

# 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:

- Unmarried and does not have a dependent;
- A Florida resident or a full-time or part-time student;
- Not enrolled in any other health coverage policy or plan;
- Not entitled to benefits under Title XVIII of the Social Security;
- 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. The child must be unmarried, dependent on you for care and for financial support, and can have no dependents of his/her own.

**Your Step-Child** - 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.

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## Notifying CBIZ of Change in Dependent Status

Employees who cover their spouse or dependent children under the Board's group health plan are required to notify CBIZ within 30 days of their change in marital status or change in dependent status of a covered dependent. Failure to notify CBIZ may result in the employee receiving a benefit under the group health plan that he/she is not entitled to receive. Should this occur you will be required to repay the Board any premiums due or benefits received that you were not entitled to receive.

## Tax Implications for age dependents

Employees are allowed to cover dependent children ages 27-30 under the District's group health plan; however, the Internal Revenue Service requires the District to include the value of the coverage provided for your dependents over age 26 in your adjusted gross income before issuing your W-2 form.

The value of premiums for adult children over age 26 will be deducted post-tax on a per payroll basis. If you cover dependent(s) in both age groups as stated above, you will see two separate payroll deductions on your paycheck reflecting the pre-tax and post-tax value of dependent premiums.

Tax Status of Dependent Premiums		
Dependent Age	Birth - Age 26*	Over Age 27 - 30
Taxable Status	Pre-tax	Post-tax

*\*Through the end of the year in which they turn 27. Post tax benefits will begin January 1st of the next calendar year.*

## Dependent Verification

All employees who elect to enroll their dependents in the District group health plan (medical, dental, vision and life insurance) must provide documentation of dependent eligibility. The documentation may include a birth certificate, marriage certificate, or other legal documentation and must be submitted by the end of Open Enrollment. Dependent verification documents must be uploaded to the CBIZ platform. If CBIZ does not receive the dependent verification documentation your dependent coverage will end December 31, 2025.

Documentation Requirements	
Dependent Type	Required Documentation
Spouse	Copy of the government issued marriage certificate and <ul style="list-style-type: none"><li>• Most recent tax return transcript for IRS</li></ul>
Children up to age 26	<ul style="list-style-type: none"><li>• Copy of the child's government issued birth certificate or adoption certificate naming the employee or spouse as the child's parent</li><li>• Copy of the court order naming employee or spouse as legal guardian.</li><li>• Copy of the records showing the employee or spouse as the dependent's foster parent</li></ul>
Child or covered dependent	Copy of the newborn's birth certificate naming the covered dependent as the parent
Unmarried child age 26 up to age 30	The same documentation for children under age 26 and <ul style="list-style-type: none"><li>• Copy of the affidavit of adult child and</li><li>• Documentation of student status or</li><li>• Bill or statement in the child's name dated within the past 60 days showing Florida residency.</li></ul>
Disabled children age 26 or older	The same medical documentation for children under <ul style="list-style-type: none"><li>• Age 26 and</li><li>• Most recent tax return transcript for IRS and</li><li>• Medical documentation validating disability.</li></ul>