Dependent Eligibility

Required Documents To Add Dependents

If you add a new dependent during Open Enrollment, or as a result of a family status change, coverage will not begin until valid documentation is received. Employees are required to submit evidence supporting their dependent's eligibility for coverage under a County plan. This is a mandatory requirement that applies to any dependent added now or in the future. Failure to provide acceptable documentation will result in cancellation of the dependent's medical, dental and or vision coverage (if enrolled) effectively to the enrollment effective date. Please retain proof of mailing or fax confirmation for all documents sent to the plans.

Open Enrollment – It is your responsibility to provide the health plans with the required documentation by the last day of Open Enrollment.

New Employees – When enrolling for benefits during your initial eligibility you must submit supporting documentation for all family members to be enrolled. The health plan must receive all dependent information before your benefits effective date.

	Eligible Dependents	Documentation Required for Enrollment
Spouse*	Your legal spouse in accordance with Florida statutes.	Official certified Marriage Certificate
Domestic Partner (DP)*	Your Domestic Partner in accordance with County Ordinance 08-61	Domestic Partnership certificate issued by the MDC Department of Regulatory and Economic Resources (RER), Consumer Services.
Child	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.	Official Birth Certificate listing employee as the parent (birth cards are not acceptable). Adoption: Legal Adoption documentation showing relationship to employee and placement in employee's home or copy of Adoption Certificate issued through the Courts.
Child with a Disability	Your child who is permanently mentally or physically disabled and dependent on you for support. Child may continue health insurance coverage in County plan beyond the maximum age, if you provide acceptable documentation validating disability, prior to the child turning 26 (also applies to dental and vision coverage).	Acceptable documentation validating disability from attending physician. Must be presented each year upon request.
Stepchild/ Domestic Partner Child	The child of your spouse/domestic partner for as long as you remain legally married/registered partners.	Official certified Birth Certificate(s) AND copy of certified Marriage Certificate/registered Domestic Partner Certificate listing employee's current spouse/partner as parent.
Foster Child	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 until their age of maturity.	Permanent Legal Guardianship/Custody document from the Courts or copy of Foster Care documentation from Courts.
Legal Guardianship	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.	
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. After 18 months, the grandchild must meet the criteria for permanent legal guardianship by the employee.	Official certified Birth Certificate(s) of child AND copy of Permanent Legal Guardianship, Adoption/placement for adoption, or Foster Care document from the Courts.
Adult Dependent Child	Your child, after December 31 of the year the child. turned age 26, through December 31 of the year the child reaches age 30. Must be unmarried, have no dependents of their own, dependent on you for financial support, live in Florida or attend school in another state, and have no other health insurance.	Affidavit of Eligibility and proof of student status, or proof of Florida residence (e.g. driver's license, etc.). Documents must be presented every year, before **the end of Open Enrollment**. If you enroll a new dependent age 26+, you must also provide proof the adult child was continuously covered by other creditable coverage without a gap in coverage of more than 63 days.

*Your spouse or Domestic Partner (DP) is not an eligible dependent for coverage under your insurance, if also a County employee. Eligible employees are not allowed to cover each other on their group medical/dental plans. Ex-spouses may not be enrolled for group benefits under any circumstance.