

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 with no dependents.
- _____ Overage dependent is a Florida resident, or full-time or part-time student.
- _____ Overage dependent is otherwise uninsured.
- _____ Overage dependent is not entitled 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

Notarization of signature: (Required)

State of Florida
County of Pinellas

Sworn to and subscribed before me this ____ day of _____, 20__ by _____
and _____ who are personally known to me or produced _____
as identification and who did/did not take an oath.

Signature of Notary Public

Name of Notary Printed

My Commission expires: _____