CS-1833
Rev 01/2025

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
Email: MCSC-MIHR-Docs@michigan.gov

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)**

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

ADD	DEL	RELATIONSHIP TO EMPLOYEE	NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER	SEX M/F	DATE OF BIRTH (MM/DD/YY)	Age
☐	☐	OEAI					
☐	☐	DEP OF OEAI					
☐	☐	DEP OF OEAI					
☐	☐	DEP OF OEAI					
☐	☐	DEP OF OEAI					
☐	☐	DEP OF OEAI					

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 qualify for health 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 must submit a completed copy of this form to the MI HR Service Center* within 14 calendar days.
5. The employee will be responsible for paying additional taxes associated with enrolling an OEAI and the OEAI's dependent child(ren).
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

*Auditor General and Judicial employees should submit 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, MSPTA**, UAW, and SEIU may enroll one OEAI and their dependent(s) into a State of Michigan health insurance 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 of their dependent children are ineligible to continue State of Michigan health insurance coverage under COBRA.
- The OEAI and any of their dependent children are ineligible to enroll in the State High Deductible Health Plan with HSA.
- If the criteria for enrollment of an OEAI or the OEAI's dependent child(ren) are no longer met, the employee must submit a completed copy of this form to the MI HR Service Center* within 14 calendar days.
- The employee will be responsible for paying additional taxes associated with enrolling an OEAI and the OEAI's dependent child(ren). Information about OEAI tax implications is available on the Employee Benefits Division website at www.mi.gov/employeebenefits.

*Auditor General and Judicial employees should submit all supporting documentation to their agency HR office.

**DROP employees are not eligible to cover an OEAI or OEAI dependent child(ren).