

## 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
<b>All</b>	<b>All Dependents</b>	<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.benefittrust.org/forms.htm">http://www.benefittrust.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 Verification Form (DAS-BAS 4020) in addition to the Dental and Vision Enrollment and Change Form</b>

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
<b>Spouse</b>	<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>
<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><u>AND</u></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>