



Southwestern Ohio Educational  
Purchasing Council

*Celebrating  
30 Years of Service*

## EPC Benefit Plans Enrollment Questionnaire "Other" Dependent Information Form

Your Name: (Please print) \_\_\_\_\_

School District: \_\_\_\_\_

Email Address: \_\_\_\_\_

Dependent's Name: \_\_\_\_\_

You have selected "Other" to describe your dependent's relationship to you. In other words they are not your child, step child or handicapped.

Please provide more information on your dependent by checking the appropriate box:

- Dependent due to Legal Guardianship such as a Grandchild, Niece, or Nephew. A child is eligible for coverage **only** if they are living with you **and** you have legal custody of the child with the appropriate legal documents. You must terminate coverage when the child no longer lives with you or the custody agreement ends at the end of the month of their 26th birthday. For dental and vision coverage, coverage will end at the end of the calendar year in which the dependent turns 24 and the dependent cannot be married for dental and vision coverage.

**Please send a copy of the custody agreement to the EPC, address below.**

- OH28 – Ohio dependent over age 26 but less than 28 for whom you will be purchasing coverage. Please contact your Treasurer's or HR office for the premium rate and application form.

After completing this form, please send it to the EPC Benefits Office within 30 days of the special enrollment event:

Attaching it to an email to: [connie.wright@epcschools.org](mailto:connie.wright@epcschools.org)

Fax to: 937 264-8568

Mail: EPC Benefit Plan Enrollment  
303 Corporate Center Dr, Suite 208  
Vandalia, OH 45377-1171

Date: \_\_\_\_\_ Signature \_\_\_\_\_