Dependent Documentation Requirements

Dependent documentation is required for all dependents for the 2021 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)	• 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:
WL 9112
Suite 335
Fax To: 1.305.995.1425

US Mail:
Office of Risk & Benefits Management
P.O. Box 12241, Miami, Florida 33101

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.

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

Employee/Retiree/Participant Signature _____ Date _____