



SHARON R. BOCK
 Clerk & Comptroller
 Palm Beach County

Dependent Eligibility Documentation Requirements

You are required to provide documentation to support the eligibility of all dependents you are enrolling and attest to on the back of this form. You are also required to notify Human Resources immediately when an eligible, enrolled dependent becomes ineligible.

Dependent Relationship	Documentation Requirements
Lawful Spouse	Marriage Certificate
Natural Child – may be covered through the end of the calendar year in which they reach age 26	Birth Certificate <i>Note:</i> birth registration, SS card or passport is <u>not</u> valid proof
Stepchild	Birth Certificate (must include both parents' names) and Marriage Certificate
Adopted Child	Court Documentation of adoption
Foster Child	Court Documentation of placement in foster care
Legal Custody or Guardianship	Court Documentation defining guardianship or legal custody <i>Note:</i> Notarized affidavit is not acceptable documentation
Child born to an insured dependent child (up to 18 months of age)	Birth Certificate <i>Note:</i> birth registration, SS card or passport is <u>not</u> valid proof
Disabled Dependents Over Age 30	Social Security Disability Documentation
Domestic Partner & Domestic Partner's Child(ren)	Signed Affidavit of Domestic Partnership (with one common residence documents and two joint financial-responsibilities documents) and Initialed/Dated Procedure for Administration of Domestic Partner Coverage (details coverage, eligibility, tax issues, etc.) OR signed Affidavit and Declaration of Domestic Partnership with Palm Beach County and Initialed/Dated Procedure for Administration of Domestic Partner Coverage (details coverage, eligibility, tax issues, etc.)
Dependent Children ages 26-30 must meet the following criteria: <ul style="list-style-type: none"> • The child is unmarried and does not have a dependent of his or her own, AND • The child is a Florida resident or a full-time or part-time student, AND • The child is not enrolled in any other health coverage policy or plan, AND • The child is not entitled to benefits under Title XVIII of the Social Security Act unless disabled. 	1. Verification of Florida Residency by providing any two of the following: <ul style="list-style-type: none"> • Dependent's Driver's License showing a Florida home address • Dependent's State Issued ID card showing a Florida home address • Dependent's bank statement showing a Florida home address <p style="text-align: center;">OR</p> 2. Verification of child's student status as full-time (minimum of 12 credit hours per semester) or part-time (minimum of 6 credit hours per semester) by providing a school registration from: <ul style="list-style-type: none"> • An accredited high school • An accredited college or university • A licensed vocational school, technical school, beautician school, automotive school or similar training school

I hereby attest that any and all dependents that I have declared meet the eligibility requirements listed above, and that any and all documentation submitted is true and factual. I further acknowledge and understand that fraudulent statement, omission or concealment of facts, misrepresentation, or incorrect information may result in my being responsible for the reimbursement of any expenses paid by the health/dental/vision plan(s), or in denial of the claim or cancellation or rescission of coverage under the health/dental/vision plan(s) and may result in disciplinary action according to the disciplinary guidelines of the Clerk & Comptroller's Office.

I affirm that the information provided is true and complete to the best of my knowledge.

Employee name

Date

Employee signature

Witness name

Date

Witness signature