

CHANGES IN STATUS/QUALIFYING EVENTS/REQUIRED DOCUMENTS MATRIX for Death Benefit Fund (DBF) Recipients

Pursuant to Senate Bill 296, surviving spouses and dependents receiving benefits from the Ohio Public Safety Officers Death Benefit Fund (the Fund) are eligible to enroll in the State of Ohio's benefit plans for medical, dental, and vision coverage.

DBF recipients may generally make changes to their benefit elections during applicable open enrollment periods, subject to any eligibility requirements. Changes made outside of open enrollment may also occur due to a change in status/qualifying event or change of dependent status during the plan year (e.g. student status change events related to dental and/or vision coverage, etc.).

Regarding coverage for dependents, the DBF recipient is responsible for enrolling/disenrolling a dependent under the plan's provisions. You must: notify the DAS Benefits Management Team; initiate and submit a change request; and, submit available required documentation within 31 calendar days of the change in status/qualifying event. If you are unable to obtain certain required documents (e.g., birth certificate) within the required deadline, the plan may allow for additional time to obtain those documents – provided certain criteria/requirements are satisfied. Please refer to the *DBF Recipient Benefit Enrollment and Change Form (ADM 4717D)* for specific requirements regarding this process. It is important to note: you are still required to initiate the enrollment process within 31 calendar days of the change in status/qualifying event; and, your dependents will remain ineligible for benefit coverage until all required documentation has been submitted.

For all qualifying events, the effective date of coverage will be the first of the month following the date of the event.

The following matrix of qualifying events is intended to provide DBF recipients and their dependents with information about the events that may authorize, and in some cases require, a change to their benefit elections, as well as information about the changes that may be made based on those events. Questions, including those about eligibility, changes in status, changes that must be made, and the deadlines within which changes must be made, should be directed to the DAS Benefits Management Team at 1-800-409-1205, option 2.

New DBF recipients (April 30, 2019 or after) are eligible for medical coverage after the disbursement funds are approved by the Ohio Police & Fire Pension Fund. This approval can take up to 12 weeks; if approved, coverage will be retroactive to coincide with the approval. DBF recipients are also eligible for dental and vision coverage one year after the receipt of the application by OP&F.

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) collection action to recoup payments of benefits and claims paid for individuals determined to be ineligible dependents; and/or 2) civil and/or criminal prosecution.

THIS MATRIX IS INFORMATIONAL ONLY: This information is not intended to be exhaustive of all possible events, but is illustrative of the more common situations DBF recipients and their dependents may face. Additionally, this matrix does not preclude the plan from taking different actions in unusual circumstances where the plan determines such actions are legally permissible and otherwise appropriate.

All Change in Status/Qualifying Events:

Action/Event	Required Documentation
All Changes	<input type="checkbox"/> DBF Recipient Benefit Enrollment and Change Form (ADM 4717D) AND <input type="checkbox"/> All required forms for the applicable dependent and event type

Change in Number of Eligible Dependents:

Action/Event	Medical	Dental/Vision	Required Documentation
DBF recipient gains dependent(s) <ul style="list-style-type: none"> • Birth (must be the biological child of the deceased) 	<ul style="list-style-type: none"> • DBF recipients may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. 	<ul style="list-style-type: none"> • If eligible, DBF recipients may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. 	<p>Biological Child under age 26 for medical; under age 19 for dental/vision</p> <p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The child's birth certificate, Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240) or certification of Birth Abroad (FS-240). If in a foreign language, translation must accompany the document. <input type="checkbox"/> Qualified Medical Child Support Order (QMCSO) <p>Note: For newborns, DBF recipients must initiate the enrollment process by submitting the DBF Recipient <i>Benefit Enrollment and Change Form (ADM 4717D)</i> within 31 days of birth. The Hospital Birth Record must be provided within 31 days of the birth to the DAS Benefits Management Team. The Hospital Birth Record must contain the name of the DBF recipient, name of the child and date of birth. For the child(ren) to remain enrolled, the DBF recipient must submit the birth certificate within 60 days of the birth.</p> <p>DBF recipients must submit required documentation within 31 days of the birth for the dependent to be eligible for benefits. Please refer to the DBF Recipient <i>Benefit Enrollment and Change Form (ADM 4717D)</i> for specific requirements.</p> <p>** Crib cards are unacceptable forms of proof.</p>

Action/ Event	Medical	Dental/Vision	Required Documentation
<p>DBF recipient gains dependent(s)</p> <ul style="list-style-type: none"> Dental/Vision dependent children ages 19-22 (Qualified Students) 	<ul style="list-style-type: none"> DBF recipients may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. 	<ul style="list-style-type: none"> If eligible, DBF recipients may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. 	<p>You must submit the required document(s) for one of the following dependent categories as noted in a previous section:</p> <ul style="list-style-type: none"> Biological child <input type="checkbox"/> Affidavit of Student Status (ADM 4729) <p>AND</p> <p>One of the following forms of proof of qualified student status:</p> <ul style="list-style-type: none"> <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 <input type="checkbox"/> An official 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. <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: The documents are only required when an enrolled dependent turns age 19, a dependent is being added to coverage, or the documents are requested during an audit. The required documentation must show that the student is enrolled for the current term.</p> <p>School schedules and grades are not acceptable proof of current enrollment.</p>			
<p>Disability Certification</p> <p>Unmarried children who are incapable of self-support due to a disability and whose disability began before age 23 can continue coverage if they are determined by your respective medical physician to be physically or mentally handicapped. If you feel your dependent meets these requirements, please contact the DAS Benefits Management Team at 1-800-409-1205, option 2, requesting an Application for Continuation of Coverage form. The form will be specific to your assigned third-party administrator for medical coverage (i.e., Aetna, Anthem or Medical Mutual of Ohio), whether you are enrolled in medical coverage or not.</p>			

Special Enrollment Events:

Action/Event	Medical	Dental/Vision	Required Documentation
DBF recipient loses dependent(s) <ul style="list-style-type: none"> • Death • Legal guardianship ends 	<input type="checkbox"/> DBF recipients must remove the affected dependent only.	<input type="checkbox"/> If enrolled, DBF recipients must remove the affected dependent only.	
DBF recipient loses dependent due to gain of other coverage	<ul style="list-style-type: none"> • DBF recipients may remove the affected dependent only. 	<ul style="list-style-type: none"> • If enrolled, DBF recipients may remove the affected dependent only. 	<input type="checkbox"/> Enrollment letter that includes effective date of coverage; OR <input type="checkbox"/> Medical I.D. card that includes effective date of coverage.
Loss of Other Coverage <ul style="list-style-type: none"> • COBRA Coverage Exhausted¹ OR • Lose Eligibility for Other Coverage 	<ul style="list-style-type: none"> • DBF recipients may elect coverage for self or a dependent that has lost coverage. 	<ul style="list-style-type: none"> • DBF recipients may elect coverage for self or dependent that lost coverage. 	<input type="checkbox"/> Proof of loss of coverage with effective date <input type="checkbox"/> Documentation listed in previous section for dependents being added
Eligibility for Assistance under Medicare, Medicaid or CHIP¹	<ul style="list-style-type: none"> • DBF recipients may change coverage for self or dependent. 	<ul style="list-style-type: none"> • If eligible, DBF recipients may change coverage for self or dependent. 	<input type="checkbox"/> Proof of gain/loss of coverage with effective date <input type="checkbox"/> Documentation listed in previous section for dependents being added
Eligibility Under Federal or State Exchange	<ul style="list-style-type: none"> • DBF recipients may drop coverage to enroll in the exchange for self (along with any covered dependent) whose coverage will cease due to the revocation. 	<ul style="list-style-type: none"> • If enrolled, DBF recipients may drop coverage for self and covered dependents. 	<input type="checkbox"/> Proof of enrollment in the Exchange

¹ The event must trigger a change in eligibility for coverage under the plan.

Change in Coverage Under Another Employer's Plan:

Action/Event	Medical	Dental/Vision	Required Documentation
<p>Change in Coverage Under Another Employer's Plan²</p> <ul style="list-style-type: none"> • Open Enrollment Under Other Employer's Plan • Other Employer's Plan Increases Coverage 	<ul style="list-style-type: none"> • DBF recipients may enroll dependents if dependents have dropped coverage under the other employer's plan and elected coverage under the State plan. • DBF recipients may change existing State coverage and enroll for coverage for self and dependents if DBF recipient has elected coverage under another employer's plan. • DBF recipients may remove dependent(s) from coverage if dependent(s) enrolls in the other employer's plan during its open enrollment period (only if the other employer's plan benefit year is different than the State's.) 	<ul style="list-style-type: none"> • If eligible, DBF recipients may enroll dependents if dependents have dropped coverage under the other employer's plan and elected coverage under the State plan. • If enrolled, DBF recipients may change existing State coverage and enroll for coverage for self or dependents if DBF recipient has elected coverage under another employer's plan. • If enrolled, DBF recipients may remove dependent(s) from coverage if dependent(s) enrolls in the other employer's plan during its open enrollment period (only if the other employer's plan benefit year is different than the State's.) 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation listed in previous section for dependents being added <input type="checkbox"/> Proof of eligibility for/loss of coverage with effective date <p>Dropping Coverage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment Letter from dependent's employer or insurance company <p>Adding Coverage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Coverage from dependent's insurance

CHANGES IN STATUS (FOR DEPENDENT)

Action/Event	Medical	Dental/Vision	Required Documentation
<p>Dependent Satisfies Eligibility Requirements Under the Plan</p>	<ul style="list-style-type: none"> • DBF recipients may enroll affected dependent. 	<ul style="list-style-type: none"> • DBF recipients may enroll affected dependent. 	<ul style="list-style-type: none"> <input type="checkbox"/> Required documents for applicable dependent category in previous section
<p>Dependent Ceases to Satisfy Eligibility Requirements Under the Plan.</p> <ul style="list-style-type: none"> • Change in student status³ 	<ul style="list-style-type: none"> • DBF recipients must drop coverage for affected dependent. 	<ul style="list-style-type: none"> • If enrolled, DBF recipients must drop coverage for affected dependent. 	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of change in status and effective date <input type="checkbox"/> Loss of student status for dental and vision coverage only <ul style="list-style-type: none"> ▪ Diploma ▪ National Student Clearinghouse which indicates last date attended or letter from the registrar's office

² Election change must be on account of and correspond with the change in coverage under the other employer's plan.

³This is an event for Dental and Vision only; it is not a valid event for medical.