

Dependent Documentation Requirements

Dependent documentation is required for all dependents for the 2027 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)	• 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,
forms.myfbmc.com/forms/ Florida 33101
mdcpsdva

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					

Employee/Retiree/Participant Signature _____ Date _____