Franklin County Cooperative
Health Benefits Program

Young Adult Dependent Affidavit of Eligibility

This form is to be completed when applying for benefits for an eligible Young Adult Dependent, age 26 or 27. Please return this completed form along with the Required Documents to the Franklin County Benefits Office.

ORC 3923.241/Ohio House Bill 1, defines a Young Adult Dependent as:

1. Age 26 or 27
2. Unmarried
3. A resident of Ohio or if residing outside of Ohio, a full-time student
4. Does not have coverage available through an employer
5. Is not eligible for coverage under Medicaid or Medicare

Required Documents

- Proof of eligibility, i.e. birth certificate, adoption paperwork, etc.
- Proof of full time student status OR proof of Ohio residency

I,_____ **certify that my Young Adult Dependent**,
Name of Employee (Print)
_____**, meets all five (5) Young Adult Dependent**
Name of Young Adult Dependent (Print)
eligibility criteria listed above and that the following information is true:

Employee Social Security Number	Employee Agency
Young Adult Dependent Social Security Number	Young Adult Dependent Date of Birth
Young Adult Dependent Current Address	

- I provide this information to be used by the County for the purpose of determining eligibility for benefits and for the administration of these benefits.
- I understand that, by signing this Affidavit and as a result, the County providing benefits, there may be legal and tax implications; therefore, I have been advised to consult with a legal/tax advisor regarding these implications.
- I understand that the additional post-tax employee premium for Young Adult Dependent coverage is reported on my W-2 and deductible on my state income tax return. (Refer to your notice or contact the Franklin County Benefits Office for premium information.)
- I certify that the information provided in all parts of this Affidavit is true, accurate, and complete. I understand that a false declaration of the young adult dependency, material omission of information on this Affidavit, or failure to timely inform the County of the ending of the Young Adult's eligibility is considered fraud and may result in disciplinary action up to and including termination of benefits and/or employment. I also agree that the County may recover damages for all losses (including paid claims and premiums costs) and reasonable attorney's fees incurred to recover such damages.

_____ _____
Signature of Employee Date

Sworn or affirmed to and subscribed before me this _____ day of _____, 20_____

_____ _____
Signature of Notary Public Date

Franklin and Pickaway Employees - Please return form(s) to:
Franklin County Benefits Office
373 S. High Street, 25th Floor
Columbus, Ohio 43215
Phone: 614-525-5750
Fax: 614-525-5515
E-mail: benefits@franklincountyohio.gov