



Fort Lauderdale Fraternal Order of Police Health Trust

Fort Lauderdale, Florida



ALL HEALTH TRUST MEMBERS WITH DEPENDENTS ENROLLED IN THE INSURANCE PLAN MUST COMPLETE AND RETURN TO THE FOP HEALTH TRUST OFFICE.

I, _____, SSN _____
acknowledge the following.

That I have provided, or will provide within 90 days of my election, true and official documentation, and that the dependent(s) listed below meet the eligibility criteria, as specified by the FOP Health Trust Board. Acceptable official documentation includes:

LEGAL SPOUSE –

- Photocopy of marriage certificate (recorded with the County/State), and;
- Photocopy of Social Security Card, and;
- Photocopy of Joint Document – document must be dated within the last 90 days, and addressed to both parties. Examples include utility bill, mortgage statement, auto insurance statement.

NATURAL/ADOPTED CHILD –

- Photocopy of certified birth certificate/court document, and;
- Photocopy of Social Security Card.

STEP CHILD –

- Photocopy of certified birth certificate/court document, and;
- Photocopy of marriage certificate (recorded with the County/State), and;
- Photocopy of Social Security Card, and;
- Photocopy of Joint Document – document must be dated within the last 90 days, and addressed to both parties. Examples include utility bill, mortgage statement, auto insurance statement.

I understand that I will be held legally and financially responsible for the repayment of all benefit claims incurred by any of the following dependents in the event that I fail to turn these documents over to the Health Trust within the 90 days of my election, and, it may result in the termination of these dependents.

Proof may be requested from the Health Trust if a post audit of the dependent(s) listed below shows that he/she does not meet the eligibility requirements of the plan as defined by the Health Trust Board. I understand that I will be held legally and financially responsible for the repayment of all benefit claims incurred by any of the following dependents.

Florida Statute 817.234 clearly states that any person who knowingly and with the intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. Recognition of any such person committing such fraud will be subject to appropriate action by FOP Health Trust Board and/or the insurance carrier.

Dependent Name _____

Dependent Name _____

Dependent Name _____

Dependent Name _____

Dependent Name _____

Signature

Date