DEPENDENT ELIGIBILITY VERIFICATION FORM

DEPENDENT ELIGIBILITY DOCUMENTATION

RETURN VIA FAX TO:
305-355-2324

or Email to:
JHSFieldOffice@fbmc.com

DEPENDENT ELIGIBILITY VERIFICATION

Dependent Eligibility Verification is required for newly added dependents. Please provide the proof of eligibility/verification and Social Security numbers for all dependents you would like to cover through any Jackson Health System-sponsored health insurance benefit plan by November 6th 2026, or through the end of your New Hire enrollment period. Failure to provide verification documentation for your dependents will result in the inability to enroll them in coverage.

You may provide your documents during Open Enrollment, or at the end of your New Hire enrollment period at the on-site FBMC Service Center on the main campus in Park Plaza West room L-109B or fax it to 305-355-2324 or email JHSFieldOffice@fbmc.com.

- **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.

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