



2026 Over-Age Dependent Child Affidavit for Non-Disabled Child Between 26 and 30 Years

Employee Name

Employee Telephone Number (non-work)

Employee Number

Child Name

Dependents are covered on the medical plan through the end of the calendar year in which they turn 26. Over-age dependents may continue medical coverage (at full premium cost) 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.

By signing below, you hereby affirm that your child meets *all* of the following conditions to qualify as a covered dependent on the Pinellas County medical plan.

- Child is between the ages of 26 and 30 years old.
- Child is unmarried.
- Child does not have a dependent of his or her own.
- Child is a resident of the state of Florida or is a full or part-time student.
- Child is not covered under their own health plan, or entitled to benefits under Title XVIII of the Social Security Act.

I certify that the information provided in this document is complete and accurate as of this date. I understand that any statements made on this form may be confirmed and verified by independent third-party researchers. There may be penalties for submitting inaccurate information.

Employee Signature

(Do not sign until you are in front of a notary public.)

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,

by _____

Signature of Notary Public