

### Dependent Enrollment Procedures

In order to enroll any dependents for coverage under your district's health insurance plan, you must provide documents showing that they qualify for dependent status. The following outlines who qualifies as a dependent and what documents are required:

**Spouse: Who qualifies:** Your legally married spouse not legally separated or divorced.

**Documents required:**

- 1) A copy of your marriage certificate showing you were married
- 2) A copy of the first page of your most recent Federal tax form (1040) showing that you are still married. Please black out Social Security numbers and financial information to protect your financial privacy.

**Children: Who qualifies:** Your or your spouse's natural child or adopted child to age 26  
A child for whom you are the legal guardian to age 18

**Documents required:**

- A copy of a birth certificate naming you / your spouse as the parent OR
- A copy of adoption papers naming you / your spouse as adoptee parents OR
- A copy of legal guardianship papers naming you as legal guardian

This form along with appropriate documentation **MUST BE SUBMITTED DURING THE ELIGIBILITY PERIOD** before coverage will be effective.

#### **Enrollment Procedure**

**When:** For current employees, during open enrollment from August 23 to September 8  
For new hires, within 31 days of the 1<sup>st</sup> day of work

**Where to submit this form & document copies:** Your Treasurer's or HR Office

**How to enroll:** Enrollment is online at [www.benelogic.com](http://www.benelogic.com)

Input User ID – 1<sup>st</sup> initial, last name, last 4 digits SS# i.e. jsmith4587

Password – last 4 digits of SS# unless you have been online & changed it i.e. 4587

If all documents are not provided within the eligibility period or during the open enrollment period, your dependents will not be covered this year. You will need to wait until the next open enrollment, August 2011 to enroll.

#### **Ohio State Law & Dependent Coverage to age 28:**

Dependent children will be able to continue medical coverage on their parents' plan until age 28 on an **employee paid basis** provided the child is unmarried and living in state or out of state as a full-time student and does not have access to coverage where they work. A separate enrollment form must be completed along with this form and dependent documents. Please contact your district HR/Treasurer for the premium cost and enrollment form.

**Dependent Enrollment Affidavit**

**PART I**

**Employee Name:**

**District:**

By my signature on this form, I certify and warrant to my employer that all information submitted is true, correct and current as of the date signed and any attempt to enroll for /or maintain coverage for an ineligible dependent will be subject to appropriate disciplinary action. I have provided the documentation for each eligible dependent as required. I understand I will be responsible for any claim payments made for ineligible dependents.

**Signature of Employee (REQUIRED):**  
**Date:**

Please attach this form to copies of the following documents:

**For the Spouse:**

- Copy of the marriage certificate and
- Copy of the front page of the most recent federally filed tax return confirming the spouse as a dependent.

**For Each Child:**

- Copy of each child's birth certificate naming the employee/spouse as the child's parent **OR**
- Copy of adoption papers naming the employee/spouse as the child's adoptive parent **OR**
- Copy of the appropriate court documents naming the employee/spouse as the child's legal guardian.

**Part II – Completion by HR/Treasurer Department**

**Documentation Check – Off:**

Dependent Name	Spouse		Children			
	Marriage Certificate	Recent Tax Form	Birth Cert	Adoption	Legal Guardianship	Employed full time? y/n

I have certified that all of the above has been reviewed and the dependents are eligible under the group benefit plan.

**Signature of District HR/Treasurer's Department:**  
**Date:**