

THE STATE OF FLORIDA JUSTICE ADMINISTRATIVE COMMISSION

Post Office Box 1654 (32302) 227 North Bronough Street, Suite 2100 Tallahassee, Florida 32301



COMMISSIONERS

Brad King, Chair

Diamond R. Litty Public Defender Kathleen A. Smith

Public Defender **Brian Haas** State Attorney

State Attorney

Alton L. "Rip" Colvin, Jr. Executive Director

(850) 488-2415 FAX (850) 488-8944

www.justiceadmin.org

MEMORANDUM HR18-18

TO: **Agency Administrators**

Carolyn Horwich, Esq., Director of Human Resources FROM:

THROUGH: Rip Colvin, Executive Director

SUBJECT: Dependent Eligibility Verification

DATE: July 2, 2018

Thank you for your support and assistance during the Dependent Eligibility Verification Audit. The audit is now complete.

To ensure accountability in the state group insurance program, effective July 1, 2018, the Division of State Group Insurance (DSGI) will be requesting documents as part of a monthly quality assurance review to confirm that an employee's newly added dependents are eligible for insurance coverage.

This process applies to new hires, marriages, births and other life events during the year as allowed by a qualifying status change (QSC) event. All employees who add new dependents during these QSC events will receive the documentation request. Documentation requests will be generated through People First and sent via email from the PeopleFirstNoReply@ngahosting.com email to the employee's notification email in People First. Please stress to employees the importance of maintaining a reliable email address in People First. If the employee does not have a notification email, a letter will be mailed to the employee's address on file. (Samples of both the email and letter are attached for your reference.)

If employees do not send the required documents within 60 days from the date of the request or if their documents do not prove dependent eligibility, insurance coverage on the dependents in question will be removed prospectively. The following lists the types of eligible dependents and documents required to verify each relationship.

FOR A SPOUSE:

- If married less than 12 months and you and your spouse have not filed a federal income tax return as married, you will need to submit a copy of your government-issued marriage certificate; OR
- If you and your spouse have been married for 12 or more months, a Tax Return Transcript of your most recently filed federal income tax return showing you filed as married, either jointly or separately. The tax return transcript is the only official record of the tax return that you filed with the IRS. A copy of your tax return (Form 1040) will not be sufficient. The Form 1040 can be falsified and is not an official record of what was filed with the IRS. You can request a copy of your transcript from the IRS at www.irs.gov/individuals/get-transcript or by calling the IRS at 800-908-9946. Please submit ONLY the first page, showing yours and your spouse's names or the last four digits of their Social Security number and tax filing period. All other information should be marked out. If you are unable to obtain your transcript, please contact the Division of State Group Insurance.

FOR CHILDREN UP TO AGE 26*:

- For a child, stepchild, or adopted child: A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s).
- For a child in your custody or under your guardianship: A copy of the court order naming you or your spouse as the child's legal guardian or custodian.
- For a foster child: A copy of the records showing you or your spouse as the dependent's foster parent.
- For a newborn child of a covered dependent up to age 18 months: A copy of the newborn's government-issued birth certificate listing your covered dependent as the birth parent.

FOR UNMARRIED CHILDREN AGE 26 TO AGE 30*:

- 1. A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); OR a copy of the court order naming you or your spouse as the child's legal guardian or custodian AND
- 2. A copy of the Affidavit of Adult Child (can be downloaded from https://www.mybenefits.myflorida.com/health/dependent eligibility verification), AND
- 3. One of the following documents:
- A document confirming the child's enrollment as a student in the current spring, summer, or fall semesters. The document must include the name of the child, the name of the school, and the school term; OR
- A bill or statement in the child's name that is dated within the past 60 days and is mailed to the child at a Florida address.

FOR DISABLED CHILDREN AGE 26 AND OLDER*:

- 1. A copy of the child's government-issued birth certificate or adoption certificate naming you or your spouse as the child's parent. Please note the document must list the first and last name of the child and parent(s); <u>OR</u> a copy of the court order naming you or your spouse as the child's legal guardian or custodian, <u>AND</u>
- 2. A Tax Return Transcript of your most recently filed federal tax return listing:
- -The child's name and the last four digits of the child's Social Security number;
 - -The child as your tax dependent.

*If you are covering a stepchild or a child for whom your spouse has legal guardianship, you must also provide documentation of your current relationship to your spouse, as requested above.

Please share this information with your employees, especially new hires, as part of the new employee orientation. For those employees who receive DSGI's request, they may email a cell phone picture of the documents or send scanned copies to DSGI.QATeam@dms.myflorida.com. Otherwise, they may fax the documents to (850)-488-0252 or mail them to DSGI, 4050 Esplanade Way, Suite 215, Tallahassee, 32399-0950.

Please refer to the Frequently Asked Questions and Qualifying Status Change Event Matrix at

https://www.mybenefits.myflorida.com/health/dependent_eligibility_verification or call DSGI at 850-921-4600.

Attachments:

Sample email Sample letter