Dependent Documentation Requirements

Dependent documentation is required for all dependents for the 2022 Plan

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 forn	n with the	required d	locumentation

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) First Name	MI	BIRTH Date	SOCIAL SECURITY #	RELATIONSHIP	GENDER	DOCUMENT PROOF INCLUDED (birth certificate, etc.)

mployee/Retiree/Participant Signature	Data
.hiployee/Retiree/Participant Signature	Date