Reminder – you must make your enrollment decisions within 31 days of the event date (date of hire, marriage, birth, etc).

CHANGES IN STATUS/QUALIFYING EVENTS and REQUIRED DOCUMENTATION MATRIX

Employees 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. eligibility change events related to dental and/or vision coverage, birth, etc.).

Regarding coverage for dependents, the employee is responsible for enrolling/disenrolling a dependent under the plan's provisions within 31 days of the qualifying event. You can enroll in coverage for medical, dental, and/or vision, if eligible, online at myOhio.gov or by paper enrollment; online enrollment is preferred. If you are unable to obtain certain required documents (e.g. birth or marriage certificate) within the required deadline, the plan may allow for additional time to obtain them – provided certain criteria/requirements are satisfied. **If you are unable to provide the required documents within 31 days, please contact your agency benefits representative.**

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. For the birth/adoption of a child, coverage will begin on the date of the event (date of birth or placement in the home).

The following matrix of qualifying events is intended to provide employees and their dependents with information about the events that may authorize, and in some cases require, a change to an employee's 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 your agency's benefits representative.

Employees are eligible for medical coverage the first of the month after their date of hire. Exempt employees are eligible for dental and vision coverage the first of the month after their date of hire. Union employees are eligible for dental and vision coverage after one year of continuous State service. Eligibility requirements can be found at: DAS.Ohio.gov/Benefits.

Please be aware that knowingly providing false or misleading information may result in any or all 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.

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 employees and their dependents 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 changes in enrollment that cannot be submitted through myOhio.gov require the Benefit Enrollment and Change Form (ADM4717) AND all required documentation for the applicable dependent and event type.

Updated March 2025

Change in Legal Marital Status:

Action/Event	Medical	Dental/Vision	Required Documentation
Employee gains spouse • **Marriage**	• Employee may enroll in coverage for self, newly eligible spouse, and any newly eligible dependent children. • If enrolled, employee may cancel coverage if covered under new spouse's plan.	• Employee may enroll in coverage for self, newly eligible spouse, and any eligible dependent children. • If enrolled, employee may cancel coverage if covered under new spouse's plan.	**Each of the following:** ☐ **Marriage Certificate** (or the document the county certifies, e.g., Abstract of Marriage) * and ☐ **Social Security Administration (SSA) card** (a copy will not be made; the card must be shown for validation purposes only). Last names will not be changed until the new card from the SSA is obtained, if applicable. ☐ ***Proof of Joint Ownership****- Secondary evidence of the continued marital status is required. Please refer to the note below for example documents. *If marriage occurred within the last 12 months, proof of joint ownership is not required.***.**

*** If adding a spouse and the marriage occurred in another country,** a visa date/passport stamp/proof of entry into the United States for any spouse that has been living abroad and is entering the country for the first time will be required.

Note: If adding a spouse to coverage during open enrollment or because of a qualifying event at some point after the employee's initial enrollment, secondary evidence of the continued marital status is required.

Below is a list of acceptable secondary documents to verify the eligibility of the spouse for benefits coverage:

- Mortgage Statement
- Credit Card Statement
- Auto Loan / Insurance Statement
- Bank Statement
- Property Tax Statement

Please note that separate statements with the employee's name and another in the spouse's name are acceptable as proof of an ongoing marriage as long as the statements are dated, or reflect a due date, within the last 12 months, and indicate the same mailing address.

For example, the following combination of documentation is acceptable for verification purposes:

Employee Bank Statement	Spouse Mortgage Statement
Issue Date: January 1, 2025	Issue Date: February 1, 2025
1234 Main Street	1234 Main Street
Columbus, Ohio 43215	Columbus, Ohio 43215

Action/Event	Medical	Dental/Vision	Required Documentation
Employee adds a common law spouse • **Common Law Spouse** Relationship had to begin prior to October 10, 1991 (if relationship began in Ohio)	• Employee may enroll in coverage for self, newly eligible spouse, and any eligible dependent children. • If enrolled, employee may cancel coverage if covered under new spouse's plan.	• Employee may enroll in coverage for self, newly eligible spouse, and any eligible dependent children. • If enrolled, employee may cancel coverage if covered under new spouse's plan.	**Each of the following:** ☐ Affidavit of Common Law Marriage (ADM 4731) ☐ Certificate of Common Law Marriage issued by a state or local government. ☐ Social Security Administration (SSA) card (a copy will not be made; the card must be shown for validation purposes only). Last names will not be changed until the new card from the SSA is obtained, if applicable.

Action/Event	Medical	Dental/Vision	Required Documentation
Employee loses spouse • **Divorce** • **Legal Separation** • **Annulment** • **Death**	• Employee must remove spouse and any ineligible dependents. • Employee may enroll self and any eligible dependents if no longer eligible under the spouse's plan.	• Employee must remove spouse and any ineligible dependents. • Employee may enroll self and any eligible dependents if no longer eligible under the spouse's plan.	**Divorce** ☐ Copy of the FINAL divorce decree with the file date and judge's signature. If divorce is not final, the dependent cannot be removed from coverage unless the dependent experiences a qualifying event. **Legal Separation or Annulment** ☐ Copy of the legal separation or annulment agreement with the file date and court's signature. **Death** ☐ Copy of the posted obituary.

Important Note: Former spouses are not eligible dependents for benefits offered to employees of the State of Ohio. It is your responsibility as a covered employee to promptly notify your agency's human resources representative following a change in circumstance that renders any dependent, including your spouse, ineligible for coverage according to the state's dependent eligibility rules. More specifically, you must remove your former spouse (and stepchild(ren)) from coverage within 31 days after a divorce, annulment, or legal separation. Failure to do so may result in cancellation of coverage effective as of the date of divorce/annulment/legal separation and collection actions to recoup payments for any ineligible premiums or claims. Additionally, you may lose coverage for yourself (and any remaining dependent(s)); face disciplinary action, up to and including dismissal; and/or, be prosecuted criminally and/or civilly.

Change in Number of Eligible Dependents:

Action/Event	Medical	Dental/Vision	Required Documentation
Employee gains dependent(s) • **Birth**	• Employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.	• If eligible, employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. **Note: See Page 12 for eligibility criteria for dependents age 19 through 25.**	**Biological child under age 26 for medical and dental/vision** **One of the following:** ☐ 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. ☐ Qualified Medical Child Support Order (QMCSO). **Note:** For newborns, employees must initiate the enrollment process by submitting the enrollment online at myOhio.gov> myBenefits, or by submitting the Benefit Enrollment and Change Form (ADM4717) within 31 days of birth. Through either method, the Hospital Birth Record must be provided within 31 days of the birth to the employee's office of human resources. The Hospital Birth Record must contain the name of the employee, name of the child and date of birth. For the child(ren) to remain enrolled, the employee must submit the birth certificate within 60 days of the birth. **Employees must submit required documentation**, including the Social Security Administration (SSA) card (a copy will not be made; the card must be shown for validation purposes only) **within 31 days of the birth for the dependent to be eligible for benefits**. Please refer to the Benefit Enrollment and Change Form (ADM4717) for specific requirements. **** Crib cards are unacceptable forms of proof.**
Employee gains dependent(s) • **Stepchild** **Note: A stepchild does not require court documentation. We only need to verify that the employee and spouse are married and that the spouse is a parent.**	• Employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered**.** **Note: Loss of Credible Coverage letter is required if the child loses other coverage.**	• If eligible, employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. **Note: See Page 12 for eligibility criteria for dependents age 19 through 25.**	**Stepchild under age 26 for medical and dental/vision** **All of the following:** ☐ Marriage certificate (or the document the county certifies) to show spouse is married to employee. ☐ Secondary evidence of continued marital status; see the Notes: section on Page 6 of this matrix. ☐ 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 the biological parent. ☐ Social Security Administration card (a copy will not be made; the card must be shown for validation purposes only). **For documents required for dental/vision coverage, see chart on Page 12.**

Action/Event	Medical	Dental/Vision	Required Documentation
Employee gains dependent(s) • **Adoption** • **Legal guardianship** • **Foster Child**	• Employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.	• If eligible, employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered. **For documents required for dental/vision coverage, see chart on Page 12.** **Note: See Page 12 for eligibility criteria for dependents age 19 through 25.**	**Adoption under age 26 (legal adoption or in anticipation of a legal adoption) for medical and dental/vision** **In addition to the Social Security Administration card (a copy will not be made; the card must be shown for validation purposes only), one of the following:** ☐ Court documents with court signature showing that the employee or spouse has adopted the child. ☐ International adoption papers from country of adoption. ☐ Papers from the adoption agency showing intent to adopt.
			Legal guardianship under age 26 for medical and dental/vision **All of the following:** ☐ Court documents signed by a judge appointing employee or spouse as legal guardian. ☐ Social Security Administration card (a copy will not be made; the card must be shown for validation purposes only).
			Foster child under age 26 for medical and dental/vision and employee or spouse is foster parent **All of the following:** ☐ Court documents signed by a judge verifying employee or spouse has responsibility for foster child. ☐ Social Security Administration card (a copy will not be made; the card must be shown for validation purposes only).

Action/Event	Medical	Dental/Vision	Required Documentation
Employee adds dependent(s) due to loss of other coverage	• Employee may enroll the affected dependent only.	• Employee may enroll the affected dependent only. **Note: See Page 12 for eligibility criteria for dependents age 19 through 25.**	☐ Proof of loss of coverage with the effective end date and names of affected dependent(s). ☐ Documentation listed in previous section for dependent(s) being added.
Employee loses dependent(s) • **Death** • **Legal guardianship or foster care ends**	• Employee must remove the affected dependent only.	• If enrolled, employee must remove the affected dependent only.	**Death** ☐ Copy of the posted obituary. **Legal guardianship or foster care Ends (before the dependent turns 26 for medical and dental/vision)** ☐ Copy of court papers with the file date and court's signature.
Employee loses dependent due to attainment of other coverage	• Employee may remove the affected dependent only.	• If enrolled, employee may remove the affected dependent only.	☐ Enrollment letter that includes effective date of coverage; **OR** ☐ Medical I.D. card that includes effective date of coverage.

Change in Employment Status of Employee that Affects Eligibility:

Action/Event	Medical	Dental/Vision	Required Documentation
Commencement of employment or other change in employment status[1] ☐ **Commence employment[2] (medical)** ☐ **Employee experiences change in in employment status (ineligible temporary to permanent and there is no break in service, i.e., 31 calendar days)** ☐ **Employee reaches one year of continuous service (dental/vision)[3]**	• Employee may enroll self and any eligible dependents.	• If eligible, employee may enroll self and any eligible dependents. **Note: See Page 12 for eligibility criteria for dependents age 19 through 25.**	☐ Documentation listed in previous section for dependents being added.
Completion of Initial Measurement Period (IMP)	• Employee may enroll self and any eligible dependents.	• If eligible, employee may enroll self and any eligible dependents.	☐ Documentation listed in previous section for dependents being added.
Change in Employment Status • **Approved Extended Leave of Absence (No-pay)**	• Employee can drop coverage for self and covered dependents. Employee may re-enroll for coverage upon return from leave**.**	• If enrolled, employee can drop coverage for self and covered dependents. Employee may re-enroll for coverage upon return from leave.	Not Applicable

[1] The event must trigger a change in eligibility for coverage under the plan, e.g., employee reaches one year of continuous service for dental and vision eligibility.

[2] If rehired within 31 calendar days, prior elections will be reinstated automatically.

[3] If rehired after 31 days, employee may make new election for medical, but bargaining unit employees will have to wait 1 year to be eligible for dental/vision coverage.

Special Enrollment Events:

Action/Event	Medical	Dental/Vision	Required Documentation
Loss of Other Coverage • **COBRA Coverage Exhausted[4] OR** • **Lose Eligibility for Other Coverage[4]**	• Employee may elect coverage for themselves, a spouse, or a dependent that has lost other coverage.	• Employee may elect coverage for themselves, spouse, or dependent that has lost other coverage.	☐ Proof of loss of coverage with effective date. ☐ Documentation listed in previous section for dependents being added.
Loss of Medicaid or CHIP[5]	• Employee may elect coverage for self or dependent that lost coverage.	• If eligible, employee may elect coverage for self or dependent that lost coverage.	☐ Proof of loss of coverage with effective date. ☐ Documentation listed in previous section for dependents being added.
Eligibility for coverage under Medicare	• Employee may drop coverage for self, spouse, and dependent(s), as applicable.	• If enrolled, employee may drop coverage for self, spouse, or dependent(s), as applicable.	☐ Proof of eligibility for coverage with effective date.
Eligibility for Assistance under Medicaid or CHIP[5]	• Employee may drop coverage for self or dependent.	• If eligible, employee may drop coverage for self or dependent.	☐ Proof of loss of coverage with effective date. ☐ Documentation listed in previous section for dependents being added.
Eligibility Under Federal or State Exchange	• Employee may drop coverage to enroll in the exchange for self (along with any covered dependent) whose coverage will cease due to the revocation.	• If enrolled, employee may drop coverage for self and covered dependents.	☐ Proof of enrollment in the Exchange.

FMLA and USERRA Leave:

Action/Event	Medical	Dental/Vision	Required Documentation
Employee's Commencement of FMLA or USERRA Leave	• Employee may stop election and make another election as provided under FMLA or USERRA.	• If enrolled, employee may stop election and make another election as provided under FMLA or USERRA.	Not applicable
Employee's Return from FMLA or USERRA Leave	• Employee may re-enroll if coverage terminated while on FMLA or USERRA leave.	• If eligible, employee may re-enroll if coverage terminated while on FMLA or USERRA leave.	Not applicable

[4] The event must trigger a change in eligibility for coverage under the plan.

[5] Please check with Medicaid for enrollment requirements.

Court Order:

Action/Event	Medical	Dental/Vision	Required Documentation
Order That Requires Coverage for Child Under Employee's Plan • **Divorce** • **Legal Separation/Annulment** • **Change in legal custody**	• Employee may enroll child or may enroll self and child to provide coverage for the child.	• If enrolled, employee may enroll child, or may enroll self and child to provide coverage for the child.	☐ Court documents signed by a judge. ☐ Documentation listed in previous section for dependents being added.
Order That Requires Spouse, Former Spouse, or Other Individual to Provide Coverage for the Child	• Employee may drop coverage for child.	• Employee may drop coverage for child.	☐ Court documents signed by a judge. ☐ Documentation listed in previous section for dependents being added.

Change in Cost:

Action/Event	Medical	Dental/Vision	Required Documentation
Significant[6] Cost Changes - Increase/ Decrease • **Employee's work hours change among part-time tiers.**	• If there is a significant cost increase, the employee may drop coverage for self and any covered dependents. • If there is a significant cost decrease, the employee may elect coverage for self and any eligible dependents if the employee was not previously enrolled.	• Not applicable	**This is applicable at the end of the standard measurement period (S only; election changes are effective July 1 and remain as such until the next qualifying event.**

[6] The Plan Administrator shall, in its sole and absolute discretion, determine what constitutes a "significant" change.

CHANGES IN STATUS (FOR SPOUSE OR DEPENDENT CHILD)

Action/Event	Medical	Dental/Vision	Required Documentation
Change in Coverage Under Another Employer's Plan[7] • **Open Enrollment Under Another Employer's Plan** • **Other Employer's Plan Increases Coverage**	• Employee may enroll spouse or dependent(s) if spouse or dependent(s) have dropped coverage under their employer's plan and elected coverage under the State plan. • Employee may change existing State coverage and drop coverage for self and spouse, or dependents if employee or spouse has elected coverage under another employer's plan. • Employee may remove spouse or dependent(s) from coverage if spouse or 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).	• If eligible, employee may enroll spouse or dependents if spouse or dependents have dropped coverage under the other employer's plan and elected coverage under the State plan. • If enrolled, employee may change existing State coverage and enroll for coverage for self, spouse, or dependents if employee or spouse has elected coverage under another employer's plan. • If enrolled, employee may remove spouse or dependent(s) from coverage if spouse or 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).	☐ Documentation listed in previous section for dependents being added. ☐ Proof of eligibility for/loss of coverage with effective date. Dropping Coverage: ☐ Enrollment Letter from dependent's employer or insurance company. Adding Coverage: ☐ Certificate of Coverage from dependent's insurance.

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

Action/Event	Medical	Dental/Vision	Required Documentation

• **Dependent child has turned 19 and is enrolled in dental and/or vision coverage**
• **Dependent child is age 19 through 25, not currently enrolled in dental and/or vision coverage**
 	
  • Biological child
  • Stepchild
  • Adopted/foster child
 	
NOTE: Effective 7/1/2024, eligibility criteria for dental/vision coverage for ages 19 through 25 has changed. The current criteria for these ages is that the dependent must be unmarried, a resident of Ohio, their current job does not offer dental/vision, they are not eligible for Medicaid or Medicare, or are a full-time student at an accredited school of higher education, if not a resident of Ohio.
	• N/A	• If eligible, employee may enroll or re-enroll dependent child only on dental/vision coverage.
		
		Note: Confirmation of student status is only required when an enrolled dependent turns age 19 and resides outside of the State of Ohio.
		
		The required documentation must show that the student is enrolled for the current term.
		
		The state will conduct periodic audits for proof of student enrollment.
		
		School schedules, billing statements and grades are not acceptable proof of current enrollment.
			If enrolled currently on the medical plan and resides outside of the State of Ohio:
			
			☐ Dependent Student Status Certification Form (ADM 4729)
			AND
			
			One of the following forms of proof of qualified student status:
			
			☐ 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.
			☐ 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. If the dependent is enrolled in their first semester/quarter of class, one of the above documents is required showing proof of current enrollment.
			☐ 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. (StudentClearinghouse.org)
			
			If not currently enrolled on the medical plan, also submit:
			□ Birth certificate.

CHANGES IN STATUS (FOR SPOUSE OR DEPENDENT CHILD)

Newly Eligible for Medicare or Medicaid	• Employee may drop coverage for spouse or dependent(s), as applicable.	• Employee may drop coverage for spouse or dependent(s), as applicable.	☐ Proof of eligibility for coverage with effective date.
Loss of Eligibility for Medicare or Medicaid	• Employee may enroll spouse or dependent(s), as applicable	• Employee may enroll spouse or dependent(s), as applicable	☐ Proof of loss of coverage with effective date. ☐ Documentation listed in previous section for dependents being added.
Commencement of employment or other change in employment status[8]	• Employee may drop coverage if added to spouse's coverage. • Employee may remove spouse or dependent from coverage.	• Employee may drop coverage if added to spouse's coverage. • If enrolled, employee may remove spouse or dependent from coverage.	☐ Documentation listed in previous section for dependents being added. ☐ Proof of eligibility for coverage with effective date. ☐ Enrollment Letter/ID card.
Termination of Employment or Other Change in Employment Status	• Employee may enroll if previously covered under spouse's coverage. • Employee may enroll spouse or dependent that loses eligibility.	• If eligible, employee may enroll if previously covered under spouse's coverage. • Employee may enroll spouse or dependent that loses eligibility.	☐ Documentation listed in previous section for dependents being added. ☐ Proof of loss of coverage with effective date. ☐ Certificate of Coverage.
Dependent Satisfies Eligibility Requirements Under the Plan	• Employee may enroll affected dependent.	• Employee may enroll affected dependent.	☐ Required documents for applicable dependent category in previous section.
Dependent Ceases to Satisfy Eligibility Requirements Under the Plan.	• Employee must drop coverage for affected dependent.	• If enrolled, employee must drop coverage for affected dependent.	☐ Proof of change in status and effective date. ☐ Marriage, eligibility with another employer, eligibility with Medicare/Medicaid, and loss of student status if residing outside the State of Ohio for dental and vision coverage only.

[8]Event must trigger a change in eligibility for coverage under the employer plan of the spouse or dependent.