

Dependent Documentation Requirements

Dependent documentation is required for all dependents for the 2026 Plan Year

| Dependent Relationship | Documentation Requirements | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Spouse | Marriage Certificate | |
| Natural Child | Birth Certificate (must list employee as a parent) Note: birth registration, SS card or passport are not valid proof | |
| Stepchild | Birth Certificate (must list employee's spouse or domestic partner* as a parent) and Marriage Certificate. *Domestic partner's eligibility must be met. | |
| Adopted Child | Court Documentation of adoption | |
| Legal Custody | Court Documentation defining legal custody. Note: Notarized affidavit is not acceptable documentation. Temporary custody does not constitute legal custody. | |
| Disabled Dependents Over Age 26 | Social Security Disability Documentation confirming Medicare and/or Medicaid enrollment. Disabled dependents are eligible only if covered by a School Board Healthcare plan or Flexible Benefits plan prior to the date of disability. Additionally, if coverage is terminated, it cannot be reinstated. | |
| Adult Child (between the age of 26–30) | <ul style="list-style-type: none">• Affidavit of Eligibility• Birth certificate or Court Documents of Adoption/legal custody• Proof of Florida Residence (Florida Driver License) | |
| Grandchildren For specific eligibility requirements, see each benefit's page. | UNDER 18 MONTHS OLD Birth Certificate (must list employee's child as a parent) Note: the parent must be a covered dependent; if not, same as Legal Custody | OVER 18 MONTHS OLD Legal Custody documentation |

Dependent Eligibility Documentation

Print, complete and include this form with the required documentation.

School Mail: WL 9112 Suite 335 Return to FBMC via US Mail:
E-Fax: 1-877-217-0269 Office of Risk & Benefits
Online (recommended): Management P.O. Box 12241, Miami,
<https://forms.myfbmc.com/forms/mdcpsdva> Florida 33101

Employee Number (if applicable) _____

Social Security Number _____

Employee/Retiree/Participant Name _____

Important Information

- Dependent Documentation must be provided for all listed eligible dependents upon request.
- Otherwise, coverage **will** be terminated for any dependent whose eligibility has not been verified.
- Claims incurred will not be paid and any premiums deducted will not be refunded.
- You must provide your covered dependent's Social Security number.

| DEPENDENT NAME (print clearly) | | | BIRTH DATE | SOCIAL SECURITY # | RELATIONSHIP | GENDER | DOCUMENT PROOF INCLUDED (birth certificate, marriage certificate, etc.) |
|--------------------------------|------------|----|------------|-------------------|--------------|--------|----------------------------------------------------------------------------|
| Last Name | First Name | MI | | | | | |
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Employee/Retiree/Participant Signature _____ Date _____