> <hr/> <ul style="list-style-type: none"> <input type="checkbox"/> HB1 Affidavit <p>AND</p> <hr/> <p>One item from one of the categories below (Ohio resident or full-time student):</p> <p>If a resident of Ohio, one of the following forms of proof is required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of driver's license/State-issued Identification Card <input type="checkbox"/> Utility bill <input type="checkbox"/> Lease/mortgage <p>OR</p> <p>If a full-time student, proof of <u>full-time</u> enrollment in an accredited public or private institution of higher learning by way of one of the following;</p> <ul style="list-style-type: none"> <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 <input type="checkbox"/> A transcript with the dependent's name, school name, indication of current <u>full-time</u> enrollment and school phone number <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. (http://www.studentclearinghouse.org/) <p>Note: <i>Periodically you will be asked to provide updated documentation showing your dependent remains eligible for HB1 coverage</i></p>