

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

2018 OPEN ENROLLMENT

**RETIREE WITH ADULT CHILD NOTICE**

**Applicable to those children over age 26**

**In order to add or continue coverage for your adult child (to age 30), you must enroll/re-enroll your adult child by completing the Dependent Coverage Enrollment/Affidavit Form and present/provide the supporting documentation to the Benefits Department.**

Florida Statute 627.6562(2) makes special provisions for a dependent adult child who has reached the age of 26 and becomes uninsured. This Florida law allows a dependent child to remain covered on the plan to the end of the calendar year in which age 30 is reached for the purpose of medical insurance.

You may add or continue to cover your dependent adult child until the end of the calendar year in which the adult child reaches the age of 30 if the child:

- is unmarried and has no dependents
- is a resident of Florida or a full or part-time student; and
- is not provided other insurance coverage and is not entitled to Medicare (Title XVIII of the Social Security Act)

You will have a choice of five (5) great medical plan options, including the **new Premier Choice Health Savings Account (HSA) Plan**. Please review the enclosed Aetna 2018 Booklet for further details on the medical plan options.

Retirees with dependent coverage, have not experienced a rate increase since 2013. The trend in healthcare expenses has been rising between 8% - 12% annually. In order to continue successfully managing the dependent coverage out-of-pocket cost and provide a rich benefits package, there will be a slight rate increase for dependent coverage on the Premier Plus and all Kids Plans. The introduction of the **new Premier Choice HSA Plan** provides Retirees who cover dependents with an option, which will allow them to reduce their out-of-pocket monthly dependent premium cost. The 2018 premium rates for Retirees with dependent coverage are listed below:

**2018 Adult Child Monthly Premiums**

Premier HMO	\$ 627.76
Premier Plus HMO	\$ 726.76
Premier Choice HSA	\$ 523.44
Kids Basic Plan (1 Child)	\$ 217.19
Kids Enhanced Plan (1 Child)	\$ 363.89

**If you are covering other dependents on your plan, the Adult Child Plan dependent premium is in addition to the premium you are currently paying for your other dependent(s).**

**Dependent Verification – “New Requirement”**

With its commitment to continuous improvement and in an effort to better manage the District’s Employees Benefits Program, the District has enhanced the Dependent Verification Process to ensure all current and future dependents enrolled in the health, dental and/or vision plans, meet the District’s established Dependent Eligibility Criteria.

Retirees who are currently covering their dependent(s) on the Adult Child Plan for medical, are required to present **original documentation** to a Staff Member in the Benefits Department to verify their dependent’s eligibility in order to remain on the District’s insurance plan(s) for January 1, 2018.

Retirees **MUST** present to a Benefits Department Staff Member one of the applicable documents in order to verify their dependent's eligibility: **original Child's Birth Certificate, Adoption, or Legal Guardianship Records**. In addition, a copy of one of the following applicable documents **MUST** be submitted to *certify* that the adult child has met the criteria to be enrolled in the Adult Child Plan, in accordance with Florida Statute 627.6562(2): **proof of Florida residency or proof of full or part-time school registration**. Please be advised, 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, which provides this service is:

Josef Silny  
7101 SW 102nd Avenue  
Miami, FL 33173  
305-273-1616  
[www.jsilny.com](http://www.jsilny.com)

For further details regarding the Dependent Verification Process, please review the Dependent Eligibility Verification Documents, which can be found on the Benefits Department website at [www.browardschools.com/benefits](http://www.browardschools.com/benefits) by clicking on the Open Enrollment Link.

Retirees who are currently covering or would like to add a dependent(s) on the Adult Child Plan during the Open Enrollment period, are required to **present** their **original document(s)** to a Staff Member in the Benefits Department by **Monday, November 13, 2017** in order to verify their dependent's eligibility. In addition, a copy of proof of Florida residency or proof of full or part-time school registration is also required. If this deadline is not met, **unverified dependent(s)** will be deleted from or will not be enrolled in the Adult Child Plan, effective, January 1, 2018. Staff in the Benefits Department at 7770 W. Oakland Park Blvd., Sunrise, FL 33351, will be available to review your **original dependent verification document(s) and accept a copy of your applicable certified document (proof of Florida residency or proof of full or part-time school registration)** from 7:00 a.m. – 7:00 p.m. through Friday, October 27, 2017 and 8:00 a.m. – 5:00 p.m. through Monday, November 13, 2017.

If you are unable to visit the Benefits Department to present your **original dependent verification document(s)**, along with a copy of one of the applicable certified documents, you can mail your document(s) to the Benefits Department, along with a self-addressed stamped envelope. After reviewing your document(s), staff will return your **original document(s)**, along with a receipt for your records confirming completion of the verification process. Please note, if a self-addressed stamped envelope is not included with your original document(s), the document(s) will remain on file with the Benefits Department.

To enroll your newly eligible adult child or re-enroll your currently enrolled adult child, you **MUST** also complete the Dependent Coverage Enrollment/Affidavit Form on the next page and mail or present the required documentation to a Staff Member in the Benefits Department by **Monday, November 13, 2017**. If the Dependent Coverage Enrollment/Affidavit Form and the requirement documents are not received by the deadline noted above or the information is incomplete on the form, coverage for your adult child will be discontinued as of **January 1, 2018**. You will **not** have the option to enroll/re-enroll your adult child until the next Open Enrollment period. At that time the verification process will apply.

**If mailing, please send documents to:**

Broward County Public Schools  
Benefits Department  
7770 W. Oakland Park Blvd.  
Sunrise, FL 33351  
Attn: Aetna

You will receive a **payment Coupon Book from Benefits Outsource, Inc. (BOI)**, which will reflect the premium amount due. Payment should be made directly to BOI, **not** to The School Board of Broward County, Florida.

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
**2018 OPEN ENROLLMENT**  
**RETIREE WITH ADULT CHILD**  
**DEPENDENT COVERAGE ENROLLMENT/AFFIDAVIT FORM**  
**(AGE 26 - 30)**  
**Florida Statute 627.6562(2)**



**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DEPENDENT INFORMATION						AETNA				
						KIDS Basic	KIDS Enh.	Premier HMO	Premier Plus HMO	Premier Choice (HSA)
Name of Dependent Last	First	MI	Sex M/F	SSN	DOB	✓	✓	✓	✓	✓

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of educational institution attending (if applicable): \_\_\_\_\_ Attending Full-Time  or Part-Time

By checking below, I hereby certify that the dependent identified above:

- is my child; and
- is unmarried; and
- has no dependents of his or her own; and
- is a resident of the State of Florida or a full-time or part-time student; and
- does not have other insurance coverage and is not entitled to Medicare (Title XVIII of the Social Security Act).

I recognize that this affidavit is a legally binding document and accept full responsibility for notifying the School Board of Broward County, Florida (SBBC) immediately if there are any changes pertaining to this child's status as my dependent. I have **presented** to the Benefits Department, the **original document** in the form of **one** of the following: **birth certificate or court document** in order to verify my dependent's eligibility. Also, I have attached **one** of the following supporting documentation: **proof of Florida residency or proof of full or part-time school registration** to certify that my dependent meets the Florida Statutes 627.6562(2) criteria. I agree to provide the documents listed or any other documents, when requested by SBBC or its insurers at any time as long as the child is enrolled as my dependent. I understand that I may be responsible for any expenses paid by SBBC or its insurers for the child that I enroll that is not eligible to participate in SBBC's benefit programs and that my providing false or misleading information about the dependent status of my child to SBBC or its insurers may be grounds for disciplinary action, including 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:** \_\_\_\_\_  
 (Month, Day, Year)

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: \_\_\_\_\_

**Return completed form to: Broward County Public Schools**  
**Benefits Department**  
**7770 W. Oakland Park Blvd.**  
**Sunrise, FL 33351**  
**Attn: Aetna**