

EXHIBIT 1

ENROLLING AN INELIGIBLE DEPENDENT AND/OR FAILURE TO REPORT THE LOSS OF ELIGIBILITY OF A DEPENDENT ON YOUR PLAN IS CONSIDERED FRAUD AGAINST THE PLAN AND IS PUNISHABLE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.

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 time frame, 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

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Enroll your dependents at fccBenefits.com.

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IMPORTANT: Print a copy of your Confirmation Statement.

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Refer to the dependent types in the following chart. Identify the documents required.

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Submit copies of the required documents. **Do not** submit originals.

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Record the following information in the upper right corner of each document. Employee name and telephone number.

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Submit the required documents to Franklin County Benefits & Wellness. Documents must be received within the time frames illustrated above.

Upload to Online Enrollment System:

fccBenefits.com

Fax:

614.525.5515

Email:

Benefits@franklincountyohio.gov

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



Contact Franklin County Benefits & Wellness 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> <ul style="list-style-type: none"> • By marriage • Common Law marriage as defined by ORC §3105.12. <p>Does <u>not</u> include:</p> <ul style="list-style-type: none"> • Ex-spouse • Legally separated spouse 	ONE (1) of the following OPTIONS:
		<p>OPTION 1: Marriage Certificate or Marriage Abstract</p> <ul style="list-style-type: none"> • Certified/Court approved certificate or abstract • Marriage license not acceptable • Church-issued certificates not acceptable
		PLUS
		<p>ONE (1) of the following documents to show CURRENT tenancy (unless married within 12 months of submission):</p> <ul style="list-style-type: none"> • First page of the covered employees most recent 1040 Federal Tax Return listing the spouse; • Joint ownership of real estate property or joint tenancy on a residential lease; <ul style="list-style-type: none"> – Mortgage Statement within 6 months – Municipality/County Property Tax within 12 months – Mortgage Interest Statement within 12 months – Homeowners or Renters Insurance Statement within 12 months – Warranty Deed within 6 months – Active Lease Agreement (Must show lease begin and termination date.) • Auto Loan Statement within 6 months; • Bank Statement/Bank Letter within 6 months; • Any Credit Card Statement within 6 months; • Brokerage Statement within 6 months; • Utility bill listing both covered employee and spouse within last 6 months (or 2 separate utility bills at the same address, one listing the covered employee and one listing the spouse); • Designation of the spouse as a primary beneficiary of the covered employee's life insurance policy, retirement plan, or will.
		OR
		<p>OPTION 2: Covered employee's most recent Tax Return Transcript (within last 2 years) issued by the IRS listing the spouse.</p> <ul style="list-style-type: none"> • Tax Return Transcripts are available thorough the IRS through postal mail or online. Creation of an ID.me account is required for online requests.

SPOUSE AND DOMESTIC PARTNER

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Spouse	<p>Legal spouse of a covered employee:</p> <ul style="list-style-type: none"> • By marriage • Common Law marriage as defined by ORC §3105.12. <p>Does <u>not</u> include:</p> <ul style="list-style-type: none"> • Ex-spouse • Legally separated spouse 	<p style="text-align: center;">OR</p> <p>OPTION 3 (Common Law Spouse): Three (3) of the following documents:</p> <ul style="list-style-type: none"> • One (1) of the following documents dated prior to October 10, 1991. <ul style="list-style-type: none"> – Joint ownership of real estate property or joint tenancy on a residential lease; – Auto Loan Statement; – Bank Statement/Bank Letter; – Any Credit Card Statement; – Brokerage Statement; – Designation of the common law spouse as primary beneficiary of the covered employee's life insurance policy, retirement policy, or will. – A durable power of attorney signed to the effect that the covered employee and the common law spouse have granted powers to one another. • Two (2) of the following documents: One (1) document must show CURRENT financial interdependency; and one (1) document must show CURRENT joint tenancy. <ul style="list-style-type: none"> – Joint ownership of real estate property or joint tenancy on a residential lease; <ul style="list-style-type: none"> • Mortgage Statement within 6 months • Municipality/County Property Tax within 12 months • Mortgage Interest Statement within 12 months • Homeowners or Renters Insurance Statement within 12 months • Warranty Deed within 6 months • Active Lease Agreement (Must show lease begin and termination date.) • Auto Loan Statement within 6 months; • Bank Statement/Bank Letter within 6 months; • Any Credit Card Statement within 6 months; • Brokerage Statement within 6 months; • Designation of the spouse as a primary beneficiary of the covered employee's life insurance policy, retirement plan, or will.
		<p>Affidavit of Domestic Partnership</p> <p style="text-align: center;">PLUS</p> <p>THREE (3) of the following documents to illustrate at least six (6) months of financial interdependency. All three (3) documents must be within 12 months AND date back at least six (6) months PRIOR to submission.</p> <ul style="list-style-type: none"> • Joint ownership of real estate property or joint tenancy on a residential lease: <ul style="list-style-type: none"> – Mortgage Statement – Municipality/County Property Tax – Mortgage Interest Statement – Mortgage or Home Owners or Renters Insurance Statement – Warranty Deed – Active Lease Agreement (Must show lease begin and termination date.) • Auto Loan Statement • Bank Statement/Bank Letter • Any Credit Card Statement • Brokerage Statement • A durable power of attorney signed to the effect that the covered employee and the domestic partner have granted powers to one another. • Designation of the domestic partner as a primary beneficiary of the covered employee's life insurance policy, retirement plan, or will.
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. 	

DEPENDENT CHILD

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S)
Natural Child (Up to age 26)	A natural (biological) child of the covered employee.	Birth Certificate of child
		OR IF ADDING A NEWBORN (WITHIN 6 MONTHS OF BIRTH) 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 Documents must include child's DOB and name of covered employee.
Stepchild (Up to age 26)	A natural (biological) child of an eligible employee's spouse, i.e., a stepchild of the covered employee.	Birth Certificate of stepchild If the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.
Domestic Partner Child (Up to age 26)	A natural (biological) child of the covered domestic partner. The domestic partner must be enrolled to enroll a 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 as well.	Birth Certificate of domestic partner child
Child (Guardianship) (Up to age 26)	A child for whom legal guardianship has been awarded to the eligible employee, spouse, or covered domestic partner. 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.	Court documents signed by a judge verifying legal custody of the child. If submitting document for a child whom legal custody has been awarded to the spouse, and the spouse is not covered under the employee's plan, documents proving eligibility of the spouse are also required.
Adopted Child (Up to age 26)	A legally adopted child of the eligible employee, spouse, or covered 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: 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 submitting documents for an adopted child of the spouse, and the spouse is not covered under the employee's plan, documents proving the eligibility of the spouse are also required.
		ONE (1) of the following OPTIONS: OPTION 1: Court documents signed by a judge. OPTION 2: Medical support orders issued by a State agency. If submitting documents for a QMCSO child of the spouse and the spouse is not covered under the employee's plan, documents proving the 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). The domestic partner must be covered in order to cover a QMCSO child of the domestic partner.	ONE (1) of the following OPTIONS: OPTION 1: Court documents signed by a judge. OPTION 2: Medical support orders issued by a State agency. If submitting documents for a QMCSO child of the spouse and the spouse is not covered under the employee's plan, documents proving the eligibility of the spouse are also required.

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
		OR IF ADDING A NEWBORN (WITHIN 6 MONTHS OF BIRTH)
		<p>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 name of covered dependent as the parent.</p>

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. The domestic partner must be covered in order to cover a disabled dependent of the domestic partner.	One of the required documents for the applicable dependent child definition type above. (See <i>dependent child section</i>).
		PLUS
		<p>Statement of Dependent Eligibility Beyond Limiting Age Due to Mental or Physical Disability</p> <p>If submitting documents for a disabled dependent of the spouse and the spouse is not covered under the employee's plan, documents proving the eligibility of the spouse are also required.</p>

STILL HAVE QUESTIONS?

Contact Us:

BENEFITS

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614.525.3948

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