



Dependent Affidavit 2025 Plan Year

Name: _____

Employee ID: _____

Initial all the appropriate statement(s) that apply below related to your 2025 medical benefit enrollment.

_____ My spouse/domestic partner is also employed full time by the City of Tampa and covered under medical benefits.

_____ My spouse, as listed in Oracle for medical insurance, is my legal spouse under the laws of Florida.

_____ My domestic partner, as listed in Oracle for medical insurance, continues to meet the requirements of the City of Tampa Declaration of Domestic Partnership for purposes of benefits eligibility.

_____ My dependent children, as listed in Oracle for medical insurance, are my legal dependents under the laws of Florida.

NOTE: Below is a list of the dependents you elected to cover under the City of Tampa medical plan for 2025. Please circle Yes or No next to each dependent for eligibility.

Dependent's Name	Relationship	Meets Eligibility	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Fraud Certification - Carefully read the statements below before signing this form.

I swear and affirm that the information provided on this form is true and correct.

I acknowledge that should the circumstances change regarding my dependents and/or the availability of other health coverage during the plan year, I am obligated to notify City of Tampa Human Resources within thirty-one (31) days of the change and to immediately assume any monetary obligations that arise because of the change of circumstances.

I acknowledge that a deliberate misrepresentation or misstatement of the facts contained in this verification and certification will result in the termination of medical coverage for myself and my dependents for a period of one year.

I further acknowledge that I will be responsible for the reimbursement of funds paid to providers on my dependents' behalf if I have misrepresented or presented false information under any section of this form.

I further acknowledge and agree that providing false information is fraud, and if the above answers are misrepresented or contain false information, I may be subject to disciplinary action up to and including termination of employment.

I have carefully read the certifications above and completed each statement on this form prior to signing below.

Employee Signature

Date