

# Dependent Eligibility Verification

## Dependent Information

### Dependent Eligibility Documentation

**RETURN IN PERSON TO:**

On-site FBMC Service Center  
Jackson Main Campus  
1611 NW 12<sup>th</sup> Ave.  
Park Plaza West L-109B  
or  
Fax to: 305-355-2324

### Important Information

You will need:

- Proof of eligibility for all listed dependents.
- Required documentation must be provided prior to November 21, 2018. Failure to do so will result in loss of coverage for your dependents or inability to enroll them in coverage.
- **Print, complete and include this form with the required documentation.**
- If you are going to add an Adult Child, you must present the required documentation along with a completed Adult Child Affidavit.
- If the dependent eligibility/verification data presented is not valid, the dependent will be marked through and you will need to resubmit valid documentation. Please initial these that are marked through to verify that you understand that additional documentation is required.

SOCIAL SECURITY NUMBER \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_

DEPENDENT NAME (print clearly)			BIRTH DATE	SOCIAL SECURITY #	RELATIONSHIP	GENDER	DOCUMENT PROOF INCLUDED (birth certificate, marriage certificate, etc.)
Last Name	First Name	MI					

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** Any employee found to be submitting false documentation for his/her dependent(s) will have the dependent deemed ineligible retroactively and will be subject to disciplinary action, up to and including termination of employment.