

# DEPENDENT ELIGIBILITY VERIFICATION FORM



## DEPENDENT ELIGIBILITY DOCUMENTATION

**RETURN VIA FAX TO:**  
305-355-2324

### IMPORTANT INFORMATION

#### YOU WILL NEED:

- Proof of eligibility for all listed dependents.
- Required documentation must be provided prior to Dec. 4, 2020 for newly added dependents. 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.
- By signing below, you verify that the additional Adult Child required documentation is valid.

SOCIAL SECURITY # \_\_\_\_\_ EMPLOYEE NAME \_\_\_\_\_

RELATIONSHIP	GENDER M/F	DEPENDENT NAME (PRINT CLEARLY) LAST NAME/FIRST NAME	SOCIAL SECURITY #	BIRTH DATE MM/DD/YY	DOCUMENT PROOF INCLUDED (BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, ETC.)

EMPLOYEE SIGNATURE	DATE
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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.

