



ONE CITY. ONE JACKSONVILLE.

Donna Deegan, Mayor

Employee Services Department
Benefits Division
117 W. Duval Street, Suite 150
Jacksonville, Florida 32202

OVER-AGE (AGE 26-30) DEPENDENT AFFIDAVIT
PRE-TAX SECTION 125 PLANS
FLORIDA STATUTE §627.6562

Employee Name _____ Employee ID# _____

The City of Jacksonville Group Health Plan (the "Plan") allows medical coverage for dependents from the age of 26 through the end of the year in which they turn 30 ("Over-Age Dependent") if the Over-Age Dependent meets **all** the below eligibility criteria:

1. is unmarried; and
2. has no dependents of his/her own (i.e., children); and
3. is not provided coverage or covered under any other group or individual benefit plan; and
4. is not entitled to benefits under Title XVIII of the Social Security Act; and
5. is a resident of Florida or is a full or part-time student

Please Note: Age 26-30 dependents that were not previously covered under the Plan MUST have had continuous coverage through another provider without a gap in coverage of more than 63 days. Proof of this coverage is required.

Name of Dependent <i>(Separate form required for each Over-Age Dependent)</i>	Dependent's Current Age and Date of Birth	Dependent meets above Eligibility Criteria	In 2023–2024 is the Dependent: • Student <u>or</u> • Florida Resident
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Student <i>(Submit Over-Age Dependent Affidavit and 2023-2024 school schedule listing educational institution, dependent name & current enrollment dates)</i> <input type="checkbox"/> Florida Resident <i>(Submit Over-Age Dependent Affidavit & a copy of dependent's Florida license or State issued I.D. as proof of residence in the State of Florida)</i>

TAX DISCLOSURE: I understand I will be taxed on applicable imputed income from premiums paid by the City of Jacksonville on behalf of my over-age dependent who is age 27 years old and above.

DEPENDENT LISTED ABOVE QUALIFIES AS MY FEDERAL TAX DEPENDENT (Age 27 & above): YES NO

EMPLOYEE STATEMENT: I acknowledge I have provided true and official documentation and I certify that the Over-Age Dependent listed above meets the eligibility criteria, as specified by the City of Jacksonville. If a post audit of the enrolled Over-Age Dependent shows he/she does not meet the eligibility requirements of the plan, I understand I will be held legally and financially responsible for the repayment of all benefit claims incurred by my ineligible Over-Age Dependent. Florida Statute §817.234 clearly states **"ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."** Any person committing such fraud will be subject to appropriate action by the City of Jacksonville.

NOTE: It is the employee's responsibility to notify the Employee Benefits Office within thirty days of a dependents change in status.

Employee Signature: _____ Date: _____

Complete and return this form and required documents to the City of Jacksonville Employee Benefits Office.