Frequently Asked Questions (FAQ)

1. **Q.** What is Dependent Verification?
   **A.** Dependent Verification is the process of ensuring all enrolled dependents meet the established dependent eligibility criteria.

2. **Q.** Why is the District conducting this process?
   **A.** In 2017, the District enhanced its dependent eligibility verification process to ensure all dependents enrolled in the Health, Dental and/or Vision Plan(s), meet the District’s established dependent eligibility criteria.

3. **Q.** Who is required to provide this verification documentation?
   **A.** All Employees, Retirees and COBRA Participants who would like to enroll a new or previously enrolled unverified dependent(s) under the Health, Dental and/or Vision Plan(s).

4. **Q.** Who is considered an eligible dependent?
   **A.** Eligible dependents are defined as:
   - Spouse
   - Domestic Partner
   - Child(ren) – enrollment until the end of the month the child(ren) turns age 26
     - Biological Child
     - Stepchild
     - Foster Child
     - Domestic Partner’s Child
     - Child for whom the Employee is a Legal Guardian
     - Adopted Child
     - Child placed with the Employee for adoption
     - Totally disabled Adult Child (documentation from Social Security required)
     - Unmarried Dependent’s Child (a child/dependent of an unmarried dependent may be enrolled up to eighteen (18) months from the date of birth or until the end of the month the unmarried dependent turns age 26; whichever comes first)
     - Adult Child Ages 26-30

5. **Q.** Do I need to verify my Life Insurance Beneficiaries?
   **A.** No. The verification process is not applicable to beneficiaries.

6. **Q.** Can I enroll my grandchild(ren)?
   **A.** You may enroll your grandchild(ren), if you have been granted Legal Guardianship. You must provide the Legal Guardian Court Document(s) to the Benefits Department.
7. Q. How do I verify my dependent(s)?
A. In order to verify your dependent(s), you **MUST** present the required **original** Dependent Verification document(s) to the Benefits Department. Staff will review the document(s), verify eligibility, record the information, and provide you with a receipt for your records. Your original document(s) will be returned to you.

8. Q. What document(s) will I need to submit to verify my dependent(s) that I would like to add or were added during Open Enrollment?
A. Some of the required documents include, but are not limited to Marriage Certificate (for Spouses), Birth Certificate, Adoption, or Legal Guardianship Records and/or the last three (3) consecutive years of filed Tax Returns. Please note the Benefits Department’s Staff **WILL NOT** keep your Tax Returns.

Please refer to the Dependent Verification Documents Chart at the end of this FAQ document for a list of additional verification documents.

Documents written in languages other than English **MUST** be translated into English by a certified Translation Company. You may log-on to [www.naces.org](http://www.naces.org) to select an accredited translation company. The closest company in South Florida, which provides this service is:

Josef Silny
7101 SW 102nd Avenue
Miami, FL 33173
305-273-1616
www.jsilny.com

9. Q. When do I need to present the verification document(s)?
A. The timeframe for you to present the required Dependent Verification document(s) to the Benefits Department is listed below:

- **Newly Hired Benefit Eligible Employees**
  As a newly hired employee, you are required to present the **original** Dependent Verification document(s) at the time of your Benefits Orientation. If the required document(s) is not presented at the time of your orientation, you will have 31 days from the date you completed your orientation to officially add your dependent(s) to your plan(s) and/or present your Dependent Verification document(s) to a Benefits Department’s Staff Member at the Oakland Park Office. Failure to meet this deadline, will result in your dependent(s) not being added to your plan(s). You will have to wait until the next available Open Enrollment period, which will be in October 2019 in order to add your dependent(s) to your plan(s). Please note, if you add and verify a dependent(s) during Open Enrollment, their coverage will take effect, January 1st of the following year.
Frequently Asked Questions (FAQ)

- Enrollment of Unverified Dependents During Open Enrollment
  If you enrolled a dependent(s) during the Open Enrollment period of October 2nd through October 26, 2018, you MUST also present the required original Dependent Verification document(s) to the Benefits Department. Staff will review the document(s), verify eligibility, record the information, and provide you with a receipt for your records. Your original document(s) will be returned to you. If you add and verify a dependent(s) during Open Enrollment, their coverage will take effect, January 1, 2019.

  Failure to meet this deadline, will result in your dependent(s) being removed from the Open Enrollment File effective, January 1, 2019. COBRA will NOT be offered to the deleted dependents because they were never actually enrolled in the respective plan(s) during 2018.

  You will have to wait until the next Open Enrollment period in October 2019 in order to add your dependent(s) to your plan(s). Please note, if you add and verify a dependent(s) during Open Enrollment in October 2019, their coverage will take effect, January 1, 2020.

You may present your original Dependent Verification document(s) to the Benefits Department at one of the locations noted below.

<table>
<thead>
<tr>
<th>Oakland Park Office</th>
<th>K.C. Wright Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Department</td>
<td>Employment Center</td>
</tr>
<tr>
<td>7770 W. Oakland Park Boulevard</td>
<td>600 SE 3rd Avenue</td>
</tr>
<tr>
<td>Sunrise, FL 33351</td>
<td>Fort Lauderdale, FL 33301</td>
</tr>
<tr>
<td>754-321-3100</td>
<td>754-321-2379</td>
</tr>
<tr>
<td>M-F</td>
<td>M-F</td>
</tr>
<tr>
<td>8:00 a.m. – 5:00 p.m.</td>
<td>8:00 a.m. – 4:00 p.m.</td>
</tr>
</tbody>
</table>

If you visit the KCW Building, please ensure you check-in at the Security Desk first. Please note, payment for parking is required.

Please note, completion of the Dependent Verification Form only does not constitute enrollment of your dependent(s). You MUST also complete the online enrollment process, utilizing the Employee Self-Service (ESS) during Open Enrollment, which ends on October 26, 2018. If you add and verify a dependent(s) during Open Enrollment, their coverage will take effect, January 1, 2019.

As a remainder, failure to meet this deadline, will result in your unverified dependent(s) being deleted from the Open Enrollment File, effective, January 1, 2019. As a result, you will have to wait until next year’s Open Enrollment period in October 2019, in order to add your dependent(s) to your plan(s). Please note, if you add and verify a dependent(s) during Open Enrollment, their coverage will take effect, January 1st of the following year.
10. Q. What if I do not have any dependent(s) currently enrolled, but would like to possibly add my dependent(s) during Open Enrollment next year. Can I present the verification document(s) to the Benefits Department prior to enrolling my dependent(s)?
   A. Yes, you may present your original Dependent Verification document(s), even if you do not currently have your dependent(s) enrolled. The Benefits Department’s Staff will review the document(s), verify eligibility, record the information, and provide you with a receipt for your records. Your original document(s) will be returned to you.

11. Q. How can I add a dependent after the Open Enrollment period has ended?
   A. You can add a dependent(s) outside Open Enrollment, if you and/or your dependent experiences a change in status/qualifying event.

As a reminder, the School Board intends to provide you with the broadest ability to make mid-year election changes permitted in accordance with Internal Revenue Service (IRS) Section 125 rules. To summarize those IRS rules, you cannot change your level of participation unless you experience a change in status/qualifying event and notify the Benefits Department within 31 days (60 days for government sponsored health coverage) of such event.

A Change in Status is defined as one (1) of the following events:

- **Marital Status** – marriage, divorce or death of a spouse
- **Change in the Number of Tax Dependents** – birth, death or adoption
- **Change in Status of Employment** – commencement or termination of employment
- **Gain or Loss of Dependent’s Eligibility** – coverage requirements under the plan are no longer satisfied
- **Change in Residence** – a change in residence that is outside of the HMO service area or gain/loss of eligibility due to change of residency
- **Judgment, Decree or Court Order** – case specific
- **Open Enrollment Under Other Employer’s Plan** - when your dependent makes an Open Enrollment change under their employer’s plan
- **Entitlement to Medicare, Medicaid or other government sponsored health coverage** (not including Marketplace/ObamaCare coverage) - gain or loss of coverage. You have **60 days** to notify the Benefits Department for this event only.
- **Marketplace/ObamaCare Coverage** (HealthCare.gov) – the **31-day rule applies** for insurance acquired through the Marketplace/ObamaCare.

*Please note, gain/loss of coverage through individual policies are not applicable unless the coverage is through the Marketplace/ObamaCare (Healthcare.gov).*

You can obtain further information on this process by clicking on the following link: [https://www.browardschools.com/cms/lib/FL01803656/Centricity.Domain/12648/Change_in_Status_Outside_Annual_Open_Enrollment.pdf](https://www.browardschools.com/cms/lib/FL01803656/Centricity.Domain/12648/Change_in_Status_Outside_Annual_Open_Enrollment.pdf)
Frequently Asked Questions (FAQ)

12. Q. What happens if I do not provide the required Dependent Verification document(s) for my enrolled, unverified dependent(s) by Friday, October 26, 2018?
   A. Failure to meet this deadline will result in your unverified dependent(s) being removed from the Open Enrollment File effective, January 1, 2019. You will have to wait until next year’s Open Enrollment period in October 2019, in order to add your dependent(s) to your plan(s), unless they experience a mid-year qualifying event.

13. Q. If my unverified dependent(s) is removed from the plan because I failed to present my Dependent Verification document(s) by the required deadline, will my dependent(s) be offered COBRA?
   A. No, COBRA will NOT be offered to the deleted dependents who do not meet the dependent eligibility criteria and/or you did not submit or present the required document(s) within the stated deadline.
DEPARTMENT VERIFICATION REQUIRED DOCUMENTS

We have listed the most commonly-required supporting documentation for different types of dependent coverage. This list may not be all inclusive. **The proof must substantiate the relationship.* You must supply original documents** to the Benefits Department.

<table>
<thead>
<tr>
<th>COVERED DEPENDENT</th>
<th>VERIFICATION DOCUMENTS</th>
</tr>
</thead>
</table>
| Legal Spouse      | • **Original** government-issued marriage certificate or  
|                   | • Last 3 years of filed Income Taxes |
| Domestic Partner  | • Proof of Domestic Partner Registration (county)  
| Palm Beach, Broward or Miami-Dade Residents; Non Tri-County Residents | • *See attached listing of additional required documents* |
| Birth Child       | • **Original** government-issued birth certificate (birth registration cards are not accepted). Parent’s name(s) must be on the birth certificate, or  
| Maximum Age 26    | • Last 3 years of filed Income Taxes, listing child(ren) as dependent(s). |
| Adopted Child     | • Legal adoption documents naming employee (subscriber) as parent.  
| Maximum Age 26    | • If a spouse (not employee) is the adoptive parent, an **original** government-issued marriage certificate is also required. |
| Stepchild         | • Both the **original** government-issued marriage certificate and **original** government-issued birth certificate (birth registration cards are not accepted). |
| Maximum Age 26    | |
| Domestic Partner’s Child Maximum Age 26 | • **Original** government-issued birth certificate (birth registration cards are not accepted). Domestic Partner must also be enrolled. |
| Legal Guardianship | • **Original** government-issued birth certificate (birth registration cards are not accepted).  
| Custody           | • Court documents naming employee as legal guardian/custodian  
|                   | • If spouse (not employee) is the guardian/custodian, an **original** government-issued marriage certificate is also required. |
| Grandchild from   | • **Original** government-issued birth certificate (birth registration cards are not accepted) of grandchild.  
| Birth to Age 18   | • **Original** government-issued birth certificate (birth registration cards not accepted) of covered dependent birth parent who is also enrolled in the plan.  
| Months or Until   | |
| Adult Child Reaches Ages 26 (whichever is less) | |
| Disabled Adult Child | • **Original** government-issued birth certificate (birth registration cards are not accepted).  
|                   | • **Original** Social Security documents deeming the child disabled prior to turning 26 years old. |
| Unmarried 26 Years or Older | • **Original** government-issued birth certificate (birth registration cards are not accepted).  
| Over-Aged Adult Children | • Copy of student schedule or Florida State issued ID in Florida.  
|                   | • To be eligible for enrollment the adult child must:  
|                   | • be unmarried.  
|                   | • have no dependents.  
|                   | • have no other major medical insurance coverage or entitled to Medicare (Title XVIII of the Social Security Act) |
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

DOMESTIC PARTNER ENROLLMENT

To Enroll a Domestic Partner:

Please complete, sign and have notarized the Domestic Partner Affidavit.

Provide the requested proof that you and your domestic partner live together and are financially interdependent.

Complete and sign the Domestic Partner Health Care Enrollment Statement.

Complete and sign the Dependent Verification Form by visiting the Benefits Department.

Present the enrollment information to:

Broward County Public Schools
Benefits Department
7770 W. Oakland Park Blvd.
Sunrise, FL 33351
Employees eligible for Domestic Partner Benefits from The School Board of Broward County, Florida (SBBC) can include their eligible domestic partners as dependents under their SBBC health, dental and/or vision insurance coverage. Any dependent children of an eligible domestic partner will also be eligible for coverage under these plans. However, domestic partners and their children will not be considered eligible dependents for purposes of Reimbursement Account participation and continuation of coverage (COBRA) in accordance with IRS rules.

NOTE: If you and your domestic partner are both full-time SBBC employees, this provision does not apply to you. You must each enroll as an employee for health care benefits.

ELIGIBILITY

Domestic Partners

A domestic partner must be a person of at least eighteen years of age and not related to you by blood. To be eligible for coverage, the domestic partner must be your "sole spousal equivalent". You both must live together in an exclusive, committed relationship and assume joint responsibility for your basic living expenses. You must share the same residence and intend to continue to do so indefinitely. Neither you nor your domestic partner can be married, have another domestic partner, or have had another domestic partner at any time during the twelve (12) months preceding enrollment for health care benefits. You must complete a Domestic Partner Affidavit affirming these eligibility requirements.

Children of Domestic Partners

Your domestic partner's children can be enrolled as your dependents. If you enroll those children, they must be your domestic partner’s natural children, stepchildren, legally adopted or foster children, who are unmarried and are under age 26. They must depend on you and your domestic partner for sole financial support and maintenance. Dependents serving in the military service are not eligible.

WHEN COVERAGE STARTS

You must enroll your domestic partner and your domestic partner's eligible children as your dependents within thirty-one (31) calendar days from the date you file your Domestic Partner Affidavit with the Benefits Department. Otherwise, you must submit satisfactory evidence of their insurability, in which case, their coverage will become eligible upon approval by the District of the evidence of insurability.

The actual effective date of your domestic partner and his/her children’s coverage will be determined in accordance with SBBC’s enrollment procedures.
COST OF COVERAGE

The contribution amount for adding your domestic partner and your domestic partner's children as dependents to your SBBC medical coverage is the same amount any employee would be required to pay to add a spouse and dependent children to his or her coverage. Your contribution amount for dependent coverage will be deducted from your paycheck on a post-tax basis, for all plans in which the domestic partner and his/her dependents are enrolled.

Taxable Income

Since the IRS does not recognize domestic partners and their children as dependents for federal income tax purpose, SBBC will deduct the premium payments and the appropriate federal taxes from your paycheck. These premium payments may be tax deductible. Consult your tax advisor.

Other Legal Consequences

Employees electing these benefits are advised to consult an attorney regarding the possibility that the filing of the Domestic Partner Affidavit may have other legal consequences. One consideration may be in the event of termination of the spousal equivalent relationship; a court may treat the relationship as the equivalent of marriage for the purpose of establishing and dividing community property, or for ordering payment of support.

WHEN COVERAGE ENDS

You must notify the Benefits Department within thirty-one (31) calendar days if either of these event occurs. Coverage for your domestic partner or your domestic partner's children will end if:
✓ Your domestic partner dies; or
✓ The criteria for an eligible domestic partnership, as defined are no longer met.

You cannot file another Domestic Partner Affidavit for a new domestic partner for at least twelve (12) months from the time you file a Statement of Disenrollment of Domestic Partner. You can file a Statement of Disenrollment of Domestic Partner at any time you wish to terminate coverage of your domestic partner and your domestic partners children.

Remember benefits for eligible domestic partners apply to health, dental, and vision insurance only. Failure to notify the Benefits Department of a change in dependent coverage will result in premiums being deducted from your paycheck until the appropriate notification is provided.
ENROLLMENT INSTRUCTIONS

In order to enroll your domestic partner and/or your domestic partner's eligible children, you must complete and submit Items 1 and 2 plus the additional requirements for group insurance benefits to the Benefits Department as stated below.

Item 1. Complete, sign and notarize the enclosed Domestic Partner Affidavit

Item 2. Provide proof that you and your domestic partner live together and are financially interdependent by submitting a copy of at least one item from each of the lists below.

**LIST A**
- ✓ Driver's Licenses showing the same address.
- ✓ Mortgage documents showing both names.
- ✓ Lease showing both names.
- ✓ Deed showing both names.
- ✓ Utility bills showing both names.

**LIST B**
- ✓ Statement(s) from a joint checking account.
- ✓ Credit card(s) with the same account number and both names.
- ✓ Designations of each person as authorized signatures for a safe deposit box or joint wills.

Additional Requirement for Group Insurance Benefits

To enroll your domestic partner and your domestic partner's eligible children for Group Insurance Benefits, you must complete and sign the enclosed Domestic Partner Health Care Enrollment Statement and submit it, along with your Benefits Enrollment Form. You are also required to complete and sign the Dependent Verification Form during your visit to submit the enrollment documents to the Benefits Department.

The non-employee domestic partner and his/her dependents do not have rights to continue coverage under Federal or State Law.
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
DOMESTIC PARTNER AFFIDAVIT

I, ________________________________, affirm under the penalty of perjury as follows:
  (Name of Employee)

1. ________________________________ is my domestic partner. By that, I mean that:
   (Name of Domestic Partner)

  ☐ We are both at least 18 years old and competent to enter into a contract.
   ☐ We have for the last twelve (12) months been, in an intimate, committed relationship which we
     intend to remain permanent.
   ☐ We live together.
   ☐ We are not related.
   ☐ Neither of us is married to other people.
   ☐ We are financially interdependent; each of us is responsible for the expenses and financial obligations
     of the other.

2. I understand that any false statements in this affidavit could lead to, among other things, termination of
   Group Insurance benefits, employment discipline, not excluding discharge, and other consequences.

Executed at ________________________________ this ______ day of ____________________, 20_______
City State Date Month Year

______________________________
Employee's Personnel Number

______________________________
Employee's Signature

______________________________
Employee's Name (please print)

Notary Public
State of Florida, County of Broward
Sworn to (or affirmed) and subscribed before me this ______ day of ________________, 20_______
Date Month Year

______________________________
Signature of Notary: 

______________________________
Name of Notary: 
THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
DOMESTIC PARTNER BENEFITS ENROLLMENT STATEMENT

I wish to select the following benefits for my domestic partner and/or my domestic partner’s eligible children (check all that apply).

Health Care Benefits:

☐ Health
☐ Dental
☐ Vision

I wish to enroll my domestic partner and his or her dependent children (listed on page 7), in above SBBC benefit plans as the Domestic Partner of ____________________________

(Name of Employee)

I declare and acknowledge my understanding that:

✓ All group health care coverage is governed by the terms of the underlying plan(s).
✓ I have provided the documents establishing my Domestic Partner and we reside together and are financially interdependent.
✓ SBBC has no legal obligation to extend COBRA benefits to my domestic partner and his/her dependents.
✓ SBBC will deduct the premium payments and the appropriate federal taxes from my paycheck. I have an obligation to file a Statement of Disenrollment with the Benefits Department within thirty-one (31) calendar days of the death of my Domestic Partner.
✓ Regardless of whether the required Statement of Disenrollment has been filed, the termination date of coverage for my Domestic Partner and eligible dependents, will be the effective earliest of:

(a) The death of my Domestic Partner,
(b) The date on which I file a Statement of Disenrollment with the Benefits Department; or
(c) When the criteria for a Domestic Partnership relationship listed in the Domestic Partner Affidavit are no longer met by my Domestic Partner and me.

COST AND TAX IMPLICATIONS OF ADDING DOMESTIC PARTNER COVERAGE

You are responsible for paying income tax for the cost of the insurance coverage(s) in which your domestic partner and/or domestic partner dependent(s) are enrolled. The applicable tax will be withheld from your paycheck.
I have submitted the appropriate enrollment form(s) under the desired underlying plan(s). I request the coverage I have selected be provided for (check one):

- [ ] Myself and my Domestic Partner; or
- [ ] Myself, my Domestic Partner, and those children of my Domestic Partner or myself (eligibility requirements must be met).

Please provide the following information about your Domestic Partner and/or your Domestic Partner's eligible children.

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Domestic Partner</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Child</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>Child</td>
</tr>
</tbody>
</table>

Note: You must present original documentation of each eligible child's birth certificate, adoption agreement, or proof of dependency.

I agree to pay by payroll deduction any contributions required for this coverage.

_________________________  ____________________________
Date                        Employee's Signature

_________________________
Employee's Name

_________________________
Employee's Personnel Number

_________________________
Address

City  State  Zip Code