A NEW DAY.

City of Jacksonville, Florida
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OVERAGE DEPENDENT AFFIDAVIT (AGE 26-30)

PRE-TAX SECTION 125 PLANS
FLORIDA STATUTE §627.6562

Employee Name:_____ **Employee ID #:** _____

The City of Jacksonville Group Health Plan (the "Plan") allows medical coverage for dependents from the age of 26 through the end of the year in which the dependent child reaches 30 years old ("Over-Age Dependent") if the Overage Dependent meets all the eligibility criteria listed below:

1. is unmarried; and
2. has no dependents on his/her own (i.e., children); and
3. is not provided coverage or covered under any other group or individual health benefit plan; and
4. is not entitled to benefits under Title XVIII of the Social Security Act; and
5. is a resident of Florida or is a full or part-time student

Please Note:

- Age 26-30 dependents that were not previously covered under the Plan MUST have had continuous health coverage through another provider without a gap in coverage of more than 63 days. Proof of this coverage is required.
- An overage dependent will be considered an out-of-state resident and ineligible for continued coverage as an Overage Dependent if they do not permanently move back to the State of Florida within 60 days of their graduation date from college.
- This Affidavit must be updated each year until the Overage Dependent is no longer eligible.

Name of Dependent *(Separate form required for each Overage Dependent)*	**Dependent's Current Age** and **Date of Birth**	**Dependent meets above Eligibility Criteria**	**In 2025–2026 is the Dependent:** • **a student or** • **Florida Resident**
		☐ **Yes** ☐ **No**	☐ **Student -** Submit Overage Dependent Affidavit and 2025-2026 school schedule listing educational institution, dependent name & current enrollment dates) ☐ **Florida Resident -** (Submit Overage Dependent Affidavit & a copy of dependent's Florida license or State issued I.D. as proof of residence in the State of Florida)

TAX DISCLOSURE: *I understand I will be taxed on applicable imputed income from premiums paid by the City of Jacksonville on behalf of my over-age dependent who is 27 years old and above.*
DEPENDENT LISTED ABOVE QUALIFIES AS MY FEDERAL TAX DEPENDENT (Age 27 & above): ☐ **YES** ☐ **NO**

EMPLOYEE STATEMENT: I acknowledge I have provided true and official documentation, and I certify that the Overage Dependent listed above meets the eligibility criteria, as specified by the City of Jacksonville. If a post audit of the enrolled Overage Dependent shows he/she does not meet the eligibility requirements of the plan, I understand I will be held legally and financially responsible for the repayment of all benefit claims incurred by my ineligible Over-Age Dependent. Florida Statute §817.234 clearly states
"ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE." Any person committing such fraud will be subject to appropriate action by the City of Jacksonville.

NOTE:

- It is the employee's responsibility to notify the Benefits Office within thirty days of a change in status.
- Dependent children will be removed from Dental & Vision benefits at the end of the year they turn 25 years old.
- Dependent children will be removed from Dependent Life Insurance at the end of the month they turn 26 years old. If this is your only dependent, your dependent life will be canceled.

Employee Signature: _____ **Date signed:** _____