

**BROWARD COUNTY PUBLIC SCHOOLS
BENEFITS & EMPLOYMENT SERVICES**

2025 MID-YEAR ENROLLMENT

RETIREE - ADULT CHILD 26-30 NOTICE

Applicable to those children over age 26

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 **enroll/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 adult child dependent in the **Health Plan** 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)

In order to add or **continue the coverage (same plan in 2025)** for your adult child (to age 30), you **must** enroll your adult child by completing the Dependent Coverage Enrollment/Affidavit Form at the end of this document and submit, along with the supporting documentation to the Benefits Department, **prior to or within thirty (30) days of the coverage termination date. Upon receipt, the request will be processed the first of the month following the coverage termination date** (IRS 125 Guidelines will apply for a Status Change Request, if applicable).

Annual re-certification of your dependent enrolled in the Adult Child 26-30 Plan during the Open Enrollment period (October) is required. Notification will be sent to the employee by mail and/or email (if available). In the event you do not receive notification, please do not hesitate to contact the Benefits Department at 754-321-3100 or visit the Benefits Department's website at www.browardschools.com/benefits to download the Adult Child 26-30 Affidavit Form on the Open Enrollment page, complete and submit **prior** to the Open Enrollment deadline as instructed.

Completion of the **Dependent Verification Process** is required for **new** enrollment (Status Change Request) of all **unverified** dependents. Please visit the Benefits Department's website at www.browardschools.com/benefits, select the "Documents" link on the left-side of the page then click and download the **"Dependent Verification Form & FAQ"** for review and completion.

After enrollment, if your dependent **becomes ineligible** to remain on the plan, the dependent **MUST self-report** by contacting Benefits Outsource, Inc. (BOI), Third-Party Administrator (Billing) at 954-680-7626 or by email to: cobra@boibenefits.com. The **health coverage will end the last day of the month the notification occurs or the end of the month the District or BOI becomes aware the dependent is no longer eligible** to remain enrolled in the plan.

The 2025 Medical Rates are listed below:

2025 Retiree with Adult Child 26-30 Plan Monthly Premiums

Premier HMO	\$1,014.66
Premier Plus HMO	\$1,174.48
Premier Choice HSA	\$846.06
Kids Basic Plan (1 Child)	\$458.18
Kids Enhanced Plan (1 Child)	\$767.48

If you are selecting this option due to your dependent reaching age 26 through the District's Health Plan, you **MUST re-enroll** your dependent into the **same plan** in which your dependent is currently enrolled. During the next available Open Enrollment period (October), you will have the opportunity to make a **new** plan election, effective the 1st of the following year.

If you are covering other dependent(s) in one of the Health Plans, the **Adult Child 26-30 Plan premium is in addition** to the premium you are currently paying for your other dependent(s). After submitting the Affidavit Form, along with the supporting document to the Benefits Department, the request will be forwarded to Aetna and Benefits Outsource, Inc. (conducts the billing for Aetna) for processing. You will be sent a **separate bill** for the Adult Child 26-30 Plan and payment **MUST be made directly to Benefits Outsource, Inc. (BOI)** on behalf of Aetna. BOI can be reached at 954-680-7626 via cobra@boibenefits.com.

Please review the following in order to determine which applies to your dependent(s).

Add or Re-Enroll a “Verified” Dependent(s) to the Adult Child 26-30 Health Plan

- You are **NOT** required to re-verify your dependent(s). You should have received a confirmation receipt regarding completion of the Dependent Verification process for your records from the Benefits Department.
- You are required to submit, **in order to add or re-enroll your verified dependent (also annually in October)**, a copy of **one (1) of the following supporting documents, along with the completed attached Adult Child 26-30 Affidavit Form**, to certify that your adult child has met the criteria to be enrolled in the plan, in accordance with Florida Statutes 627.6562(2).
 - Proof of Florida residency (e.g. Driver's License)
 - Proof of full or part-time school registration
- Both the Adult Child 26-30 Affidavit Form and one (1) of the above noted supporting documents, **MUST be received in the Benefits Department** at 7770 W. Oakland Park Blvd., Sunrise, FL 33351 via benefits@browardschools.com; **prior to or within thirty (30) days of the last day of the month in which the dependent turns age 26 (coverage termination date through the District's Health Plan) or the last day of the month in which the dependent lost other health coverage (Status Change Request). Upon receipt, the request will be processed effective the first of the month following the coverage termination date (IRS 125 Guidelines will apply for a Status Change Request/loss of outside coverage, if applicable).**
- Failure to submit the **above noted required Form and one (1) of the requested supporting documents** by the stated deadline, will result in your dependent(s) **not being added to the Adult Child 26-30 Plan.**

Add an “Unverified” Dependent(s) to the Adult Child 26-30 Health Plan (First-Time Enrollment)

- You **MUST** verify your dependent(s) **prior** to enrollment of your **unverified** dependent by submitting the completed Dependent Verification Document(s) to the Benefits Department via benefits@browardschools.com. One (1) of the applicable documents must be presented/submitted, along with the completed Dependent Verification Form, in order to verify your dependent's eligibility: **Birth Certificate, Adoption, Legal Guardianship Records or Marriage Certificate and Birth Certificate (for a stepchild).**

- Visit the Benefits Department's website at www.browardschools.com/benefits, select the "Documents" link to retrieve the **Dependent Verification Form & FAQ**.
- Please note, 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 or www.jsilny.com**.
- You are also required to submit **upon enrollment of your dependent (also annually in October)** a copy of **one (1) of the following supporting documents, along with the completed attached Adult Child 26-30 Affidavit Form** to certify that your adult child has met the criteria to be enrolled in the plan, in accordance with Florida Statutes 627.6562(2).
 - Proof of Florida residency (e.g. Driver's License)
 - Proof of full or part-time school registration
- Both the Adult Child 26-30 Affidavit Form and one (1) of the above noted documents, **MUST be received in the Benefits Department** at 7770 W. Oakland Park Blvd., Sunrise, FL 33351 via benefits@browardschools.com, **prior to or within thirty (30) days of the coverage termination date (Status Change Request). Upon receipt, the request will be processed effective the first of the month following the coverage termination date (IRS 125 Guidelines will apply for a Status Change Request/loss of outside coverage, if applicable).**
- Failure to **verify your dependent(s)** and submit the **above noted required Form, along with one (1) of the requested supporting documents** by the stated deadline, will result in your dependent(s) **not being added to the Adult Child 26-30 Plan**.

As a reminder, further details regarding the Dependent Verification Process, can be located on the Benefits Department's website at www.browardschools.com/benefits in the "Documents" section.

Important Note: Enrollment of the employee/parent of the adult child in one (1) of the District's Health Plan is **REQUIRED** in order to enroll or maintain health coverage for the adult child. If the health coverage of the employee/parent of the adult child is terminated, the coverage for the adult child will also be termed.

Please Note: Completion of the attached Affidavit Form is for enrollment of your adult child into the **Adult Child 26-30 Health Plan with Aetna**.

Billing information will be mailed by Benefits Outsource, Inc. (BOI) for the Adult Child 26-30 Plan, which will reflect the premium amount due. Payment should be made directly to BOI and not to The School Board of Broward County, Florida. BOI can be reached at 954-680-7626 via cobra@boibenefits.com.

Dental and Vision Coverages: To request continuation of coverage for the **Dental and/or Vision Plan(s) if the dependent is aging-off these plans through the retiree's insurance**, you have the option to elect COBRA. The COBRA Packet will be mailed by Benefits Outsource, Inc. (BOI) on behalf of Aetna and Humana, where applicable. To review general COBRA information, please visit the Benefits Department's website at www.browardschools.com/benefits and click on the "Notices and Posters" link. Should you have any general questions, please do not hesitate to contact the Benefits Department at 754-321-3100 or by email to: benefits@browardschools.com.

BROWARD COUNTY PUBLIC SCHOOLS
2025 MID-YEAR ENROLLMENT
RETIREE with ADULT CHILD
DEPENDENT COVERAGE ENROLLMENT/AFFIDAVIT FORM
(AGE 26 - 30)
Florida Statute 627.6562(2)



RETIREE INFORMATION

Name: _____ Personnel #: _____

Address: _____ City: _____ State: _____ Zip: _____ Gender: _____

Phone#: _____ Social Security#: _____ Date of Birth: _____

DEPENDENT INFORMATION						AETNA				
Name of Dependent Last First MI	Sex M/F	SSN	DOB	KIDS Basic	KIDS Enh.	Premier HMO	Premier Plus HMO	Premier Choice (HSA)		
				✓	✓	✓	✓	✓		
				☐	☐	☐	☐	☐		
Address: _____ City: _____ State: _____ Zip: _____										

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

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

- ☐ is my child; and
- ☐ is unmarried; and
- ☐ has no dependent(s) 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 Broward County Public Schools' Benefits Department immediately if there are any changes pertaining to this child's status as my dependent. **If my dependent was not previously verified through Verification Process, I will present or submit by the required deadline, to the Benefits Department, the Dependent Verification Document(s) in the form of one of the following: Birth Certificate, Adoption, or Legal Guardianship Records, Marriage Certificate and Birth Certificate (for a stepchild), along with the completed Dependent Verification Form, in order to verify my dependent's eligibility. I have attached one of the following supporting documentations: proof of Florida residency or proof of full or part-time school registration to certify that my dependent has met the Florida Statutes 627.6562(2) criteria.** I agree to provide the documents listed or any other documents, when requested by BCPS 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 BCPS or its insurers for the child that I enroll and is not eligible to participate in BCPS's benefits programs and that my providing false or misleading information about the dependent status of my child to BCPS 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. **I understand that Benefits Outsource, Inc. (BOI) will send me an invoice or premiums taken through the ACH program, which I enrolled in will continue.**

Retiree 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 and
required document(s) to: **Benefits & Employment Services Department**
7770 W. Oakland Park Blvd., Sunrise, FL 33351

You may also send by email to: benefits@browardschools.com