VERIFICATION FORM FOR ADDING OR DROPPING DEPENDENT BENEFITS

You are responsible for enrolling/disenrolling a dependent that becomes eligible/ineligible under the plan provisions. You must notify your agency's benefits representative and submit the required documentation within 31 calendar days of the change in qualifying/change in status event. Please review the "Required Documents Worksheet for Adding and Dropping Dependents" and confirm your dependents are eligible or not eligible for coverage by completing the information below and providing the documentation required on the document list. Please only complete the last column if disenrolling a dependent. All other columns must be completed. **Please return the completed form with required documents to your agency benefits specialist.**

Employee Name (print) _____ **State of Ohio User ID** _____

Date of Event for Enrolling/Disenrolling Dependent: _____

Dependent Name	Relationship	Dependent Type	Is dependent eligible for coverage?	Reason for disenrolling dependent
	Spouse	☐ Legally Married ☐ Common Law	☐ Yes ☐ No	☐ Death ☐ Divorce ☐ Legal Separation ☐ Other Coverage
	Child	☐ Biological ☐ Adopted ☐ Stepchild ☐ Foster Child ☐ Legal Guardianship ☐ QMSCO ☐ House Bill 1 ☐ Student (dental/vision)	☐ Yes ☐ No	☐ Death ☐ End of QMSCO ☐ No longer eligible for coverage ☐ Other Coverage
	Child	☐ Biological ☐ Adopted ☐ Stepchild ☐ Foster Child ☐ Legal Guardianship ☐ QMSCO ☐ House Bill 1 ☐ Student (dental/vision)	☐ Yes ☐ No	☐ Death ☐ End of QMSCO ☐ No longer eligible for coverage ☐ Other Coverage
	Child	☐ Biological ☐ Adopted ☐ Stepchild ☐ Foster Child ☐ Legal Guardianship ☐ QMSCO ☐ House Bill 1 ☐ Student (dental/vision)	☐ Yes ☐ No	☐ Death ☐ End of QMSCO ☐ No longer eligible for coverage ☐ Other Coverage

Dependent Name	Relationship	Dependent Type	Is dependent eligible for coverage?	Reason for disenrolling dependent
	Child	☐ Biological ☐ Adopted ☐ Stepchild ☐ Foster Child ☐ Legal Guardianship ☐ QMSCO ☐ House Bill 1 ☐ Student (dental/vision)	☐ Yes ☐ No	☐ Death ☐ End of QMSCO ☐ No longer eligible for coverage ☐ Other Coverage
	Child	☐ Biological ☐ Adopted ☐ Stepchild ☐ Foster Child ☐ Legal Guardianship ☐ QMSCO ☐ House Bill 1 ☐ Student (dental/vision)	☐ Yes ☐ No	☐ Death ☐ End of QMSCO ☐ No longer eligible for coverage ☐ Other Coverage

If you are unable to obtain certain documents (e.g. birth or marriage certificate) within the required deadline, you may initiate the enrollment/disenrollment process without submitting all the required documentation. See the requirements below -- if you do not meet these requirements your change request will be denied.

- You must *initiate* the enrollment/disenrollment process and submit as much documentation as possible within 31 days of the qualifying/change in status event; and
- You must provide a valid reason with your submission as to why documentation is missing, along with an estimated date when it will be available; and
- You must submit the required documentation within 31 days from the receipt of the document to your agency for processing.

If you believe this situation applies to you, please include the name of the delayed document, reason for the delay and an estimated date of when the document will be available below.

Missing Document: _____

Reason:_____

Estimated date of document submission: _____

Please note: The coverage change will not be processed until all forms are received and approved.

Contact Information

Please provide the following information where you can be reached if we have questions about your dependent's eligibility for benefits coverage.

Telephone: _____ Best time to call: _____

E-mail Address: _____

Mailing Address: _____

_____

By signing this form, I attest that I have reviewed the Dependent Eligibility Definitions and that the information I am submitting is true and accurate. I understand that knowingly providing false or misleading information in this form 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.

_____ _____

Signature Date