

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	
Stepchild	Birth Certificate (must list employee's spouse as a parent) and Marriage Certificate.	
Adopted Child	Court Documentation of adoption	
Legal Custody	Court documentation defining 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.	
Adult Child (between the age of 26-30)	<ul style="list-style-type: none"> • Affidavit of Eligibility • Birth certificate or Court Documents of Adoption/legal custody • Proof of Florida Residence (Florida Driver License) 	
Grandchildren For specific eligibility requirements, see each benefit's page.	UNDER 18 MONTHS OLD Birth Certificate (must list employee's child as a parent) Note: the parent must be a covered dependent; if not, same as Legal Custody	OVER 18 MONTHS OLD Legal Custody documentation

Dependent Eligibility Documentation

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 _____

Important Information

- Dependent Documentation must be provided for all 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)		BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP	GENDER	DOCUMENT PROOF INCLUDED (birth certificate, marriage certificate, etc.)
	First Name	MI					

Employee/Retiree/Participant Signature _____ Date _____