CITY OF CLEARWATER

Affidavit of Proof of Overage Dependent Coverage for Clearwater Employees 100 S Myrtle Ave Clearwater, FL 33756 727-562-4870

This Affidavit of Proof of Overage Dependent Coverage for Clearwater Employees is submitted for the purpose of obtaining proof that the employee's overage dependent qualifies for further coverage under the City's medical plan. Dependents are covered on Medical Insurance through the end of the calendar year in which they turn 26. Overage dependents may continue Medical coverage through the end of the calendar year in which the dependent reaches the age of 30 if he/she meets all of the qualifications below.

I the undersigned do declare that my overage dependent meets ALL of the following requirements and agree to the following statements:

Initial of Policyholder:	
Overage dependent is unmarried	d with no dependents.
Overage dependent is a Florida r	esident, or full-time or part-time student.
Overage dependent is otherwise	uninsured.
Overage dependent is not entitle	ed to Medicare benefits under Title XVIII of the Social Security Act.
I affirm, under the penalty of perjury that	the statements on this affidavit are true to the best of my knowledge.
Employee:	
Print Name	Signature
Date	<u> </u>
Notarization of signature: (Required)	
State of Florida County of Pinellas	
Sworn to and subscribed before me this _	day of, 20 by
and who are p	personally known to me or produced
as identification and who did/did not take	e an oath.
	Signature of Notary Public
	Name of Notary Printed
	My Commission expires:
Form No.	File Name: Affidavit of Domestic Partnership for Clearwater Employees