

Dependent Child Eligibility Form

(For children 26-30 years old)

A dependent child age 26-30 may continue past the age of 25 to the end of the calendar year in which they turn 30 if: The child is unmarried with no dependents, **AND** the child is a FLORIDA resident or a full time or part time student, **AND** the child is otherwise uninsured and not entitled to Medicare, **AND** the child is not enrolled in any other health coverage plan or policy, **AND** the child is not entitled to Title XVIII benefits of the social security act unless the child is handicapped.

EMPLOYEE/RETIREE NAME (LAST, FIRST):	EMPLOYEE/RETIREE SOCIAL SECURITY NUMBER:		
ADDRESS (FULL ADDRESS):	CITY:	STATE:	ZIPCODE:
DEPENDENT INFORMATION			
DEPENDENT NAME (LAST, FIRST):	DATE OF BIRTH: <i>Month, Day, Year</i> / /	AGE:	
DEPENDENT SOCIAL SECURITY NUMBER:	GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	RELATIONSHIP TO EMPLOYEE/RETIREE:	
Is this dependent a resident of the State of Florida?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is this child entitled to benefits under Title XVIII of the Social Security ACT unless the child is handicapped?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is this dependent enrolled in other medical plan or policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is this dependent a full time student or part time student? If YES attach current student schedule.	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Is the child uninsured and not entitled to Medicare?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
This dependent's status is:	Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>		
Is this dependent unmarried with no dependents?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Coverage rates are not subsidized by employer. The IRS guidelines state that an employee may not receive a tax advantage on any portion of premium paid related to an Over-Age (Non-Qualified) Dependent. Employees insuring Over-Age Dependents will see the insurance premium deduction post-tax and should consult their tax expert.			
Please note: Coverage does not extend to vision, FSA, supplemental and life insurance.			

I certify that the information above is true and complete. I understand that any changes to this child's status must be reported to the benefit office within 30 days of the change. I authorize the educational institution, employers and medical plans listed above to release enrollment and eligibility status of my dependent child.

Employee/Retiree signature: _____ Date: _____