

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 & Wellness 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 & Wellness Office receiving and approving the required documents.
- IMPORTANT: Review your Confirmation Statement for accuracy.
- 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 & Wellness 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 Office
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 & Wellness Office if you have questions.

614.525.5750 | 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 • Common Law Spouse 	<p>ONE (1) of the following OPTIONS for Marriage:</p> <p>OPTION 1: Marriage Certificate (court approved certificate - church-issued certificates are not acceptable 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 real estate property; • 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). <p>OPTION 2: 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
Common Law Spouse	<p>Common Law spouse of a covered employee as defined by ORC §3105.12.</p>	<p>The following is the only OPTION for Common Law Marriage:</p> <p>THREE (3) of the following documents to show financial interdependency and joint tenancy. At least one of the documents must date prior to October 10, 1991. At least one must show CURRENT financial interdependency and one must show CURRENT joint tenancy.</p> <ul style="list-style-type: none"> • Covered employee's Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the common law spouse; • Proof of joint ownership of real estate property or joint tenancy on a current residential lease; • Joint ownership of a motor vehicle; • Joint liabilities (e.g., credit cards or loans); • A life insurance policy beneficiary designation form designating the common law spouse as primary beneficiary; • A durable power of attorney signed to the effect that the covered employee and the common law spouse have granted powers to one another; • A will designating the common law spouse as primary beneficiary.

SPOUSE AND DOMESTIC PARTNER

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
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 at least six (6) months of financial interdependency:</p> <ul style="list-style-type: none"> • Proof of joint ownership of real estate property or joint tenancy on a current residential lease; • Joint ownership of a motor vehicle; • 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)
Child (up to age 26)	A child of the covered employee.	Birth Certificate of child
		OR IF ADDING A NEWBORN
		ONE (1) of the following: Hospital release papers on hospital letterhead Footprints Crib Card Letter from physician or hospital on respective letterhead Documents must include child's DOB and parents name
Stepchild (up to age 26)	A child of an employee's eligible spouse, i.e., a stepchild of the covered employee.	Birth Certificate of stepchild If submitting spouse's birth certificate of stepchild, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.

DEPENDENT CHILD		
DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Domestic Partner Child (up to age 26)	<p>A child of the enrolled domestic partner.</p> <p>The domestic partner must be enrolled in health coverage to enroll the child of the domestic partner in health coverage. The domestic partner must be enrolled in life insurance coverage to enroll the child of the domestic partner in life insurance coverage.</p> <p><i>If there is a legal relationship between the employee and the child, i.e., the child was adopted by the employee see the definition below.</i></p>	Birth Certificate of domestic partner stepchild
Child (Guardianship) (Up to age 26)	<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>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>
Adopted child (up to age 26)	<p>A legally adopted child of the covered employee, spouse, or domestic partner includes children placed in anticipation of a legal adoption.</p> <p>The domestic partner must be enrolled in health coverage to enroll the adopted child of the domestic partner in health coverage. The domestic partner must be enrolled in life insurance coverage to enroll the child of the domestic partner in life insurance coverage.</p>	ONE (1) of the following OPTIONS:
		OPTION 1: Court documents for the adopted child from a court of competent jurisdiction
		OPTION 2: International adoption papers from country of adoption
		OPTION 3: Papers from the adoption agency showing intent to adopt
		If the spouse is not enrolled, 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

GRANDCHILD (I.E) CHILD OF A DEPENDENT CHILD

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Grandchild	<p>A child of a dependent child.</p> <p>The child must be enrolled in health coverage to enroll the grandchild in health coverage. The child must be enrolled in life insurance coverage to enroll the grandchild in life insurance coverage.</p> <p><i>If there is a legal relationship between the employee and the grandchild, i.e., the grandchild was adopted by the employee see the definition above.</i></p>	Birth Certificate of grandchild
		OR
		<p>If the grandchild's birth certificate 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 grandchild's DOB and name of parent(s).</p>

DISABLED DEPENDENT

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Disabled dependent, (age 26 or older)	<p>A dependent incapable of self-sustaining employment because of a mental or physical disability that began while the dependent was eligible.</p>	ONE (1) 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