



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 a full time student under age 24 or 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  
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.

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

- Dependent child age 19 or over who is **NOT** a full time student and who:
- Lives with you
  - Is unmarried
  - Is virtually unemployed such that they qualify as an IRS dependent with income, if any, below the IRS dependent limit.
- Note: Substitute teaching is employment and would disqualify a person from coverage as a dependent.

- Other: Please describe

After completing this form, please send it to the EPC Benefits Office by:

Attaching it to an email to: [ep\\_benefits3@MDECA.org](mailto:ep_benefits3@MDECA.org)

Fax to: 937 264-8570

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

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