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THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
BENEFITS DEPENDENT VERIFICATION
ACTIVE EMPLOYEES

Frequently Asked Questions (FAQ)

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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 a continuous effort to improve the managing of its Benefits Program, the District requires the completion of the Dependent Verification Process to ensure all dependents enrolled in the Health, Dental and/or Vision Plans, 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 desire to enroll a **new or previously deleted "unverified" dependent(s)** into the **Health, Dental and/or Vision Plan(s)**.

4. **Q.** **Who is <u>not</u> required to provide this verification documentation?**
   A. All Employees, Retirees and COBRA Participants who **verified** (previously submitted a completed Dependent Verification Form and supporting documentation to the Benefits Department) their currently enrolled or previously enrolled dependent(s). Completion of this process is **not required** again.

5. **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 (Domestic Partner **must** be enrolled)
    - 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

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6.   **Q.**   **Do I need to verify my Life Insurance Beneficiaries?**

   A.   No. The verification process is **not** applicable for beneficiaries.

7.   **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.

   You may also enroll a child (your grandchild) of an **unmarried dependent** who is currently enrolled in your Health Plan, if applicable, and if the criteria is met, as noted in the Eligible Dependent Section (question #5) on page one (1).

8.   **Q.**   **How do I verify my dependent(s)**?

   A.   In order to verify your dependent(s), you first **must send an email to benefits@browardschools.com,** with the **required Dependent Verification document(s)**, as noted in the chart at the end of this FAQ, along with a **completed Dependent Verification Form**, which is also included at the end of this FAQ. Please enter **Dependent Verification** in the subject line of your email. This process **MUST** be completed **first** before you are permitted to enroll your dependent(s) utilizing the Cloud Benefits Module during the Open Enrollment period or through the Status Change process outside of the Open Enrollment period.

   Staff will review the document(s), verify eligibility, record the information, and provide you with a receipt for your records. Please ensure you redact any social security numbers on the document(s) you are emailing such as Tax-Returns. Any document(s) sent by email will be deleted after the verification process has been completed.

9.   **Q.**   **What document(s) will I need to submit to verify my dependent(s) that I would like to add during Open Enrollment?**

   A.   Some of the required documents include but 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 (redact social security numbers). 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 for a listing of additional required 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 to select an accredited translation company. The closest company in South Florida, that provides this service is:

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

10. **Q**. **When do I need to provide the verification document(s)?**
A. The timeframe for you to provide 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 submit the Dependent Verification document(s) **prior** to completing your enrollment for any applicable dependent(s) into Cloud Benefits. You have thirty (30) days from your start date to select your benefits, including completing your Dependent Verification Process **first**, in order to add your dependent(s) to your plan(s). You must send by **email to newhire@browardschools.com**, with the **required Dependent Verification document(s),** as noted in the Dependent Verification Chart at the end of this FAQ, along with the **completed Dependent Verification Form**, which can also be found at the end of this FAQ. Please enter **Dependent Verification** in the subject line of your email. Any document(s) sent by email will be deleted after the verification process has been completed.

  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, in order to add your dependent(s) to your plan(s). Please note, if you verify and enroll a dependent(s) during Open Enrollment, their coverage will take effect, January 1st of the following year.

- **Enrollment of Unverified Dependent(s) During Open Enrollment**
  If you are enrolling a dependent(s) during the Open Enrollment period of October 1 through October 22, 2021, please send an **email to benefits@browardschools.com by Wednesday, October 20, 2021**, with the **required Dependent Verification document(s),** as noted in the Dependent Verification Chart at the end of this FAQ, along with the **completed Dependent Verification Form**, which can be found at the end of this FAQ. This process **MUST** be completed **first** before you are permitted to enroll your dependent(s) through the Cloud Benefits Module by the **Open Enrollment deadline of Friday, October 22, 2021**. Staff will review the document(s), verify eligibility, record the information, and provide you with a receipt for your records. Any document(s) sent by email will be deleted after the verification process has been completed. If you verify and enroll a dependent(s) during Open Enrollment, the coverage will take effect, January 1, 2022.

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

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305-273-1616
www.jsilny.com

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 **Cloud Benefits Module** by the **Open Enrollment deadline of Friday, October 22, 2021**. If you verify and add a dependent(s) during Open Enrollment, their coverage will take effect, January 1, 2022.

11. **Q**. **What happens if I do not send an email to benefits@browardschools.com by Wednesday, October 20, 2021**, **with the required Dependent Verification document(s), along with the completed Dependent Verification Form**, **for the dependent(s) I desire to enroll by through Cloud Benefits by Friday, October 22, 2021?**
    A. Failure to meet this deadline, you will have to wait until the next Open Enrollment period in October 2022 in order to enroll your dependent(s) into your plan(s). Please note, if you verify and enroll a dependent(s) during Open Enrollment in October 2022, their coverage will take effect, January 1, 2023, unless they experience a mid-year qualifying event.

12. **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 experience a change in status or qualifying event.

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 30 days (60 days for government sponsored health coverage)** of such event.

Please view a listing of the qualifying events on the following page.

<u>**A Change in Status is defined as one (1) of the following events**</u>:

- **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 plan's service area or gain/loss of eligibility due to change of residency outside the plan's service area
- **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 (<u>not</u> including Marketplace/ObamaCare coverage)** - gain or loss of coverage. You have **60 days** to notify the Benefits Department for this event <u>only</u>.
- **Marketplace/ObamaCare Coverage (HealthCare.gov)** – the **30-day rule applies** for insurance acquired through the Marketplace/ObamaCare.

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

Cancellation of coverage due to non-payment is <u>not</u> considered a "qualifying event".

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**

13. **Q.** **What if I do not have any dependent(s) currently enrolled, but would like to <u>possibly</u> 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 can send an **email to benefits@browardschools.com**, with the **required Dependent Verification document(s),** as noted in the Dependent Verification Chart at the end of this FAQ, along with the **completed Dependent Verification Form**, which can be found at the end of this FAQ. The Benefits Department's Staff will review the document(s), verify eligibility, record the information, and provide you with a receipt for your records. Any document(s) sent by email will be deleted after the verification process has been completed.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
BENEFITS DEPENDENT VERIFICATION
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DEPENDENT VERIFICATION REQUIRED DOCUMENTS

We have listed the most commonly required supporting documentation for various types of dependent coverage. This list may not be all inclusive. **The proof must substantiate the relationship.** You **must** supply the document(s) to the Benefits Department by the applicable required deadline.

COVERED DEPENDENT	VERIFICATION DOCUMENTS
Legal Spouse	• Government-issued Marriage Certificate or • Last three (3) years of filed Income Tax-Returns. First page only and redact the SS#s.
Domestic Partner Palm Beach, Broward or Miami-Dade Residents; Non Tri-County Residents	• Proof of Domestic Partner Registration (county). • Please visit the Benefits Department's website at www.browardschools.com/benefits and click on the "Documents" link in order to retrieve and review the Domestic Partner Enrollment Form for completion.
Birth Child Maximum Age 26	• Government-issued Birth Certificate (**birth registration cards are not accepted**). Parent's name(s) must be on the Birth Certificate, or • Last three (3) years of filed Income Taxes, listing child(ren) as dependent(s). First page only and redact the SS#s.
Adopted Child Maximum Age 26	• Legal adoption documents naming employee (subscriber) as parent. • If a spouse (not employee) is the adoptive parent, a government-issued Marriage Certificate. is also required.
Stepchild Maximum Age 26	• Both the government-issued Marriage Certificate and government-issued Birth Certificate (**birth registration cards are not accepted**).
Domestic Partner's Child Maximum Age 26	• Government-issued Birth Certificate (**birth registration cards are not accepted**). Domestic Partner **must** also be enrolled.
Legal Guardianship/ Custody	• Government-issued Birth Certificate (**birth registration cards are not accepted**). • Court documents naming employee as Legal Guardian/Custodian. • If spouse (not employee) is the guardian/custodian, a government-issued Marriage Certificate is also required.
Grandchild from Birth to Age 18 Months or Until Adult Child Reaches Ages 26 (whichever is less)	• Government-issued Birth Certificate (**birth registration cards are not accepted**) of grandchild. • Government-issued Birth Certificate (**birth registration cards not accepted**) of covered dependent birth parent who is also enrolled in the plan.
Disabled Adult Child	• Government-issued Birth Certificate (**birth registration cards are not accepted**). • Social Security document deeming the child disabled prior to turning 26 years old.
Unmarried 26 Years or Older Over-Aged Adult Children	• Government-issued Birth Certificate (**birth registration cards are not accepted**). • Copy of Student's Schedule or Florida State issued ID. • 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)

Rev. 10-6-2021

Broward County Public Schools
Benefits Dependent Verification Form

Completing this Verification Form and presenting the required document(s) does not complete the enrollment process for your dependent(s).

Print Dependent's Name First MI Last	Date of Birth	*Rel Code	Birth Certificate Verified	Marriage Certificate Verified	Tax Returns Verified	Adoption Records Verified	Legal Guardian Verified	Domestic Partner — Must provide one (1) item from List A and one (1) item from List B — List A (item must show both names and/or same address)	List B	Comments
								Driver's License ————	Joint Bank Account Statement ————	
								Ownership of a Motor Vehicle ————	Joint Credit Card Account Statement ————	
								Mortgage Document ————		
								Deed ————	Designation of each person as authorized signatures for a Safety Deposit Box or Joint Wills ————	
								Lease ————		
								Utility Bill ————		

*Relationship (Rel) Codes
Please select the related dependent code: SP-Spouse, **BC**-Birth Child, **SC**-Stepchild, **AC**-Adopted Child, **FC**-Foster Child, **DP**-Domestic Partner, **DPC-**Domestic Partner Child, **LGC**-Legal Guardian Child/Grandchild, **GC**-Grandchild (newborn child of an unmarried dependent child)

My signature below indicates, I understand that providing **<u>original</u>** dependent verification document(s) do(es) not enroll my dependent(s) into a plan. I must add my dependent(s) utilizing the Employee Self Service (ESS), if applicable, to enroll my dependent(s) into my health, dental and/or vision coverage prior to the close of Open Enrollment.

_____   _____   _____
Employee Name (Print)   **Employee Signature**   **Personnel Number**

_____   _____   _____
Benefits Staff (Print)   **Benefits Staff Signature**   **Date**   Revised 10-2021