

EXHIBIT 1

Definitions and Required Documents Checklist

If you are requesting coverage for a dependent (spouse, domestic partner, or child), the eligibility of the dependent must be verified before coverage will be approved. To verify a dependent's eligibility, submit the applicable required documents (see dependent types and required documents below).

The required documents must be provided to the Franklin County Benefits Office:

- New Hire: Within 30 days of your date of hire
- Qualified Life Event, i.e., marriage, birth, etc.: Within 30 days of the date of the life event
- Open Enrollment: No later than the date specified in your Open Enrollment materials

If the required documents are not provided within this timeframe, coverage will not be approved and the next opportunity to enroll your dependents will be at the next annual Open Enrollment.

READ THIS ENTIRE CHECKLIST BEFORE YOU ENROLL YOUR DEPENDENTS

- Enroll your dependents at fccbenefits.com**
The enrollment system will indicate your enrollment is pending. Your dependents will be enrolled for coverage upon the Benefits Office receiving and approving the required documents.
- IMPORTANT: Print a copy of your Confirmation Statement.**
- Refer to the dependent types in the following chart.**
Identify the documents required.
- Make Copies of the required documents.**
Originals are NOT required.
- Record the following information in the upper right corner of each document.**
Employee name and telephone number.
- Submit the required documents to the Franklin County Benefits Office.**
Documents must be received within the timeframes illustrated above.

Send documents via post or inner office mail or hand deliver to:

Franklin County Benefits & Wellness
Franklin County Government Tower
373 S. High Street, 25th Floor
Columbus, OH 43215

Fax:

614.525.5515

Email:

Benefits@franklincountyohio.gov

Upload to Online enrollment system:

Fccbenefits.com



Contact the Franklin County Benefits and Wellness Office if you have questions.

Local: 614.525.5750 | Toll-free: 1.800.397.5884

Email: Benefits@franklincountyohio.gov

Spouse and Domestic Partner

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Spouse	<p>Legal spouse of a covered employee</p> <p>Does not include:</p> <ul style="list-style-type: none"> • Ex-spouse • Legally separated spouse 	<p style="text-align: center;">ONE (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse:</p> <ul style="list-style-type: none"> • Page 1 PLUS signature page if filed hard copy; OR • Page 1 PLUS Certificate of Electronic Filing <p style="text-align: center;">OR</p> <p>OPTION 2: Marriage Certificate (court approved certificate or marriage abstract, not license) PLUS ONE of the following to show CURRENT joint tenancy:</p> <ul style="list-style-type: none"> • Proof of joint ownership of residence or other real estate; • Proof that covered employee and spouse are both listed on a lease or share the rent of a home or other property; • Joint ownership of a motor vehicle; • Designation of the spouse as a primary beneficiary of the covered employee's life insurance, or retirement benefits; • Utility bill listing both covered employee and spouse (or 2 separate utility bills at the same address, one listing the covered employee and one listing the spouse).
Domestic Partner	<p>A qualified domestic partner:</p> <ul style="list-style-type: none"> • must share a permanent residence with the covered employee; • is the sole domestic partner of the covered employee, has been in a relationship with the covered employee for at least six (6) months and intends to remain in the relationship indefinitely; • is not currently married to or legally separated from another person; • shares responsibility with the covered person for each other's common welfare; • is at least 18 years of age and mentally competent • is not related to the covered employee by blood to a degree of closeness that would prohibit marriage • is financially interdependent with the covered employee in accordance with the plan requirements. 	<p>Affidavit of Domestic Partnership</p> <p style="text-align: center;">PLUS</p> <p>THREE (3) of the following documents to show financial interdependency:</p> <ul style="list-style-type: none"> • Joint ownership of real estate property or joint tenancy on a residential lease; • Joint ownership of an automobile; • Joint bank or credit account; • Joint liabilities (e.g., credit cards or loans); • A will designating the domestic partner as primary beneficiary; • A retirement plan or life insurance policy beneficiary designation form designating the domestic partner as primary beneficiary; • A durable power of attorney signed to the effect that the covered employee and the domestic partner have granted powers to one another.

DEPENDENT CHILD

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
<p>Natural child (up to age 26)</p>	<p>A natural (biological) child of the covered employee or domestic partner.</p> <p>The domestic partner must be enrolled to enroll a natural child of the domestic partner unless there is a legal relationship between the employee and the child, i.e., the child was adopted by the employee, or the employee has legal guardianship of the child.</p>	<p style="text-align: center;">ONE (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent</p> <ul style="list-style-type: none"> • Page 1 PLUS signature page if filed hard copy; OR • Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Birth Certificate of child</p> <p style="text-align: center;">OR</p> <p>If one of the OPTIONS above is not available (i.e., when adding a newborn), ONE (1) of the following:</p> <ul style="list-style-type: none"> • Hospital release papers on hospital letterhead • Footprints • Crib Card • Letter from physician or hospital on respective letterhead <p>Documents must include child's DOB and parents name</p>
<p>Stepchild (up to age 26)</p>	<p>A natural (biological) child of an eligible employee's spouse, i.e., a stepchild of the covered employee.</p>	<p style="text-align: center;">ONE (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee or spouse's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the stepchild as dependent</p> <ul style="list-style-type: none"> • Page 1 PLUS signature page if filed hard copy: OR • Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Birth Certificate of stepchild</p> <p>If submitting spouse's tax return or birth certificate of stepchild, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.</p>
<p>Child (up to age 26 for whom the employee, spouse or domestic partner is legal guardian.</p>	<p>A child for whom legal guardianship has been awarded to the covered eligible employee, spouse, or domestic partner.</p> <p>The domestic partner must be covered in order to cover a child for whom the domestic partner has been awarded legal guardianship unless there is a legal relationship between the employee and the child, i.e., the employee has legal guardianship of the child as well.</p>	<p style="text-align: center;">ONE (1) of the following OPTIONS:</p> <p>OPTION 1: Covered employee or spouse's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the stepchild as dependent</p> <ul style="list-style-type: none"> • Page 1 PLUS signature page if filed hard copy; OR • Page 1 PLUS Certificate of Electronic Filing <p>OPTION 2: Court documents signed by a judge verifying legal custody of the child</p> <p>If submitting spouse's tax return or court documents of legal custody, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.</p>

DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Adopted child (up to age 26)	A legally adopted child of the covered employee, spouse, or domestic partner, includes children placed in anticipation of a legal adoption. The domestic partner must be covered in order to cover an adopted child of the domestic partner unless there is a legal relationship between the employee and the child, i.e., the child was adopted by the employee as well or the employee has legal guardianship of the child.	ONE (1) of the following OPTIONS:
		OPTION 1: Covered employee or domestic partner's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent <ul style="list-style-type: none"> • Page 1 PLUS signature page if filed hard copy; OR • Page 1 PLUS Certificate of Electronic Filing
		OPTION 2: Court documents for the adopted child from a court of competent jurisdiction
		OPTION 3: International adoption papers from country of adoption
		OPTION 4: Papers from the adoption agency showing intent to adopt
If submitting spouse's tax return, court documents or adoption papers, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.		
Child covered by a QMCSO (up to age 26)	A child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO).	ONE (1) of the following OPTIONS:
		OPTION 1: Court documents signed by a judge
		OPTION 2: Medical support orders issued by a State agency

CHILD OF A DEPENDENT CHILD (I.E. GRANDCHILD)		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Child of a dependent child, i.e., grandchild	A child of a dependent child. The child of a dependent child is eligible for coverage only if the dependent is eligible and enrolled for coverage.	Birth Certificate of child, i.e., of grandchild
		OR
		If the child's birth certificate is not available, (i.e., when adding a newborn), one (1) of the following: <ul style="list-style-type: none"> • Hospital release papers on hospital letterhead • Footprints • Crib Card • Letter from physician or hospital on respective letterhead

DISABLED DEPENDENT		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Disabled dependent, (age 26 or older)	A dependent incapable of self-sustaining employment because of a mental or physical disability that began while the dependent was eligible.	One of the required documents for the applicable dependent child definition type above. (SEE DEPENDENT CHILD SECTION)
		PLUS
		Statement of Dependent Eligibility Beyond Limiting Age Due to Mental or Physical Disability