



Human Resources  
 Benefits Administration  
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 Miami, FL 33128  
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miamidade.gov

**2015 Dependent Eligibility Update and Certification Form**

As mandated under the Affordable Care Act (“ACA”) for employees enrolled in healthcare coverage any time during 2015, the County must validate its dependent data to meet our reporting obligations in preparation for the filing and issuance of the IRS Form 1095-C. Issuing the IRS Form 1095-C to all employees eligible for health benefits is a federal mandate. The IRS will use the 1095-C data to reconcile with individual tax filings and to confirm taxpayers have met the individual mandate to obtain health insurance. If the IRS cannot identify your dependent due to an invalid Social Security Number, it could result in an IRS tax penalty to you.

You must go on **eNet Employee Self-Services Gateway** to validate dependent **Dates of Birth and Social Security Numbers** and provide proof of eligibility for each of your dependents to ensure continued coverage in your benefit plan(s).

**Step1 - What You Need to Do to complete the validation process**

1. **Log into eNet** secure “Dependent Update” link to validate your Dependent information, you must select “Paycheck & Paystub”, then click on “**Dependent Update**” to view, validate and correct (if necessary) your existing dependents **Social Security Numbers and Dates of Birth**. Click “**update**” to submit changes.

**Step 2 - What You Need to Do to complete the certification process**

1. **Gather the required documentation** listed below. Make copies and black out account numbers and financial data.
2. **Complete this certification form** and check the box indicating the dependent for which you are submitting documentation.
3. **Sign and date this form and fax your dependent’s proof documents, with this form on top to (305) 375-2964 or email your dependent’s proof documents with the following subject line: Last name, First name, Employee ID# to [HRDEI@miamidade.gov](mailto:HRDEI@miamidade.gov)**

If you would rather make copies of your documents and deliver them in person or mail with this form, send the information to HR/Benefits Administration, to the MDC Human Resources Department, Benefits Division, 111 NW 1st Street, 23rd floor, Miami, FL 33128. **If submitting by mail, DO NOT mail originals because they will not be returned to you.** If you have any comments or questions regarding any of the above information, please contact the Benefits Department directly at (305) 375-5633 or (305) 375-4288.

**Tips for Faxing**

- Do not include a separate cover sheet – this notice is your cover sheet
- Ensure this form and your documents are legible

HealthCare Dependent Name	DOB	Relationship	SSN (if not validated online)	Gender	Document Attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

I hereby affirm and attest that the dependent(s) listed above meet the requirements of eligibility. If any dependent is determined to be ineligible or I fail to notify the Benefits department of a loss of eligibility or any supporting document is not provided upon request, I understand that I may be liable for any claims paid for any dependent deemed ineligible.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name (print name) \_\_\_\_\_

Employee ID: \_\_\_\_\_

## **Type of Documentation Required by Dependent Type**

### **Spouse**

Copy of official certified or registered Marriage Certificate (religious certificates are not acceptable).

### **Domestic Partner**

Copy of the domestic partnership certificate issued by the Department of Regulatory and Economic Resources (RER), Consumer Services .

### **Child(ren)**

Copy of official Birth Certificate(s) showing employee as parent (birth cards are not acceptable).

### **Stepchildren:**

Copy of official Birth Certificate(s) AND copy of the official certified / registered marriage certificate or domestic partner certificate.

### **Child(ren) Under Legal Guardianship, Custody or Foster Care:**

Copy of Legal Guardianship/ Custody document from the Courts or copy of Foster Care documentation from Courts.

### **Child(ren) Adopted or Child(ren) in the Process of Adoption**

Copy of Legal Adoption documentation showing relationship to employee and placement in employee's home or copy of Adoption Certificate issued through the Courts.

### **\*Grandchild(ren) OR Other Child Not Related**

Copy of official Birth Certificate(s) of child(ren) AND copy of Legal Guardianship, Adoption or Foster Care document from the Courts.

\*A dependent of a dependent (child born to an enrolled child dependent) may remain on the plan for up to 18 months from the date of birth. After 18 months, the grandchild must meet the criteria of legal guardianship by the employee spouse or domestic partner.