

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).

Please add your dependent(s) in the "Dependent and Beneficiary" section in Cloud Benefits, along with the date of birth and social security number for each dependent prior to submitting the Dependent Verification documents to the Benefits Department.			Birth Certificate	Marriage Certificate	Tax Returns	Adoption Records	Legal Guardian	Domestic Partner Must provide one (1) item from List A and one (1) item from List B		Comments
Print Dependent's Name First MI Last			Verified	Verified	Verified	Verified	Verified	List A (item must show both names and/or same address)	List B	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's License <input type="checkbox"/>	Joint Bank Account Statement <input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ownership of a Motor Vehicle <input type="checkbox"/>	Joint Credit Card Account Statement <input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Document <input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deed <input type="checkbox"/>	Designation of each person as authorized signatures for a Safety Deposit Box or Joint Wills <input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lease <input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utility Bill <input type="checkbox"/>		

***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 my dependent verification documents does not enroll my dependent(s) into a plan. I must utilize Cloud Benefits, where applicable, to enroll my dependent(s) into my health, dental and/or vision coverage prior to the close of the Open Enrollment period.

Employee Name (Print)

Employee Signature

Personnel Number

Benefits Staff (Print)

Benefits Staff Signature

Verification Date by Staff