

ALACHUA COUNTY DEPENDENT ELIGIBILITY - VERIFICATION OF REQUIRED DOCUMENTS

See reverse for the required verification documents

Employee Name:

SS#

I understand that proof of each covered dependent's eligibility for the plan must be submitted to Risk Management during the open enrollment period. If I knowingly or intentionally fail to provide Alachua County with the accurate required documentation within thirty (30) days, benefits coverage may be retroactively rescinded for my dependents and I will be liable for any claims paid on his or her behalf. In addition, Alachua County may, at its discretion take action to receive reimbursement, which may include payroll deductions.

I represent that the information contained herein is true and complete to the best of my knowledge. I understand that in the event any false or misleading information is intentionally furnished Alachua County may initiate disciplinary action up to and including termination of my employment. I understand that Risk Management reserves the right to re-examine my documentation at a later date.

Employee Signature _____ *Date* _____

For Risk Management office use only

Dependent Name:

Relationship:

Gender:

DOB

SS#

Documentation provided

Date

Benefits Office Signature

Dependent Name:

Relationship:

Gender:

DOB

SS#

Documentation provided

Date

Benefits Office Signature

Dependent Name:

Relationship:

Gender:

DOB

SS#

Documentation provided

Date

Benefits Office Signature

ALACHUA COUNTY GROUP INSURANCE DEPENDENT VERIFICATION REQUIREMENTS

To enroll your dependents in Alachua County group insurance plans you must complete enrollment forms and provide dependent verification documents. Specific documents are listed below.

Eligible Dependents	Definition of an eligible dependent	Required Documentation
Spouse	Current spouse under legally valid marriage	Copy of your marriage certificate <i>and</i> Document dated within the last 60 days showing current relationship status such as a household bill, property tax bill, rental/ lease agreement with both your name and spouse's name
Certified Domestic Partner	Meets criteria as defined in affidavit of certified domestic partner relationship	Completed domestic partner affidavit and 1 document as required by affidavit
Children		
Biological child	Eligible to end of year child turns age 26	Copy of the child's birth certificate naming you as the child's parent
Stepchild	Eligible to end of year child turns age 26 You must be legally married to the child's parent	Copy of child's birth certificate naming your spouse as child's parent <i>and</i> spouse required documentation as above
Adopted child	Eligible to end of year child turns age 26	Copy of adoption papers or birth certificate showing relationship between you and child
Foster Child	Eligible to the end of the year child turns 26 or is no longer eligible under the Foster Child Program if sooner	Copy of court documents confirming the foster relationship
Legal Ward	Eligible to the end of the year child turns 26	Copy of court documents establishing guardianship.
Grandchild	The newborn child of a covered dependent child. Eligible to 18 months after the birth of the newborn child.	Copy of your grandchild's birth certificate naming your covered dependent child as the child's parent <i>and</i> copy of your child's birth certificate naming you as the child's parent
Disabled Child Age 26 and older	Child incapable of self-sustaining employment by reason of mental or physical disability and is dependent upon you for support and maintenance provided that the symptoms or causes of the child's disability existed prior to the child's 26th birthday.	Required child documentation and a statement from the dependent's physician certifying that the dependent was incapacitated or disabled prior to the limiting age, is incapable of self-sustaining employment by reason of mental or physical disability, and is fully dependent upon you for support.