

## **DEPENDENT VERIFICATION DOCUMENTS**

Effective July 1, 2009, appropriate documentation is required for all dependents covered under your Martin County School District insurance plan(s). The deadline to submit documents is September 30, 2009.

Please review the attached list of documents that are required for each dependent(s) listed on your insurance plan. Please attach a copy of this form and the required verification document(s) for each dependent covered and return to the Risk Management/Employee Benefits Department.

### **PLEASE PRINT**

Employee's Full Name \_\_\_\_\_

Employee's ID Number \_\_\_\_\_

Dependent's Full Name \_\_\_\_\_

Dependent's Date of Birth \_\_\_\_\_

Dependent's Relationship (Spouse/Natural Child/Stepchild/etc.) \_\_\_\_\_

### **Please check off below the type of document(s) you are enclosing:**

**NOTE:** If birth certificates or marriage licenses are required, **ONLY** state issued certificates are acceptable – **NO** religious certificates or registration cards.

- Copy of State Issued Marriage License (All spouses and stepchildren)
- Copy of 2008 IRS Tax Return (1040 or 1040A) – front & back pages
- Copy of State Issued Birth Certificate (All dependent children)
- Current College Schedule (Student - Ages 19-25)
- Copy of Child's driver's license or State Issued ID card (Dependent ages 19-25)
- Financial and Residency Affidavit (Dependent ages 19-25)
- Overage Dependent Affidavit (Dependent ages 25-30)
- Residency Affidavit (Non-Student/Stepchildren up to age 30)
- Legal Guardianship court document naming you as legal guardian (Dependent up to age 30)
- Foster Care court document naming you as foster parent (Dependent up to age 30)
- Adoption court documents showing placement (Dependent up to age 30)

*You can make an appointment with the Risk Management/Employee Benefits office to make necessary copies if needed. Please call 772-219-1200 extension 30313.*

## WHAT DOCUMENTS AM I REQUIRED TO SUBMIT FOR MY DEPENDENT(S) VERIFICATION?

### **SPOUSE**

1. Copy of State Issued Marriage Certificate **AND**
2. Copy of 2008 IRS Tax Return (front & back pages). *Please note you can black out financial information.*

### **DEPENDENT CHILD(REN) – Younger than age 19**

1. Copy of State Issued Birth Certificate **OR** Copy of legal guardianship court documents listing employee as legal guardian **AND**
2. Copy of 2008 IRS Tax Return (dependent section). *Please note you can black out financial information.*

### **GRANDCHILD(REN)\* – Age birth to 18 months**

\* A child born to an insured dependent child of yours. (Beyond 18 months requires qualification under another covered category).

1. Copy of State Issued Birth Certificate

### **DEPENDENT CHILD(REN) – Ages 19-25**

1. Copy of State Issued Birth Certificate **OR** Copy of legal guardianship court documents listing employee as legal guardian **AND**
2. Copy of Child(ren)'s driver's license or State Issued ID card **AND**
3. Financial and Residency Affidavit **AND**
4. Copy of child's or parent's 2008 IRS Tax Return (front & back pages). *Please note you can black out financial information.* **AND**
5. Copy of Child's current school schedule (Spring or Summer 2009 only)

### **DEPENDENT CHILD(REN) – Ages 25 -30**

1. Copy of State Issued Birth Certificate **OR** Copy of legal guardianship court documents listing employee as legal guardian **AND**
2. Copy of Child(ren)'s driver's license or State Issued ID card **AND**
3. Overage Dependent Affidavit **AND**
4. If student, copy of Child's current school schedule (Spring or Summer 2009 only)

### **STEPCHILD(REN) – All ages**

1. Copy of State Issued Marriage Certificate (*In addition to the appropriate dependent child category above.*) **AND**
2. Financial and Residency Affidavit

### **CHILD(REN) UNDER LEGAL GUARDIANSHIP, CUSTODY OR FOSTER CARE – All Ages**

1. Copy of Legal Guardianship documents from Courts **OR**
2. Copy of Legal custody documents from Courts **OR**
3. Copy of Foster Care documentation from Courts

### **CHILD(REN) ADOPTED OR IN THE PROCESS OF ADOPTION – All Ages**

1. Copy of Legal adoption documentation showing relationship to employee and placement in the employee's house **OR** Adoption Certificate through Courts.

OVER

## DEFINITIONS

**Spouse:**

Lawful Spouse (as defined by Florida law)

**Dependent Child:**

Any child of yours who is

- less than 19 years old
- From 19 years until the end of the calendar year in which the child reaches age 25, provided the child is both primarily supported by you and either living in your household or enrolled as a full-time or part-time student. Insurer may require such proof at least once each year until the end of the calendar year in which he/she attains age 25
- 19 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence is not required to be submitted to provider as a condition of coverage after the date the child ceases to qualify above. However, if a claim is denied, proof must be submitted by the employee that the child is and has continued to be mentally or physically handicapped.
- Legally adopted child, including that child from the date of placement in the home or from birth provided that a written agreement to adopt such child has been entered into prior to birth of such child. Coverage for a legally adopted child will include the necessary care and treatment of an injury or sickness existing prior to the date of placement or adoption. A child also includes a foster child or a child placed in your custody by a court order from the date of the placement in the home. Coverage is not provided if the adopted or foster child is ultimately not placed in your home.
- A stepchild who lives with you or a child for whom you are the legal guardian
- A child born to an insured dependent of yours until such child is 18 months old

*Anyone who is eligible as an Employee will not be considered as a dependent.*

*No one may be considered as a dependent of more than one Employee.*

**Financially Dependent:**

Employee provides over 50% of dependent child's support (as per Internal Revenue Service guidelines).

**Part-Time Student:**

Enrolled in at least 1 up to 11 credit hours

**Full-Time Student\***

Enrolled in 12 credit hours or more

\* Full time Graduate school is 9 credit hours or more

<p><i>NOTE: Unless otherwise indicated, definitions are taken from the health carrier plan documents.</i></p>
---

**FINANCIAL DEPENDENCY AND RESIDENCY AFFIDAVIT (AGES 19-25)**

Please complete one affidavit per dependent.

The Martin County School District provides insurance to eligible dependent children who are between the ages of 19 and 25 as long as that child(ren):

- Is financially dependent upon me the employee **AND**
- Resides in my home on a full-time basis **AND**
- Is my natural, adopted, stepchild or a child I am named as legal guardian

**OR**

- Financially dependent\* upon me the employee **AND**
- Is my natural, adopted, stepchild or a child I am named as legal guardian **AND**
- Is a part time or full time student

\* Financially dependency means that I provide over 50% of my child(ren)'s support and that I acknowledge that by definition.

As a consistent measure of financially dependency, effective July 1, 2009, the District requires that employees provide all of the acceptable documentation which verifies the eligibility of all dependents enrolled. If your child(ren) was not a student during 2008, you may not have been eligible to include them on your tax return. You will then be required to provide a written explanation of how you provide over 50% of your child's support. *(Space has been provided on the back of this form).*

By signing this form, I am attesting that my child \_\_\_\_\_ born on \_\_\_\_\_ meets the eligibility criteria as outlined as long as I provide the District with the requested information in this letter not later than September 30, 2009.

Should I fail, for any reason, to provide the required documentation by the above deadline, I understand and agree that my child(ren) fails to be an eligible dependent under the District's terms as outlined in the Employee Benefits Handbook and insurance contracts and therefore ineligible for benefits my child(ren), may be terminated from all insurance plans effective September 30, 2009.

I have read and agree to abide by the above statements.

*Please note that if an employee knowingly commits fraud by enrolling an ineligible person(s) in the District's insurance program, the District will take appropriate disciplinary action up to and including termination.*

*Any person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a third degree felony. Florida Statute Ch. 817.234(1)(b)(2000).*

\_\_\_\_\_  
Print Employee's Full Name

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date



**OVERAGE DEPENDENTS AFFIDAVIT (Ages 25-30 ONLY)**

Please complete one affidavit per dependent.

I wish to apply for medical health insurance for my child(ren) who is between the ages of 25 and 30 and who meets the definition of a dependent under the District's medical health plan. Coverage will be in the same plan in which the employee is enrolled, if approved. Coverage will be effective July 1, 2009.

NOTE: Dental and vision coverages do not apply for these dependents.

Premiums are <b>PER</b> Overage Dependent <b>AND</b> <u>in addition to the family deduction.</u>		
	<u>24 deductions</u>	<u>Hourly</u>
Open Access Plus In Network (OAPIN)	\$123.98	\$135.25
Open Access Plus (OAP)	\$196.45	\$214.31

I attest that:

\_\_\_\_\_

Print Child's Name	Date of Birth	SSN
--------------------	---------------	-----

Please initial below:

- \_\_\_\_\_ Is not married
- \_\_\_\_\_ Has no dependents
- \_\_\_\_\_ Does not otherwise have available other major medical health insurance
- \_\_\_\_\_ Lives in Florida or is a student in another state

I understand that premiums are post-tax and apply separately to each child covered as an over age child. I authorize the Martin County School District to deduct required premiums from my paycheck.

I further understand that that if an employee knowingly commits fraud by enrolling an ineligible person(s) in the District's insurance program, the District will take appropriate disciplinary action up to and including termination.

*Any person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a third degree felony. Florida Statute Ch. 817.234(1)(b)(2000).*

\_\_\_\_\_

Print Employee's Full Name	Employee ID #
----------------------------	---------------

\_\_\_\_\_

Employee's Signature	Date
----------------------	------