



MISSING DEPENDENT DOCUMENTATION AFFIDAVIT

EMPLOYEE NAME _____ ID # _____

Enrollment of each dependent in any of the County benefit plans requires supporting documentation and Social Security numbers to ensure they meet the established eligibility criteria. The following dependents are missing documentation as indicated. Please review the list on the back of this memo to determine the type of documentation required to enroll your dependent(s). Documents in a foreign language must be submitted with a certified English translation.

DEPENDENT (S) NAME	MISSING DOCUMENTATION	DUE DATE
_____	<input type="checkbox"/> SSN <input type="checkbox"/>	_____
_____	<input type="checkbox"/> SSN <input type="checkbox"/>	_____
_____	<input type="checkbox"/> SSN <input type="checkbox"/>	_____
_____	<input type="checkbox"/> SSN <input type="checkbox"/>	_____

EMPLOYEE ACKNOWLEDGEMENT

I understand that I have **30 days** from today's date to provide the missing documentation, except in the case of a newborn baby, I have **60 days** from the date of birth to provide the documentation.

(If you must send away for your dependent documentation, you should submit a receipt showing that you have paid for/requested this service within 30 days of today's date. Proof of ordering the documentation will become a place holder and allow you to enroll your dependent(s) during the 31-day eligibility period.)

I understand that if I do not provide the required documentation, or a receipt as discussed above, by the due date, my dependent(s) will be cancelled retroactive to the effective date and that **I will be responsible for all claims incurred as of that date.**

I understand that the next opportunity to enroll my dependent(s) will be during the next annual open enrollment or if I experience a relevant qualifying event.



Employee Signature

Date

EBS Use only INSTRUCTIONS: Give original Copy to employee, attach copy to enrollment form

Accepted by Benefits Rep _____

Date Accepted _____

TYPE OF DOCUMENTATION REQUIRED BY DEPENDENT TYPE

DEPENDENT	DOCUMENTATION REQUIRED
Spouse	Copy of Official Registered Marriage certificate (religious certificate not acceptable)
Domestic Partner	Copy of Domestic Partnership Registration Certificate issued by Broward County
Child(ren)	Copy of Official State Birth certificate(s) (birth cards not acceptable, must show Employee as parent)
Step-child(ren)	Copy of Official State Birth certificate(s) AND Copy of Official Registered Marriage certificate
Child(ren) of Domestic Partner	Copy of Official State Birth certificate(s) AND Copy of Domestic Partnership Registration Certificate
Child(ren) under Legal Guardianship, Custody or Foster Care	Copy of Legal Guardianship document from Courts Copy of Legal Custody document from Courts Copy of Foster Care documentation from Courts
Child(ren) adopted or in the process of adoption	Copy of Legal adoption documentation showing relationship to employee and placement in employee's home or Adoption Certificate issued through Courts
Grandchild(ren) OR other children not related	Official State Birth certificate of child(ren) AND Copy of Legal Guardianship/Custody/Foster care document from Courts

Example:

Bob is married to Kate and he insures one biological child (Jimmy age 10), two step-children (Susie age 18 and John age 16) and a grandchild (Timmy age 1) whose mother is Susie.

Bob must provide the following documentation:

For Kate	Copy of official registered marriage certificate showing Kate married to Bob
For child Jimmy	Copy of official State birth certificate showing Bob as the father
For step-children Susie and John	<ol style="list-style-type: none"> 1. Copy of official State birth certificate showing Kate as the mother, 2. copy of the official registered marriage certificate showing Kate married to Bob
For step-grandchild Timmy	<ol style="list-style-type: none"> 1. Copy of official State birth certificate showing step-child Susie as the mother, 2. Susie's birth certificate showing Kate as her mother, 3. Kate's official registered marriage certificate showing her married to Bob.

Example of Translator's Certification

I, [type name], certify that I am fluent (conversant) in the English and [type name of the foreign language] languages, and that the above/attached document is an accurate translation of the document attached entitled [type name of document eg. Birth certificate]

Signature _____ Date _____

Name _____

Address _____