

Dependent Eligibility Verification

Dependent eligibility documentation is necessary in order to comply with federal regulations and vendor contacts. Therefore, Pensacola State College requires documentation that verifies that insured dependents meet the dependent eligibility criteria in order to be covered under the group plan (criteria is listed below). Employees have 31 days from hire date or from a qualifying change in status date to submit their enrollment/change form and applicable documentation before coverage becomes effective.

When submitting documentation mark out all confidential information such as financial data and social security numbers. Send copies only, documentation submitted will not be returned.

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUIRED
Legal Spouse.	The covered plan participant's spouse under a legally valid existing marriage.	Valid legal or religious marriage certificate, AND Federal 1040 or state income tax return from previous year if married filing jointly or married filing separately OR one of the followings if it is dated within the last 12 months and if it contains the name of the employee and spouse as joint owners; utility bill, document from financial institution, insurance document, mortgage document, or valid vehicle registration.
Dependent Child age 26 and under.	A natural, newborn, adopted, foster or step child (or a child for whom the covered plan participant has been court-appointed as legal guardian or legal custodian). Eligibility ends the last day of the calendar year in which the dependent child reaches age 26.	Legal or hospital birth certificate or affidavit of parentage, OR Legal household/family registry, must show relationship, OR Parental custody agreement or Qualified Medical Child Support Order (QMCSO), OR Legal adoption, guardianship or legal custody papers.
Dependents between the ages of 26 through 30.	Must be unmarried without dependents of their own, AND a Florida resident or a full or part-time student, not covered under any other health plan or policy, and not entitled to coverage under Medicare. Eligibility ends the last day of the calendar year in which the dependent child reaches age 30.	Any of the documents listed for child age 26 and under, AND Official college/university/institution documentation that indicates student status or copy of child's presently valid driver's license or state ID.
New Born of a Covered Dependent Child.	The newborn child of a covered dependent child who has not reached the end of the calendar year in which he or she becomes 26. Coverage for such newborn child will automatically end 18 months after the birth of the newborn child.	Legal or hospital birth certificate or affidavit of parentage, which must contain the name of the covered dependent.
Disabled Child beyond the age of 26.	Otherwise eligible for coverage under the Group Health Plan. Is incapable of self-sustaining employment by reason of mental or physical disability and chiefly dependent upon the covered plan participant for support and maintenance provided that the disability existed prior to the date the child reached 26. Eligibility ends on the last day of the month in which the dependent child no longer meets the requirements for extended eligibility as a disabled child.	Any of the documents listed for child age 26 and under, AND Physician statement certifying that the dependent child cannot support themselves because of physical and/or mental disability.