

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)	<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 _____

Domestic Partner Eligibility

Relationship	Documentation Requirements
Domestic Partner (Not married) A copy of the Domestic Partnership Affidavit is available on the following page of this online Benefits Guide.	Affidavit of Domestic Partnership and any two of the following, demonstrating a minimum of a year (12 consecutive months) partnership: <ul style="list-style-type: none"> • Joint mortgage or lease of residence • Joint ownership of a motor vehicle • Joint bank or investment account • Joint credit card or other financial responsibility • Will naming the partner as the beneficiary • Life Insurance policy naming the partner as the beneficiary • Assignment of durable power of attorney or healthcare proxy OR: Affidavit of Domestic Partnership and copy of registration under applicable state law or municipality
Children of Domestic Partner	Birth Certificate (must list domestic partner as a parent) and Domestic Partner documentation as defined above. Note: Domestic Partners must be included in coverage. You must select "Employee and Domestic Partner with children" coverage.
Grandchildren of Domestic Partner	Birth Certificate (must list Domestic Partner's child as a parent) and children of Domestic Partner documentation as defined above. Note: Domestic Partners must be included in coverage. You must select "Employee and Domestic Partner with children of a Domestic Partner" coverage. Legal Custody or Guardianship documentation
Domestic Partner Same Sex	A Domestic Partner of the same sex and legally married are covered on a tax-free basis with proper documentation (marriage certificate).

Important Information

Proof of eligibility must be provided for Domestic Partner and all listed Children or Grandchildren of Domestic Partner (Include this form with the required documentation and the completed notarized Affidavit).

Employee Number _____

Employee/Retiree/Participant Name _____

Social Security Number _____

PRINT AND RETURN BY U.S. MAIL TO:

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

RETURN BY SCHOOL MAIL TO:

Work Location 9112, Suite 335

OR FAX TO: 1-305-995-1425

Indicate the relationship of your dependent on the form below.

DP = Domestic Partner

DC = Child of Domestic Partner

DGC = Grandchild of Domestic Partner

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

Employee/Retiree/Participant Signature _____ Date _____

Note: This is not an enrollment form, you must still complete your benefits enrollment and return it with both the dependent documentation and the notarized Domestic Partner Affidavit.