

## ADMINISTRATIVE PROCEDURES

<b>Title:</b> <b>VERIFICATION OF DEPENDENTS ENROLLED IN BENEFITS (MEDICAL, DENTAL, VISION, LIFE)</b>	<b>Identification:</b> 3.36
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<b>Authority:</b>  FS 1001.64; 1001.65	<b>Effective Date:</b> June 1, 2017
	<b>Signature/Approval:</b>  Dr. Ken Atwater

### PURPOSE

This procedure establishes College procedure for the proper documentation required to verify dependent eligibility under Hillsborough Community College's (HCC) benefit plans.

### PROCEDURE

Employees who elect to cover dependents under HCC's medical plan are required to submit the appropriate documentation to Human Resources to verify the eligibility of the dependents. Dependents include those who are eligible to enroll in the plan who are not the employee.

#### **New Hire Dependent Verification:**

During the first 31 days of employment, employees who seek to cover their dependents under HCC's health, dental, vision, or life insurance plans are required to complete a Benefit Enrollment form and provide dependent documentation to the Human Resources Benefits Office for each dependent to be covered under those plans. Required documentation may include, but may not be limited to: marriage license, birth certificate, and/or domestic partner affidavit with supporting documentation. Failure to provide dependent documentation within the first 31 days of employment will result in non-coverage for that dependent.

#### **Qualifying Event Dependent Verification:**

If a qualifying event is deemed eligible by Human Resources, supporting documentation for the event along with documentation showing dependent eligibility must be received at the time of enrollment. Failure to provide all required documentation within 31 days of the qualifying event will result in non-coverage for that dependent.

#### **Annual Dependent Verification:**

During Open Enrollment each year, employees who seek to cover dependents not previously verified under HCC's medical, dental, vision and life benefits will be required to provide documentation 3 weeks after open enrollment ends and before the plan year begins. Failure to provide all required documentation within the required time period will result in non-coverage for that dependent for the new plan year.