CS-1833
Rev 7/2016

ENROLLMENT APPLICATION & AFFIDAVIT
Other Eligible Adult Individual – Health Insurance (OEAI)

Michigan Civil Service Commission
MI HR SERVICE CENTER
400 South Pine Street, P.O. Box 30002
Lansing, Michigan 48909
Toll Free: 877-766-6447 Fax: 517-241-5892

SECTION A

EMPLOYEE ID NO.	EMPLOYEE LAST NAME	EMPLOYEE FIRST NAME	EMP M.I.	DAYTIME PHONE NO.

HOME ADDRESS	CITY	STATE	ZIP	JOINT HOUSEHOLD SINCE (MM/DD/YYYY)

Select one:
- ☐ AFSCME (Institutional Unit)
- ☐ MCO (Security Unit)
- ☐ MSEA (Labor & Trades Unit, Safety & Regulation Unit)
- ☐ NERE (Non-Exclusively Represented Employees)
- ☐ SEIU (Human Services Support, Scientific & Engineering Unit, Technical Unit)
- ☐ UAW (Administrative Support, Human Services Unit)

SECTION B – OEAI/DEPENDENT HEALTH CARE ENROLLMENT (Attach additional pages, if necessary.)

ADD	DEL	NAME LAST FIRST M.I.	SOCIAL SECURITY NUMBER	SEX M/F	DATE OF BIRTH (MM/DD/YY)	Age	Attending School Y/N	RELATIONSHIP TO EMPLOYEE	RELATIONSHIP TO OEAI
☐	☐	OEAI							
☐	☐	DEP OF OEAI					☐ Y ☐ N		
☐	☐	DEP OF OEAI					☐ Y ☐ N		
☐	☐	DEP OF OEAI					☐ Y ☐ N		
☐	☐	DEP OF OEAI					☐ Y ☐ N		
☐	☐	DEP OF OEAI					☐ Y ☐ N		

AFFIDAVIT FOR OTHER ELIGIBLE ADULT INDIVIDUAL COVERAGE – The undersigned understand and acknowledge the following:

1. The criteria for establishment of the Other Eligible Adult Individual (OEAI) eligibility has been read and reviewed by both the employee and potential OEAI. Any questions have been answered and both the Employee and the OEAI understand and agree to meet all criteria.
2. The OEAI and OEAI's dependent(s) meet all the required eligibility criteria to be eligible for coverage.
3. The employee must provide the required documentation to the MI HR Service Center.
4. If an OEAI or OEAI's dependent no longer meet the eligibility criteria for enrollment, the employee shall notify the MI HR Service Center within 14 calendar days. Coverage will end on the date that the eligibility criteria are no longer met.
5. The employee will be responsible for paying taxes associated with enrolling an OEAI and the OEAI's dependent children.
6. The undersigned have had the opportunity to review the criteria and this document with a legal advisor of their choice.
7. Falsification of documents, including an application for OEAI coverage, constitutes fraud and may result in restitution, loss of insurance, prosecution, and discipline, up to and including discharge.

SIGNATURE OF EMPLOYEE	DATE	SIGNATURE OF OTHER ELIGIBLE ADULT INDIVIDUAL (OEAI)	DATE

Auditor General employees should submit this enrollment and all supporting documentation to their agency HR office.

Other Eligible Adult Individual (OEAI)
Eligibility Criteria and Required Documentation

NEREs and employees currently represented by AFSCME, MCO, MSEA, UAW Local 6000, and SEIU Local 517 M may enroll one OEAI and their dependent(s) into a State of Michigan health plan only. All eligibility criteria must be met and complete required documentation must be submitted to maintain enrollment.

Eligibility Criteria

1. The employee does not have a spouse eligible for enrollment in the State of Michigan health plans.
2. The OEAI is at least 18 years of age.
3. The OEAI is not the employee's spouse, child, parent, grandparent, foster parent, grandchild, parent-in-law, sibling, aunt, uncle, or cousin.
4. The employee and OEAI have jointly shared the same regular and permanent residence for at least 12 continuous months, and continue to share a common residence other than as a tenant, boarder, renter, or employee.
5. Dependent children of an OEAI may enroll in health insurance only under the same conditions that apply to dependent children of employees.

Required Documentation

1. Completed Enrollment Application and Affidavit (CS-1833) for OEAI or OEAI and Dependent Child(ren); and,
2. Proof of age in the form of a copy of a birth certificate, passport, driver's license, or other governmental document indicating date of birth for OEAI and any dependent child(ren) being added; and,
3. Document establishing joint residency for the past 12 months.

   Note: Document must include OEAI's name, the same address the employee has listed as primary residency and be dated 12 months prior to the effective date of coverage. Acceptable documentation includes but is not limited to a bank statement, utility bill, lease agreement, etc.
4. For dependent children of an OEAI, the same required documentation that applies to equivalent dependent children of employees.

Other Important Information

- The OEAI and any dependent children are ineligible to continue State of Michigan health plan coverage under COBRA.
- If the criteria for enrollment of an OEAI or the OEAI's dependent child(ren) are no longer met, the employee must notify the MI HR Service Center within 14 calendar days. Coverage will end on the date that the eligibility criteria are no longer met.
- The employee will be responsible for paying taxes associated with enrolling an OEAI and the OEAI's dependent child(ren). Additional information on OEAI tax implications is available on the Employee Benefits Division website.