DEPENDENT ELIGIBILITY VERIFICATION FORM

DEPENDENT ELIGIBILITY DOCUMENTATION

RETURN VIA FAX TO:
305-355-2324

or Email to:
JHSFieldOffice@fbmc.com

IMPORTANT INFORMATION

YOU WILL NEED:

- Proof of eligibility for all listed dependents.
- Required documentation must be provided prior to Nov. 19, 2025 for newly added dependents. Failure to do so will result in loss of coverage for your dependents or inability to enroll them in coverage.
- **Print, complete, and include this form with the required documentation.**
- If you are going to add an Adult Child, you must present the required documentation along with a completed Adult Child Affidavit.
- By signing below, you verify that the additional Adult Child required documentation is valid.

SOCIAL SECURITY # _____ EMPLOYEE NAME _____

RELATIONSHIP	**GENDER** M/F/N	**DEPENDENT NAME** (PRINT CLEARLY) LAST NAME/FIRST NAME	**SOCIAL SECURITY #**	**BIRTH DATE** MM/DD/YY	**DOCUMENT PROOF INCLUDED** (BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, ETC.)

EMPLOYEE SIGNATURE	*DATE*

Jackson HEALTH SYSTEM

PLEASE NOTE: Any employee found to be submitting false documentation for his/her dependent(s) will have the dependent deemed ineligible retroactively and will be subject to disciplinary action, up to and including termination of employment.

FBMC BENEFITS MANAGEMENT

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