

Covering Dependents Under the District's Group Health Plan



Dependent Verification Effective October 1, 2019

Retirees who elect to enroll their spouse or dependent children in the District's group health plan (medical, dental or vision) are required to provide documentation verifying their dependent's eligibility. Dependent verification requirements apply to all current retirees, as well as retirees experiencing a mid-year qualifying event.

To verify your dependents, you must submit the required documentation as defined in the Dependent Verification Documentation chart. Employee Benefits

must receive documentation by the close of business on the final day as defined in the Dependent Verification Document Due Date Chart on the next page. Retirees may submit documentation to Attention Jessica Rusha via:

1. Email: mybenefits@pasco.k12.fl.us or fax (813) 794-2173
2. Mail: Pasco County Schools, Attention: EBARM-DV, 7227 Land O' Lakes Blvd, Land O' Lakes, FL 34638

Dependent Verification Documentation Requirements

(Submit copies of the required documentation as described below).

Spouse	<ul style="list-style-type: none"> • Government issued marriage certificate or • Most recent tax return transcript from IRS.
Children up to age 26	<ul style="list-style-type: none"> • Child's government issued birth certificate or adoption certificate naming the employee or spouse as the child's parent. • Court order naming employee or spouse as legal guardian. • Records showing the employee or spouse as the dependent's foster parent.
Child of a covered dependent	<ul style="list-style-type: none"> • Newborn's birth certificate naming the covered dependent as the parent.
Unmarried child age 26 up to age 30	<ul style="list-style-type: none"> • The same documentation for children under age 26 and <ul style="list-style-type: none"> • An affidavit of adult child and • Documentation of student status or • Bill or statement in the child's name dated within the past 60 days showing Florida residency.
Disabled children age 26 or older	<ul style="list-style-type: none"> • The same documentation for children under age 26 and • Most recent tax return transcript from IRS and • Medical documentation.

Retirees covering a stepchild or a child who is the legal guardian of their spouse would be required to provide documentation of their current relationship to their spouse.

Dependent Verification Continued

Tips for Submitting Dependent Verification Documentation

• Tax Return Transcript

- You can request a copy of your transcript from the IRS at www.irs.gov/individuals/get-transcript or by calling the IRS at (800) 908-9946.
- **Spouse:** Please submit only the first page, showing your and your spouse's name, last four digits of social security numbers and tax filing period.
- **Disabled Child:** Tax transcript must list child's name, last four digits of social security number and the child as your tax dependent.
- You may black out all financial information.

• Submitting Documentation

1. Log into Talent Ed using your ID and Password. If this is your first time logging in, please click on "Logging in for the first time?" and follow instructions on creating your password for this account.
2. Once logged into Record, click on **Blank Docs** located in top right corner of page.
3. Click on **Dependent Verification for Group Health Plan** folder.
4. The Dependent Verification form will open.
5. Scroll down to **Attachments** and attach dependent verification documents for all dependents to the appropriate section.
6. Click **Save Final** to submit documents.

If you have questions, please contact Employee Benefits at mybenefits@pasco.k12.fl.us.

STATUS	DOCUMENTATION DUE DATE
New Hire or Newly Benefit Eligible	Within 30 days of benefit effective date
Mid-year Qualifying Event	Within 30 days of Enrollment
Open Enrollment	The last day of open enrollment (October 31)

WORKING SPOUSE EXCLUSION

If your spouse is employed and has access to medical coverage through his/her employer, they are not eligible for coverage under Pasco County Schools' group medical plan.

If you designate your spouse as a dependent to be enrolled in Pasco County Schools' group medical plan, you will need to submit a completed spousal waiver form verifying your spouse's ineligibility for coverage under their employer's medical plan. If you do not complete and return the waiver form, your inaction will deem your spouse ineligible for coverage. If deemed ineligible for coverage, your spouse will be removed from Pasco County Schools' group health plan.

The "Working Spouse Waiver" does not affect your option to enroll your spouse in benefits such as dental, vision or other applicable voluntary benefits as long as you provide the required dependent verification documents.

Dependent Eligibility

Federal Law: The Affordable Care Act makes coverage available to adult children up to age 26. No dependent eligibility requirements can be applied from newborn to age 26.

State of Florida Law (Florida Statute 627.6562): Requires that extended coverage for adult children over age 26 be offered through the end of the calendar year in which they reach age 30. Extended coverage applies to medical and vision only.

A covered dependent child may continue coverage beyond the age of 26, provided he or she is:

1. Unmarried and does not have a dependent;
2. A Florida resident or a full-time or part-time student;
3. Not enrolled in any other health coverage policy or plan;
4. Not entitled to benefits under Title XVIII of the Social Security Act unless the child is a handicapped dependent child.

Eligible Dependents Include

Your spouse	The person to whom you are legally married.
Your child	Through the end of the calendar year in which he/she turns age 26, your biological child, legally adopted child or child placed in the home for the purpose of adoption, in accordance with applicable state and federal laws.
Your child with a disability	Your covered child who is permanently mentally or physically disabled. This child may continue health insurance coverage after reaching age 26 if you provide adequate documentation validating disability upon request and the child remains continuously covered in a State Group Insurance health plan. The child must be unmarried, dependent on you for care and for financial support, and can have no dependents of his/her own.
Your stepchild	Through the end of the calendar year in which he/she turns age 26, the child of your spouse for as long as you remain legally married to the child's parent.
Your foster child	Through the end of the calendar year in which he/she turns age 26, a child that has been placed in your home by the Department of Children and Families Foster Care Program or the foster care program of a licensed private agency. Foster children may be eligible to their age of maturity.
Legal guardianship	Through the end of the calendar year in which he/she turns age 26, a child (your ward) for whom you have legal guardianship in accordance with an Order of Guardianship pursuant to applicable state and federal laws. Your ward may be eligible until his or her age of maturity.
Your grandchild	A newborn dependent of your covered child. Coverage may remain in effect for up to 18 months of age as long as the newborn's parent remains covered.
Your over-age dependent	Your child after the end of the calendar year in which they turned age 26 through the end of the calendar year in which they reach 30 if they are unmarried, have no dependents of their own, are dependent on you for financial support, live in Florida or attend school in another state and have no other health insurance.