Dependent Documentation Requirements

Dependent documentation is required for all dependents for the 2020 Plan Year. **Dependent Relationship Documentation Requirements** Spouse Marriage Certificate Natural Child Birth Certificate (must list employee as a parent) Note: birth registration, SS card or passport are not valid proof Birth Certificate (must list employee's spouse as a parent) and Marriage Stepchild Certificate. Adopted Child Court Documentation of adoption Court documentation defining legal custody. Legal Custody Note: Notarized affidavit is not acceptable documentation. Temporary custody does not constitute legal custody. **Disabled Dependents Over Age 26** Social Security Disability Documentation confirming Medicare and/or Medicaid enrollment. Disabled dependents are eligible only if covered by a School Board Healthcare plan or Flexible Benefits plan prior to the date of disability. Additionally, if coverage is terminated, it cannot be reinstated. Affidavit of Eligibility Adult Child (between the age of 26-30) Birth certificate or Court Documents of Adoption/legal custody • Proof of Florida Residence (Florida Driver License) **UNDER 18 MONTHS OLD** Grandchildren **OVER 18 MONTHS OLD** Birth Certificate For specific eligibility requirements, Legal Custody documentation (must list employee's child as a parent) see each benefit's page. **Note:** the parent must be a covered dependent; if not, same as Legal Custody **Dependent Eligibility Documentation** Important Information • Dependent Documentation must be provided for all Print, complete and include this form with the required documentation.

| Return To: | School Mail: | US Mail: |
|------------|----------------|--------------------------------------|
| | WL 9112 | Office of Risk & Benefits Management |
| | Suite 335 | P.O. Box 12241, Miami, Florida 33101 |
| Fax To: | 1.305.995.1425 | |

Employee Number (if applicable)_____

Social Security Number _____

Employee/Retiree/Participant Name _____

- listed eligible dependents upon request.
- Otherwise, coverage will be terminated for any dependent whose eligibility has not been verified.
- Claims incurred will not be paid and any premiums deducted will not be refunded.
- · You must provide your covered dependent's Social Security number.

| Last Name | DEPENDENT NAME (print clearly) First Name | MI | BIRTH DATE | SOCIAL SECURITY # | RELATIONSHIP | GENDER | DOCUMENT PROOF INCLUDED (birth certificate, marriage certificate, etc.) |
|-----------|--|----|---------------|-------------------|--------------|--------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Date ____