



IMPORTANT NOTICE

IMMEDIATE ACTION REQUIRED IN ORDER TO MEET 5/1/2024 DEADLINE

Friday, March 15, 2024

Dear Palm Beach County Employee:

During Open Enrollment all employees were noticed with important information stating that a Dependent Audit would be conducted in 2024. The County has contracted Benefits Outsource, Inc., through United Healthcare, to collect answers and verify required dependent documents. Benefits Outsource, Inc. is the contracted Third Party that will conduct the audit. At this time, you are required to verify each dependent enrolled in Palm Beach County’s medical plan.

As the primary insured, you are required to complete this dependent verification audit by May 1. Our goal is to ensure that coverage can continue to be provided for each dependent eligible for the plan.

Please read and carefully review the enclosed information. Submit documentation of eligibility and/or proof of dependency for each dependent as listed on the Palm Beach County Board of County Commissioners Dependent Eligibility Verification Form. If it is determined during the audit that employees have ineligible dependents enrolled in coverage, the County reserves the right to require the return of all County-paid premiums, any associated claims costs paid on behalf of the ineligible dependent, and will pursue any and all other remedies available under law. The employee may also be subject to disciplinary action, up to and including termination.

As outlined in the County’s PPM CW-P-023: Employees may include their spouse, children (including step children, adopted children, foster children and/or children for which the employee is the legal guardian), domestic partner, domestic partner’s children (including, adopted children, foster children and/or children for which the domestic partner is the legal guardian), under the County’s health plans.

Further, proof of eligibility is required for all dependents added to the employee’s coverage as referenced in Table 1 of the County’s PPM CW-P-023, Eligibility Categories and Required Documents.

Please review Table 1 and provide a COPY of one of the following documents for each covered dependent.

Eligibility Categories Required Documents	Eligibility Categories Required Documents
Spouse or Domestic Partner <ul style="list-style-type: none"> • Legal spouse • Domestic partner of the same or opposite sex 	<ul style="list-style-type: none"> • Copy of page 1 of federal tax return of most current tax year as filed (personal and income information redacted) listing spouse • OR: Copy of marriage license • Certificate or copy of executed, notarized and recorded Declaration of Domestic Partnership form (Ord. 2006- 002)

	<ul style="list-style-type: none"> • PLUS (Spouse OR Domestic Partner) • Proof marriage/partnership is still current (recurring monthly or quarterly household bill or statement of account listing spouse's/partner's name at employee's address within the past 60 days)
Child up to end of the month the child turns age 26	
<ul style="list-style-type: none"> • Biological child 	<ul style="list-style-type: none"> • Official birth certificate (hospital birth record not acceptable)
<ul style="list-style-type: none"> • Adopted child 	<ul style="list-style-type: none"> • Official adoption documents
<ul style="list-style-type: none"> • Foster child 	<ul style="list-style-type: none"> • Official documents, placing the child in employee's care
<ul style="list-style-type: none"> • Child placed into custody by a court order 	<ul style="list-style-type: none"> • Court documented guardianship papers (Power of Attorney is not acceptable)
<ul style="list-style-type: none"> • Step child 	<ul style="list-style-type: none"> • Marriage license of marriage to biological parent of child and birth certificate for child that names the employee's spouse as a parent
<ul style="list-style-type: none"> • Child of Domestic Partner 	<ul style="list-style-type: none"> • Birth verification as indicated above, depending on type of child (biological, adopted, foster child, or child placed into custody of Domestic Partner by a court order) plus executed, notarized and recorded Declaration of Domestic Partnership form (Ord. 2006-002) PLUS • Proof partnership is still current (recurring monthly or quarterly household bill or statement of account listing partner's name at employee's address within the past 60 days)
Child up to end of the month the child turns 18 months of age	
<ul style="list-style-type: none"> • Child born to an insured dependent of the employee 	<ul style="list-style-type: none"> • Official birth certificate of child born to the employee's insured dependent • The coverage is until 18 months of age.
Child age 26 to 30	
<p>Unmarried child age 26 up to until the end of the calendar year in which the child reaches the age of 30, provided child does not have a dependent of his/her own, is a Florida resident or a full-time or part-time student, and is not covered under a plan of his/her own or entitled to benefits under Title XVIII of the Social Security Act.</p>	<ul style="list-style-type: none"> • Official birth certificate (hospital birth record not acceptable) • Copy of driver's license OR • State-issued ID showing s/he is a Florida resident OR • Copy of current school registration, confirming full-time or part-time student status
Disabled Child	
<p>Qualified child who is 26 or more years old and primarily supported by the employee and incapable of self-sustaining employment by reason of mental or physical handicap</p>	<ul style="list-style-type: none"> • Official birth certificate (hospital birth record not acceptable) • Official adoption documents • Official documents, placing the child in employee's care • Court documented guardianship papers (Power of Attorney is not acceptable)
Documentation required for other qualified events	
Qualified family status change	Documentation
Dissolution of Domestic Partnership	<ul style="list-style-type: none"> • Executed, notarized and recorded Declaration

	of Termination of Domestic Partnership form (Ord. 2006-002)
Divorce (divorced spouses are not eligible for dependent coverage regardless of the court decree)	<ul style="list-style-type: none"> Final Divorce Decree
Death	<ul style="list-style-type: none"> Death certificate

Ineligible Dependent Types – Spouses	Ineligible Dependent Types – Children
<ul style="list-style-type: none"> Common law spouse Civil union partner Unmarried partner, boyfriend, girlfriend Roommate Former spouse or former domestic partner, even if you have a court order to provide medical coverage Other relatives 	<ul style="list-style-type: none"> Child age 26 or over (unless disabled or covered under specific extended coverage rules age 26-30) Child of civil union partner Child with whom you have no legal relationship Other relatives Child of a former spouse or former domestic partner Spouses or domestic partners of adult children

Sign, date and return the Palm Beach County Board of County Commissioners Dependent Eligibility Verification Form along with copies of documentation verifying your dependents' eligibility.

Although this information is being maintained confidentially, please **do not send original documents**. All dependent verification documents must be submitted to Benefits Outsource, Inc. **Do not submit your documents to your benefits office as they will not be accepted.**

Please return information requested **by 5/1/2024**. Failure to complete and return documentation may cause a disruption in coverage for your dependents and sanctions as outlined in PPM CW-P-023.

Should there be any questions, please email Benefits Outsource, Inc. at benefits@boibenefits.com or call: 1(888) 877-2780 or (954) 680-7626.

**Palm Beach County Board of County Commissioners (PBCBOCC)
Group Health Benefits - Dependent Eligibility Verification Form**

Employee's Name:	
Employee ID:	
Account Number:	PBCBOCC

Below is a summary of your current benefits coverage.

Below is a list of the dependents you elected to cover under the PBCBOCC medical plan. Please confirm your eligible dependent(s) as listed below. If no proof, or incomplete proof of dependency is provided, the dependent will not be eligible for coverage. The dependent will be removed from coverage and sanctions as outlined in PPM CW-P-023 will be applied.

NOTE: Please do not add dependents at this time. You may add a dependent(s) during the open enrollment or when you experience a qualified family status change.

	Dependent's Name	Relationship	Date of Birth

I verify that the dependent(s) listed above meet the definition of a "Dependent" as outlined in the enclosed. I have checked the box(es) of the dependent(s) for whom I have provided proof of dependency and have attached the documentation required.

Employee's Signature Print Employee's Name Date

Deadline for return of this form to Benefits Outsource, Inc.: May 01, 2024

Failure to complete and return the requested information to Benefits Outsource, Inc. by the required deadline may cause a disruption in coverage for your dependents and sanctions as outlined in PPM CW-P-023.

DO NOT SUBMIT YOUR DOCUMENTS TO YOUR BENEFITS OFFICE AS THEY WILL NOT BE ACCEPTED.

Please return this form, "Dependent Eligibility Verification Form" and pertinent documents via:

1. Email: benefits@boibenefits.com

2. Mailing Address: Benefits Outsource, Inc.
5599 South University Drive, Suite 201
Davie, FL 33328

3. Fax: (954) 680-7630