

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) OR Dental and Vision Enrollment and Change Form (ADM 4720) AND <input type="checkbox"/> Required forms for the applicable dependent type |

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| DEPENDENT TYPE | ELIGIBILITY (check all applicable boxes) | REQUIRED DOCUMENT(S) FOR VERIFICATION |
|--|--|---|
| <p>Student (19-22 years of age)</p> | <p><input type="checkbox"/> Unmarried dependent under age 23 who falls under one of the previously listed categories</p> <p>AND</p> <p><input type="checkbox"/> A student at an accredited (licensed) school, college, or university.</p> | <p>You must submit the required document(s) proof for one of the following dependent categories as noted above:</p> <p><input type="checkbox"/> Biological child</p> <p><input type="checkbox"/> Adopted child</p> <p><input type="checkbox"/> Stepchild</p> <p><input type="checkbox"/> Foster child</p> <p><input type="checkbox"/> Child for whom the employee or spouse is legal guardian</p> <p>AND</p> <p><input type="checkbox"/> Annual Affidavit of Student Status (ADM 4729)</p> <p>AND</p> <p>One of the following forms of proof of qualified student status:</p> <p><input type="checkbox"/> A letter from the registrar with the dependent's name showing current enrollment. If the birthday occurs during a standard school break (e.g. summer), the letter from the registrar must show enrollment in the previous term.</p> <p><input type="checkbox"/> A transcript with the dependent's name, school name, and semesters/quarters enrolled that include the current term. If the birthday occurs during a standard school break (e.g. summer), the transcript must show enrollment in the previous term.</p> <p><input type="checkbox"/> For student subject to Michelle's Law on medically necessary leave of absence beginning on or after 7/1/2010: Medical documentation</p> <p>Note: <i>The State will annually request proof of school enrollment and a completed Affidavit of Student Status. If the required proof is not provided, coverage ends on the last day of the birthday month.</i></p> |