

Dependent Documentation Requirements

Dependent documentation is required for all dependents for the 2016 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 is 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 or Guardianship	Court documentation defining guardianship or 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. 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/guardianship/legal custody Proof of Florida Residence (Florida Driver License) 		
Grandchildren For specific eligibility requirements, see each benefit's page.	<table border="0"> <tr> <td style="vertical-align: top;"> 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 or Guardianship </td> <td style="vertical-align: top;"> OVER 18 MONTHS OLD Legal Custody or Guardianship documentation </td> </tr> </table>	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 or Guardianship	OVER 18 MONTHS OLD Legal Custody or Guardianship documentation
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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 (if applicable) Number _____

Social Security Number _____

Employee/Retiree/Participant Name _____

Important Information

- If not previously submitted, proof of eligibility must be on file for all listed dependents.
- You must submit proof of eligibility by the deadline. Otherwise, coverage may be terminated for any dependent whose eligibility has not been verified. Claims incurred will not be paid and any premiums deducted will not be automatically issued.
- If not previously submitted, 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 _____