

Dependent Eligibility Documentation Requirements

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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	
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.	
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 <i>For specific eligibility requirements, see benefit page.</i>	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

Dependent Eligibility Documentation

Return To: School Mail: US Mail:
 WL 9112 Office of Risk & Benefits Management
 Suite 335 1501 NE 2nd Avenue, Suite 335
 Miami, FL 33132

Fax To: 305-995-1425

Employee Number _____

Social Security Number _____

Employee Name _____

Important Information

- Proof of eligibility must be on file for all listed dependents.
- If proof was not submitted to FBMC previously or if you are adding new dependents, you must submit proof of eligibility with your enrollment form. 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. You must request a refund, if applicable, from Payroll Deduction Control.
- **Print, complete and include this form with the required documentation.**
- If not previously submitted, you must provide your covered dependent's Social Security number.

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

Employee Signature _____ Date _____