

People First Service Center • 866-663-4735 • Hours: Mon. – Fri. 8 a.m. to 6 p.m. ET

People First ID Number: _____

Affidavit of Enrollee-Dependent Relationship

STATE OF _____
COUNTY OF _____

I, _____
(first, middle, and last name of Enrollee),

and _____
(first, middle, and last name of Enrollee's spouse),

being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of _____.
2. I have personal knowledge of the facts herein and, if called as a witness, could testify competently thereto.
3. I hereby certify that I have the following dependent, which I have identified by marking the box next to the description of the dependent:
☐ Legal spouse ☐ Ward ☐ Biological child ☐ Newborn grandchild ☐ Adopted child ☐ Foster child
☐ Stepchild ☐ Child with total disability ☐ Child age 26-30
4. To continue the current coverage for my dependent through the State Group Insurance Program, I certify the following dependent and dependent information listed below meets the eligibility criteria for a spouse or child, as defined on <http://mybenefits.myflorida.com/health/eligibility/dependents>

☐ Spouse _____
(spouse's first, middle and last names)

(date of marriage)

(state or country of marriage)

OR

☐ Other dependent _____
(dependent's first, middle and last names)

(dependent's date of birth)

(dependent's city, state and zip)

(date you became responsible for the dependent)

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5. I am unable to secure a copy of previously requested documents to prove my relationship with the dependent designated herein.

6. I would like to maintain the current insurance coverage of the dependent designated herein.

7. I certify under penalty of perjury under the laws of the State of Florida that the foregoing is true and correct.

Name of Enrollee (please print) Signature of Enrollee Date

THIS DOCUMENT MUST BE NOTARIZED. PLEASE HAVE THE SECTION BELOW COMPLETED, SIGNED, AND SEALED BY A NOTARY PUBLIC. Subscribed and sworn to before me this ____ day of _____, 20__.

[NOTARY SEAL]

My commission expires: [NOTARY SEAL]

_____, 20__

County

State

Personally known _____

OR produced identification _____

Type of identification produced _____