CERTIFICATION OF OVER-AGE DEPENDENT ELIGIBILITY FORM

Employee ID:		Work Location:					
First Name:		Last Name:					
Mailing Address:		City:		State:		Zip:	

Dependent Verification

In accordance with Florida Statute 627.6562, certain children must meet specific eligibility requirements to be covered under the School District of Osceola County health services plan. In the event a claim is denied, it is the subscriber's sole responsibility to establish that the dependent(s) meet the requirements for continued eligibility. **Additionally**, tSDOC may request documentation to ensure that a child meets and continues to meet such requirements. This eligibility provision does not modify any other eligibility requirements. (Please refer to your Plan Document for more information.)

For an additional premium, children ages 26-30 are eligible to be covered as over-age dependents if:

- They are unmarried, and
- They have no dependent children of their own, and
- They live in Florida or attend school in another state, and
- They have no other health insurance.

Please complete this section for any over-age dependents currently covered under the health insurance plan - All Fields Required:

To enroll additional dependents, you must contact People First			Do they live in Florida?		Do they have other health insurance?		Are they married?		Do they have children of their own?		Are they a full/part time student?		Name, city and term enrolled for any licensed school or university
Dependent's Name	Date of Birth	Relation	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	
			☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	
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I understand and agree that any misstatements may result in denial of benefits and/or termination of coverage. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree pursuant to s. 817.234, Florida Statutes. I hereby affirm and attest that the dependent(s) listed above meet the requirements of eligibility.

Employee/Retiree Signature: _____ Date: _____

Please scan and email this form to insurance@osceolaschools.net or fax to (407) 943-7749.

Mailing address: 831 Simpson Rd. #100, Kissimmee, FL 34744