



San Bernardino County DISABLED DEPENDENT CERTIFICATION (Dependent child age 26 or over)

A Disabled Dependent Certification form is required for employees who have a dependent age 26 or older who is incapable of self-sustaining employment due to a physical or mental condition enrolled on their medical and/or dental plan.

REFERENCES

Employee Benefits Guide
Health Plan Evidence of Coverage

FORMS REQUIRED

Disabled Dependent Certification

MANDATORY FIELDS

All

GENERAL INFORMATION

A Certification form must be submitted for **each** dependent age 26 or older who is incapable of self-sustaining employment due to a physical or mental condition that is enrolled on an employee's medical and/or dental plan. Failure to timely provide all requested information will result in the dependent being ineligible for coverage on the employee's County medical and dental plans pursuant to the terms of the County medical and dental contracts.

STIPULATIONS

It is the employee's responsibility to submit the forms to keep the dependent on the plan(s) or remove the dependent from coverage. A new Disability Dependent Certification form is required upon the request from Employee Benefits and Services Division (EBSD) or the Health Plan carrier.

PAYROLL SPECIALIST RESPONSIBILITIES


- ◆ Audit forms for completeness
- ◆ Verify medical certification for each dependent age 26 or older who is medically incapable of self-sustaining employment due to a mental or physical condition is provided, if applicable
- ◆ Retain copies for department file
- ◆ Forward to EBSD-HR (0440)

DEADLINES

EBSD-HR must receive forms within 60 days of the qualifying event

RELATED FORMS/PROCEDURES

Checklist for Contract to Regular
Checklist for Extra-Help/Recurrent/PSE to Contract
Checklist for Extra-Help/Recurrent/PSE to Regular
Checklist for Job Share
Checklist for New Hire - Contract
Checklist for New Hire - Exempt
Checklist for New Hire – Regular/Part-Time/Reemployment (Rehire)
Checklist for Regular to Contract

Checklist for Return from Leave (Without Right) 
Family Status Change
Open Enrollment