

**CERTIFICATE OF DEPENDENT ELIGIBILITY ATTESTATION**

Florida State College at Jacksonville strives to provide you and your family with valuable benefit programs. To help maintain these programs, we must ensure that we are only covering eligible dependents.

As an employee/retiree of one of the participating plans covering any dependent(s), you are required to verify the dependent’s eligibility by providing documentation for each covered dependent. It is your responsibility to ensure that your dependents meet, and continue to meet, the eligibility requirements.

The following dependents are eligible for the Medical, Dental and Vision plans:

- Legally Married Spouse
- Domestic Partner
- Children up to age 26 - An eligible child is defined as follows: a natural child, a stepchild, a legally adopted child, legal guardian or foster child(ren).
- Over age Children age 26 to 30 - Medical plan only, if the covered plan participant pays the full cost of coverage, at the retiree premium rate. ● Dependent Children with Disabilities

The following pages include the requirements necessary to complete the dependent verification process and the documentation required.

To verify your dependents, you must sign and return the Certificate of Dependent Eligibility Attestation along with providing the required documentation. Dependents will **NOT** be added to any benefit plans until this verification documentation is received.

If you have any questions, please contact a Benefits Coordinator at [benefits@fscj.edu](mailto:benefits@fscj.edu).

I certify that the documentation I provide is true and correct and meets the definition of eligible dependents, as stated above.

I understand that a falsification of documents or covering of dependents who do not meet the eligibility criteria, intentionally or unintentionally, may result in disciplinary action up to and including termination of employment.

Employee name (printed)	EMPLID #
Employee signature	Date

**FSCJ VERIFICATION REQUIREMENTS**

**When submitting supporting documentation:**

- Mark out all confidential information such as financial data and social security numbers. Social Security numbers should be provided when adding dependents online in PeopleSoft.
- The signed Certificate of Dependent Eligibility Attestation along with the verification documents will be uploaded under the My Benefits tab in the I-hub.

- If a document is two-sided or multiple pages, ensure you copy both sides and all pages of the document before uploading the document.
- If a document is not in English, you may be requested to upload ‘word for word’ English translation of the document and a copy of the original document.

Eligibility Requirements	Acceptable Supporting Documentation
<p><b><u>SPOUSE</u></b> Your spouse under a legally valid existing marriage.</p>	<p>Submit one document from <b>PROOF A</b> <b>AND</b> one document from <b>PROOF B:</b></p> <p><b><u>PROOF A:</u></b></p> <ul style="list-style-type: none"> <li>• Valid legal or religious marriage certificate, which must include: <ul style="list-style-type: none"> <li>○ Name of the employee and spouse</li> <li>○ Date of marriage</li> <li>○ Certifier’s signature/official seal</li> </ul> <i>(Employees married within the last 6 months do not need to provide Proof B.)</i> </li> <li>• Legal household/family registry, must show spousal relationship <i>(This is only acceptable if you were married outside the U.S. and do not have a marriage certificate.)</i></li> </ul> <p><b>AND</b></p> <p><b><u>PROOF B:</u></b></p> <ul style="list-style-type: none"> <li>• Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> <li>○ Be from current or previous tax year</li> <li>○ Contain name of employee and spouse</li> <li>○ Indicate married filing jointly or married filing separately <i>(Only the page listing filing status and exemptions is required)</i> <input type="checkbox"/></li> </ul> </li> <li>• Utility bill, which must: <ul style="list-style-type: none"> <li>○ Be dated within the last 12 months</li> <li>○ Contain name of employee and spouse as joint owners</li> <li>○ Contain name of utility company</li> </ul> </li> <li>• Document from a bank account or financial institution, which must: <ul style="list-style-type: none"> <li>○ Be dated within the last 12 months</li> <li>○ Contain name of employee and spouse as joint owners of the account</li> <li>○ Contain name of financial institution</li> </ul> </li> <li>• Insurance document such as homeowner, renter or automobile, which must: <ul style="list-style-type: none"> <li>○ Be dated within the last 12 months</li> <li>○ Show employee and spouse as joint account owners</li> <li>○ Contain name of insurance company</li> </ul> </li> <li>• Mortgage document or current lease, which must: <ul style="list-style-type: none"> <li>○ Be dated within the last 12 months</li> <li>○ Contain name of employee and spouse as joint owners or joint renters</li> <li>○ Contain name of mortgage company, landlord or rental company <input type="checkbox"/></li> <li>• Valid vehicle registration, which must: <ul style="list-style-type: none"> <li>○ Be dated within the last 12 months</li> <li>○ Contain name of employee and spouse as joint owners</li> <li>○ Contain name of state or county in which issued</li> </ul> </li> </ul> </li> </ul>

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	<p>□ Designation as beneficiary for the employee’s will or life insurance, which must:</p> <ul style="list-style-type: none"> <li>○ Be dated within the last 12 months</li> <li>○ Include names of domestic partner and employee ○ Include date of notarization and signature of Notary</li> </ul>
<p><b><u>DOMESTIC PARTNER</u></b> Your same or opposite sex domestic partner who, along with you, meets all of the following eligibility requirements:</p> <ul style="list-style-type: none"> <li>• both individuals are each other’s sole Domestic Partner and intend to remain so indefinitely; and</li> <li>• individuals are not related by blood to a degree of closeness (e.g., siblings) that would prohibit legal marriage in the state in which they legally reside; and</li> <li>• both individuals are unmarried, at least 18 years of age, and are mentally competent to consent to the Domestic Partnership; and</li> <li>• both individuals are financially interdependent and have resided together continuously in the same residence for at least 12 calendar months prior to applying for coverage under the Blue Cross and Blue Shield of Florida, Inc.’s Contract and intend to continue to reside together indefinitely; and</li> <li>• the employee has completed and submitted a notarized Affidavit of Domestic Partnership to his employer and the employer has approved this Affidavit of Domestic Partnership.</li> </ul>	<p>Submit one document from <b>PROOF C</b> <b>AND</b> one document from <b>PROOF D</b>:</p> <p><b><u>PROOF C:</u></b></p> <ul style="list-style-type: none"> <li>• Valid Florida Blue Cross Blue Shield Affidavit of Domestic Partnership, which must include: <ul style="list-style-type: none"> <li>○ Names of the employee and domestic partner</li> <li>○ Date of Notarization ○ Signature of Notary</li> </ul> </li> <li>• State-issued Certificate of Domestic Partnership, which must include ○ Names of the employee and domestic partner ○ Date of Certificate ○ Certifier’s signature/official state seal</li> </ul> <p><b>AND</b></p> <p><b><u>PROOF D:</u></b></p> <ul style="list-style-type: none"> <li>• Utility bill, which must: ○ Be dated before July 1, 2022 <ul style="list-style-type: none"> <li>○ Contain name of employee and domestic partner as joint owners</li> <li>○ Contain name of utility company</li> </ul> </li> <li>• Document from a bank account or financial institution, which must: ○ Be dated before July 1, 2022 <ul style="list-style-type: none"> <li>○ Contain name of employee and domestic partner as joint owners of the account</li> <li>○ Contain name of financial institution</li> </ul> </li> <li>• Insurance document such as homeowner, renter or automobile, which must: <ul style="list-style-type: none"> <li>○ Be dated before July 1, 2022</li> <li>○ Show employee and domestic partner as joint account owners</li> <li>○ Contain name of insurance company <ul style="list-style-type: none"> <li>• Mortgage document or current lease, which must: Be dated no later than 12 months before the Affidavit or Certificate date. Contain name of employee and domestic partner as joint owners or joint renters</li> </ul> </li> <li>○ Contain name of mortgage company, landlord or rental company</li> </ul> </li> <li>• Valid vehicle registration, which must: <ul style="list-style-type: none"> <li>○ Be dated before July 1, 2022</li> <li>○ Contain name of employee and spouse as joint owners ○ Contain name of state or county in which issued</li> </ul> </li> <li>• Designation as beneficiary for the employee’s will or life insurance, which must: <ul style="list-style-type: none"> <li>○ Be dated before July 1, 2022</li> <li>○ Include names of domestic partner and employee</li> <li>○ Include date of notarization and signature of Notary</li> </ul> </li> <li>• Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> <li>○ Be from current or previous tax year ○ Name employee as person filing</li> <li>○ Name domestic partner as dependent</li> </ul> </li> </ul> <p>(Only the page listing filing status and exemptions is required)</p>

Eligibility Requirements	Acceptable Supporting Documentation
<p><b><u>Child until age 26</u></b>  Your children until the end of the calendar year that they reach age 26 which includes:</p> <ul style="list-style-type: none"> <li>• a natural child, or a child placed with you for adoption</li> <li>• a stepchild;</li> <li>• foster child; or</li> <li>• any other child for whom you have legal guardianship or court ordered custody.</li> </ul>	<p>Submit a copy of one document from <b>PROOF E:</b>  <b>PROOF E:</b></p> <ul style="list-style-type: none"> <li>• Your Federal 1040 or State income tax return, which must: <ul style="list-style-type: none"> <li>○ Be from current or previous tax year</li> <li>○ List your dependent with the relationship as daughter, son or child (Only the page listing filing status and exemptions is required)</li> </ul> </li> <li>• Child’s legal or hospital birth certificate or affidavit of parentage, which must: <ul style="list-style-type: none"> <li>○ Contain the name of the employee or spouse</li> <li>○ Contain the name of the child</li> <li>○ Indicate date of birth</li> </ul> </li> <li>• Legal household/family registry, must show relationship (<i>This is only acceptable if the child was born outside the U.S. and you have no legal birth certificate.</i>)</li> <li>• Final divorce decree, parental custody agreement or Qualified Medical Child Support Order (QMCSO), which must: <ul style="list-style-type: none"> <li>○ Contain the name of the employee or spouse indicating parentage of the child</li> <li>○ Contain the name of the child</li> <li>○ Official signature or stamp indicating document has been filed</li> </ul> </li> <li>□ Legal adoption, guardianship or legal custody papers, which must: <ul style="list-style-type: none"> <li>○ Contain the name of the employee or spouse</li> <li>○ Contain the name of the child</li> <li>○ Official signature or stamp indicating document has been filed</li> </ul> </li> </ul>
<p><b><u>Newborn Child of a Covered Dependent Child</u></b>  □ Covered for 18 months after the birth of the newborn child, or until the Covered Dependent Child becomes 26.</p>	<p>Submit a copy of the document from <b>PROOF F:</b>  <b>PROOF F:</b></p> <p>□ Child’s legal or hospital birth certificate or affidavit of parentage, which must:</p> <ul style="list-style-type: none"> <li>○ Contain the name of the enrolled child of the employee or employee’s spouse as the parent of the newborn</li> <li>○ Contain the name of the child</li> <li>○ Indicate date of birth</li> </ul>
<p><b><u>Covered Dependent Child beyond the end of the calendar year in which he or she reaches age 26, through the end of the calendar year that they reach age 30,</u></b>  provided he or she is:</p> <ul style="list-style-type: none"> <li>• unmarried and does not have a dependent;</li> <li>• a Florida resident or a full- or part-time student;</li> <li>• not enrolled in any other health coverage policy or group health plan;</li> <li>• not entitled to benefits under Title XVIII of the Social Security Act.</li> </ul>	<p>Submit a copy of one document from <b>PROOF G AND</b> a copy of one document from <b>PROOF H:</b>  <b>PROOF G:</b></p> <ul style="list-style-type: none"> <li>• Any one of the documents listed for Child under age 26.</li> </ul> <p><b>AND</b>  <b>PROOF H:</b></p> <ul style="list-style-type: none"> <li>• Official college/university/institution documentation that indicates student status for Spring 2022 Session, which must include the following pre-printed information: <ul style="list-style-type: none"> <li>○ name of the child</li> <li>○ name of the school and semester or quarter in which the student is enrolled</li> </ul> </li> <li>• Copy of the child’s presently valid driver’s license or state ID showing the current address of the child to be within the state of Florida.</li> <li>• Copy of the child’s bank statement, credit card statement, rental lease, utility bill showing the current address to be within the state of Florida and dated within the last 6 months.</li> </ul>

Eligibility Requirements	Acceptable Supporting Documentation
<p><b><u>Disabled Child beyond the age of 26</u></b>  Any dependent disabled child, over the age of 26 who otherwise meets the criteria for “eligible child” and is:</p> <ul style="list-style-type: none"> <li>• incapable of self-sustaining employment because of a physical or mental disability;</li> <li>• chiefly dependent on the Participant for support and maintenance because of the disability which started prior to the date the child reached age 26.</li> </ul>	<p>Submit a copy of one document from <b>PROOF I</b> <b>AND</b> a copy of one document from <b>PROOF J</b>:</p> <p><b><u>PROOF I:</u></b></p> <ul style="list-style-type: none"> <li>• Any one of the documents listed for Child until age 26 (listed above).</li> </ul> <p><b>AND</b></p> <p><b><u>PROOF J:</u></b></p> <ul style="list-style-type: none"> <li>• Physician statement certifying that the dependent child: <ul style="list-style-type: none"> <li>○ Cannot support them self because of a physical or mental disability.</li> <li>○ All information must be included on physician’s letterhead or form.</li> </ul> </li> </ul>
<p><b><u>Also required to prove the relationship between you and your stepchild:</u></b>  <i>If you are an employee providing documentation for a child of your legal spouse or Domestic Partner, FSCJ must receive the required proofs listed for Spouse (Proof A and B) or Domestic Partner (Proof C and D), even if you do not currently cover your spouse or domestic partner.</i></p>	