



District School Board of Pasco County
Certification of Over-Age Dependent Eligibility Form
 (Affidavit of Adult Child)

Please Print or Type:

Employee Name _____ Employee ID# _____

Last Name
First Name
MI

Dependent Verification

In accordance with Florida Statute 627.6562, certain children must meet specific eligibility requirements to be covered under the District’s Group Health Plan. In the event a claim is denied, it is the employee’s responsibility to establish that the dependent(s) meet the requirements for continue eligibility. **Additionally**, Pasco County Schools may request documentation to ensure that a child meets and continues to meet such requirements. This eligibility provision does not modify any other eligibility requirements.

For an additional monthly premium, children ages 26-30 are eligible to be covered as over-age dependents if:

1. They are unmarried , **and**
2. They have no dependent children of their own, **and**
3. They live in Florida or attend school in another state, **and**
4. They have no other health insurance.

Please complete the section below for any over-age dependents currently covered under the group health plan – All Fields Required:

Dependent’s Name	Date of Birth	Relation	Do they live in Florida?		Do they have other health insurance?		Are they Married?		Do they Have children of their own?		Are they a full/part time student?		Name, city and term enrolled for any licensed school or university
			YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	

I understand and agree that any misstatements may result in denial of benefits and/or termination of coverage. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an applications containing any false, incomplete or misleading information is guilty of a felony of the third degree pursuant to Florida Statutes 817.234. I hereby affirm and attest that the dependent(s) listed above meet the requirements of eligibility.

Employee/Retiree Signature *(Must Print to Sign)* _____ Date _____ Phone Number _____

Upload this form and dependent verification documents to CBIZ.

A list of required documents and instructions on how to upload documents are available online at <http://www.pasco.k12.fl.us/ebarm/page/dependent-verification>