

Acknowledgement “Eligible Dependents on Insurance”

As an employee of the Oklahoma Department of Corrections, you and your family are eligible for insurance benefits. The state requires you to take health, dental, disability and life insurance through the Flexible Benefit Plan. Eligible dependents are considered your spouse, children and stepchildren, foster or adopted children, or child legally placed in your guardianship. Eligible children can remain on your insurance policy until the age of twenty-six (26). Ineligible dependents include; ex-spouses, parents, neighbors, etc.

The Department of Corrections reserves the right to drop an ineligible dependent at any time. The employee **will** be responsible for all insurance premiums paid by the department on the ineligible dependent(s). Covering ineligible dependents is considered insurance fraud and charges may be filed. Providing coverage to ineligible dependents will also result in the employee’s name being turned over to the Employee Group Insurance Division of the Office of Management and Enterprise Services who, in turn, will take action to recover monies relating to ineligible premiums and ineligible medical expenses paid.

My signature below acknowledges my understanding that including an ineligible dependent on insurance is prohibited and the consequences of doing so.

Printed Name

Signature

Facility

Date

Please include this completed form with the employee's EBD Newly Eligible Form.