



Health Care Change Form Instructions

Use this form to enroll your dependents in your OPERS health care plan outside of an open enrollment period. You may only enroll dependents outside of an open enrollment period if this form is completed and returned with the requested documentation within 60 days of one of the following qualifying events:

- Birth or legal adoption of a child
- Marriage
- You are required to provide coverage for a child pursuant to a National Medical Support Notice
- Your eligible dependent has involuntarily lost health care coverage from another source. You must provide documentation from the other group plan confirming the termination date of his/her other coverage.

You may only enroll your dependent(s) in the plan(s) in which you are presently covered.

Use this form to enroll yourself in vision and/or dental coverage outside of an open enrollment period if you have involuntarily lost other vision or dental coverage.

Please print legibly keeping input within the form entry box (one character per box) or bullet.

Fill in entry boxes like this:

A	B	C		1	2	3
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Fill in bullet selections like this: Female

CHECKLIST OF REQUIRED DOCUMENTS

The following items, **if applicable to you and/or your dependents**, must be collected, copied, and sent with your health care change form in order for OPERS to successfully process your request for health care coverage. Omission of these items will result in delay or denial of coverage.

- Birth certificate(s) or other proof of date of birth for:
 - Spouse (if enrolling in coverage)
 - Child(ren) (if enrolling in coverage)
- Adoption decree for child(ren), if applicable.
- Marriage certificate or solemnized license.
- Medicare card or statement issued by Social Security confirming the Medicare effective date for all Medicare-eligible individuals you are enrolling.
- Court order if enrolling a grandchild pursuant to Section 3109.19 of the Ohio Revised Code.
- Documentation from your and/or your dependent's previous health plan if enrolling due to involuntary loss of other coverage.

If you need additional help

If you have questions about your application or personal information changes, visit www.OPERS.org to access your account online or call 1-800-222-7377 to speak with a member services representative.

STEP 1:

Personal Information

The information requested in this step is required and must be completed.

STEP 2:

Coverage for Spouse

Complete this section if you wish to enroll your eligible spouse in the medical and pharmacy, vision and/or dental plan(s).

Please review the eligibility information stated in the *OPERS Health Care Coverage Guide* to determine if your spouse is an eligible dependent. If you are currently enrolled in the vision and/or dental plan(s) and you are enrolling your spouse, he/she will be enrolled in the same option as you. You must notify OPERS within 30 days of any change in your spouse's eligibility.

You will be responsible for any overpayments resulting from your failure to notify OPERS that your spouse has become ineligible for OPERS health care plans.

Medicare and Other Coverage Information

OPERS requires that you and your eligible dependents enroll in the Medicare program when first eligible for Medicare coverage. For more information on how Medicare and other insurance affects your OPERS coverage, refer to the *OPERS Health Care Coverage Guide* or the *Understanding Basics: Medicare and the OPERS Medicare Connector* publication.

STEP 3:

Coverage for Children

Complete this section if you wish to enroll your eligible children in the medical and pharmacy, vision and/or dental plan(s). Please review the eligibility information stated in the *OPERS Health Care Coverage Guide* to determine if your child(ren) is/are an eligible dependent(s). Please attach another sheet for any additional children you would like coverage for and provide all the requested information for each child. If you are currently enrolled in the vision and/or dental plan(s) and you are enrolling your child(ren), they will be enrolled in the same option as you.

You must notify OPERS within 30 days of any change in each child's eligibility. You are responsible for any claim overpayments resulting from your failure to notify OPERS that your child(ren) has/have become ineligible for OPERS health care plans

STEP 4:

Vision and Dental Options

As a recipient you may only enroll in these plans as a new enrollee outside the open enrollment period if you have involuntarily lost other vision or dental coverage within the last 60 days. Verification from your previous group plan must be sent with your health care change form. If you are already enrolled in these coverage plan(s) you may only change your coverage level during the open enrollment period.

Vision Coverage Selection

Indicate your choice of coverage (high or low) if you wish to enroll in this plan. Choose only one option.

Dental Coverage Selection

Indicate your choice of coverage (high or low) if you wish to enroll in this plan. Choose only one option.

STEP 5:

Acknowledgment

Your signature is required in order for OPERS to process your application.

