

DEFINITIONS AND REQUIRED DOCUMENTS FOR DEPENDENT ELIGIBILITY



Use this checklist for submitting documents to verify your dependent's eligibility.

Please do not send original documents. Mark out any Social Security numbers and financial information on the copies of documents you submit.

DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
All	All Dependents	<input type="checkbox"/> Verification form AND the required documents for the following:
Spouse	<input type="checkbox"/> A current legal spouse	<p>One of the following:</p> <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 <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 <input type="checkbox"/> Prior year IRS e-file Signature Authorization including PIN number and both spouses' names and signatures
		<p>OR</p> <hr/> <input type="checkbox"/> Marriage Certificate (or the document the county certifies)
		<p>AND</p> <p>One of the following proof of current (within last 6 months) joint tenancy:</p> <input type="checkbox"/> Proof of joint ownership of residence or other real estate <input type="checkbox"/> Proof that employee and spouse are both listed on a lease or share the rent of a home or other property <input type="checkbox"/> Proof of jointly-owned bank account, financial account, or utility bill listing both employee and spouse at same address <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
		<p>OR</p> <hr/> <p>For marriage in the last 12 months:</p> <input type="checkbox"/> Marriage Certificate (or the document the county certifies)

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Common Law Spouse	<input type="checkbox"/> Relationship began prior to October 10, 1991 (if relationship began in Ohio)	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Affidavit of Common Law Marriage (ADM 4731) <input type="checkbox"/> Certificate of Common Law Marriage issued by a state or local government <p>AND</p> <p>One of the following dated within the last six months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proof of joint ownership of residence or other real estate <input type="checkbox"/> Proof that employee and spouse are both listed on a lease or share the rent of a home or other property <input type="checkbox"/> Proof of jointly-owned bank account, financial account, or utility bill listing both employee and spouse at same address <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
Biological child under age 19	<input type="checkbox"/> Biological child under 19 AND <input type="checkbox"/> Unmarried	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1 AND signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent <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 child as dependent <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)
Adopted child under age 19	<input type="checkbox"/> Adopted child under 19 (legal adoption or in anticipation of a legal adoption) AND <input type="checkbox"/> Unmarried	<p>One of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Page 1 AND signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent <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 child as dependent <input type="checkbox"/> Court documents with court signature showing that the employee or spouse has adopted the child <input type="checkbox"/> International adoption papers from country of adoption <input type="checkbox"/> Papers from the adoption agency showing intent to adopt

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Stepchild under age 19	<input type="checkbox"/> Stepchild under 19 AND <input type="checkbox"/> Unmarried AND <input type="checkbox"/> Lives in the employee's home 50% or more of the time	One of the following: <input type="checkbox"/> Page 1 AND signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the stepchild as dependent <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 stepchild as dependent OR <hr/> All of the following: <input type="checkbox"/> Marriage Certificate (or the document the county certifies) to show spouse is married to employee <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) showing spouse is biological parent <input type="checkbox"/> Court approved document that evidences the child living with the employee at least 50% of the time
Foster child under age 19	<input type="checkbox"/> Foster child under 19 AND <input type="checkbox"/> Lives in the employee's home	One of the following: <input type="checkbox"/> Page 1 AND signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the foster child as dependent <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 foster child as dependent <input type="checkbox"/> Court documents with court signature verifying employee or spouse has responsibility for foster child
Child under age 19 for whom the employee is legal guardian	<input type="checkbox"/> Unmarried child under 19 AND <input type="checkbox"/> Lives in the employee's home AND <input type="checkbox"/> Employee is legal guardian	One of the following: <input type="checkbox"/> Page 1 AND signature page of employee's prior year Federal Income Tax Return (1040, 1040A or 1040EZ) listing the child as dependent <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 child as dependent <input type="checkbox"/> Court documents with court signature appointing employee or spouse as legal guardian

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Child under age 19 for whom the Plan has received a Qualified Medical Child Support Order	<input type="checkbox"/> Unmarried child under 19 AND <input type="checkbox"/> Named as an alternate recipient with respect to the employee under a Qualified Medical Child Support Order (QMCSO)	<input type="checkbox"/> Qualified Medical Child Support Order (QMCSO)
Disabled dependent	<input type="checkbox"/> Unmarried child AND <input type="checkbox"/> Incapable of self-support AND <input type="checkbox"/> Disability began before age 23 AND <input type="checkbox"/> Is primarily dependent upon the employee for support	<p>You must submit the required document(s) proof for one of the following dependent categories as noted above:</p> <input type="checkbox"/> Biological child <input type="checkbox"/> Adopted child <input type="checkbox"/> Stepchild AND <input type="checkbox"/> Approval for disability status from the health plan

Note: To obtain health plan's required document, go to <http://das.ohio.gov/Divisions/HumanResources/HRDDownloadableForms/tabid/216/Default.aspx>

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
Student (19-22 years of age)	<input type="checkbox"/> Unmarried dependent under age 23 who falls under one of the previously listed categories AND <input type="checkbox"/> A student at an accredited (licensed) school, college or university	<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 <input type="checkbox"/> Foster child <input type="checkbox"/> Child for whom the employee or spouse is legal guardian <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Annual 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 <input type="checkbox"/> A transcript with the dependent's name, school name, showing semesters/quarters enrolled that include current term <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>Note: The State will annually request proof of school enrollment and a completed Annual Affidavit of Student Status. If the required proof is not provided, coverage ends on the last day of the birthday month.</p>

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DEPENDENT TYPE	ELIGIBILITY (check all applicable boxes)	REQUIRED DOCUMENT(S) FOR VERIFICATION
<p>HB 1 Child</p> <p>Note: For dependents ages 19-22 who are enrolled in college, see the definition above for dependent type "student."</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Biological, step or adopted child of employee AND <input type="checkbox"/> Between ages 19 through 27 who is not a student status child AND <input type="checkbox"/> Unmarried AND <input type="checkbox"/> Not employed by an employer that offers any health benefit plan under which the child is eligible for coverage AND <input type="checkbox"/> Not eligible for Medicare or Medicaid AND <input type="checkbox"/> A resident of Ohio OR <input type="checkbox"/> A full-time student at an accredited public or private institution of higher education 	<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) 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 drivers license <input type="checkbox"/> Utility bill <input type="checkbox"/> Lease/mortgage <p>OR</p> <p>Proof of full-time 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 full-time enrollment and school phone number <input type="checkbox"/> A transcript with the dependent's name, school name, indication of current full-time enrollment and school phone number <p>Note: Periodically you will be asked to provide updated documentation showing your child remains eligible for HB1 coverage.</p>