



# DAYTONA STATE COLLEGE

## Dependent Verification Documentation

Verify Eligible Dependents under your Medical, Dental, Vision, Spouse Life and Dependent Life Insurance Plans.

- ➔ All required documentation **MUST** be uploaded to your account on the FBMC website <https://bmc.myfbmc.com>. If you are unable to scan or upload your documentation, please bring documents to the Employee Benefits Department for assistance, as soon as possible.
- ➔ Coverage will not be effective and new premium amount(s) will not begin until all required documentation has been uploaded into the FBMC website, reviewed and approved by the Employee Benefits Department.
- ➔ If you have any questions, please contact Kathleen Wrenn or Pamela Kelley at 386-506-3083

### Required Documentation

<p><b>To ADD</b> <b>Spouse</b> <b>Two Forms</b> <b>Required</b></p>	<p>A copy of the legal marriage certificate <b>and</b> tax return which must be from current or previous tax year, contain name of employee and spouse, indicate married filing jointly or married filing separately. <i>(Only the page listing filing status and exemptions is required. Mark out financial information and social security #. )</i></p> <p>REMINDER: A spouse is the legally recognized martial partner (as defined by FLORIDA law) of the covered employee. This does <b>NOT</b> include common law marriages or domestic partnerships.</p>
<p><b>To ADD</b> <b>Child(ren)</b> Natural child, Step child, foster child, legal guardianship or custody.</p>	<p>A copy of the birth certificate, adoption papers, or other legal paperwork for the child(ren). Documents <b>MUST</b> show child's name, date of birth, date of placement for adoption, or date of adoption. Must contain the name of employee or employee spouse.</p>