Monroe County School Board Plan Year 2025

AFFIDAVIT OF DEPENDENT STATUS AND POST TAX PAYROLL DEDUCTION
FOR GROUP HEALTH PLAN COVERAGE UP TO AGE 30

Employee Information

Employee Name: _____

Dependent Child Information

Dependent Name: _____ Birth Date: _____

Dependent's Address: _____

Dependent Premium: _____ Plan #03768: $271.88 Cost per Pay Period (Buy Up Plan)
_____ Plan #03559: $257.65 Cost per Pay Period (Core Plan)
_____ Plan #05360: $236.69 Cost per Pay Period (High Deductible Plan)
Effective Date: _____

Certification
By checking below, I hereby certify that the dependent child identified above:
___ is my child (as defined in the Eligibility section of the Certificate of Coverage); AND
___ is unmarried; AND
___ does not have a dependent of his or her own; AND
___ is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act; AND

is either:
___ A resident of Florida
OR
___ is attending school on a ___full-time or ____ part-time basis at
_____ (Name of School attending)

I understand that this affidavit is a legally binding document and accept full responsibility for notifying the School Board immediately if there are any changes pertaining to the dependent status of my child. I agree to provide supporting documentation, such as, but not limited to, court records, birth certificates, proof of school registration, proof of residency, or any other documents, when requested by the School Board or its designee at any time as long as the individual is enrolled as my dependent.

I authorize the School Board to withhold from my paycheck the Dependent Premium indicated above.

I understand that I may be responsible for any expenses paid by the School Board or its insurers for dependents that I enroll that are not eligible to participate in the School Board's benefit programs and that my providing false or misleading information about the dependent status of such individuals to the School Board or its designees may be grounds for disciplinary action, including rescission of coverage and termination of employment. I hereby certify, under penalty of perjury, that the information provided by me is true and correct to the best of my knowledge.

_____ _____
Employee Signature Date

SWORN TO and subscribed before me this ___ day of _____, 20__, by _____. Such person: (Notary Public check applicable box) [ ] is personally known to me.
[ ] produced a current driver's license.
[ ] produced _____ as identification.

(NOTARY PUBLIC SEAL)

Notary Public Signature: _____
Notary Public Name: _____