



# City of Houston Benefits

## Dependent Grandchild Certification for Temporary City of Houston Benefits Coverage

9 611 Walker, 4th Floor, Houston, TX 77002 | ☎ 832-393-6000 | Secure Portal Submission

[https://www.houstontx.gov/hr/benefits/sdsubmission\\_form.html](https://www.houstontx.gov/hr/benefits/sdsubmission_form.html)

✉ [retireebenefits@houstontx.gov](mailto:retireebenefits@houstontx.gov) | 🔗 [cityofhoustonbenefits.org](http://cityofhoustonbenefits.org)

Please print clearly and make sure to sign and submit this form to the City of Houston’s Human Resources Benefits Division. Keep a copy for your records.

Subscriber/Dependent Information		
Employee/Retiree Name	Employee ID	
Name of Child	Date of Birth	Gender of Child

By submitting this form, I certify that the child named above is my grandchild and is eligible for temporary coverage under the City of Houston Benefits Plan(s), although the child was not claimed on my federal income tax return in the previous year, the child is (initial all applicable criteria):

- \_\_\_\_\_ Under the age of 26:
- \_\_\_\_\_ Unmarried; and
- \_\_\_\_\_ was not claimed as a dependent on my tax return for the previous tax year because:
  - \_\_\_\_\_ a. the child was born in the current year. OR
  - \_\_\_\_\_ b. I took over parental responsibility for the child in the current year.

I understand that I must claim the child on my federal income tax for this year **AND** for every subsequent year the child is enrolled. I further understand that a copy of my federal tax return for the current tax year must be submitted to the Human Resources Benefits Division within 60 days of being accepted by the Internal Revenue Service and within 12 months of approval for temporary coverage or the child will be considered unverified and the child’s temporary coverage can be terminated.

### Acknowledgement

#### State Government Privacy Policy

With few exceptions, you are entitled to request and to receive and review under Sections 552.021 and 552.023 of the Texas Government Code (the Texas Public Information Act), information that the City of Houston collects and retains about you. Under Section 559.004, you are entitled to have incorrect information that is retained about you corrected.

#### Notice About Social Security Numbers (SSNs)

Federal law requires the City of Houston to report income information and the SSN for all employees to whom compensation is paid.

Employee’s SSNs are also maintained and used for payroll and benefits and verification purposes as required and permitted by state and federal law. Nonemployee SSNs are requested for use and disclosure for benefits and verification purposes as permitted by state and federal law.

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*Employee signature is required on page 2 to complete this application. Acknowledgement section continues on page 2.*

**Acknowledgement (continued)**

**Grandchild Certification**

By temporarily enrolling your grandchild in the City of Houston Benefit Plan(s), you certify you understand the definition of a grandchild and acknowledge that misrepresentation by an employee of temporary benefit eligibility requirements constitutes a violation of City of Houston policy. Possible sanctions for such a violation range from a reprimand to dismissal. A subscriber who enrolls an ineligible grandchild in temporary City of Houston Benefit Plan(s) coverage may be responsible for reimbursement of claims paid by the City of Houston for that grandchild. A verified misrepresentation by an employee shall be reported to the appropriate institution for investigation and possible sanctions. Deliberate misrepresentation of grandchild eligibility by a subscriber may constitute criminal fraud and result in a referral to a law enforcement office.

**Definition of Grandchild**

An eligible grandchild is:

- unmarried;
- under age 26; and
- qualifies and is claimed as your dependent for federal tax purposes.

I understand that by signing this form, I am agreeing to notify the Human Resources Benefits Division in writing within 30 days of the above-named child being no longer eligible for temporary coverage as a dependent grandchild, including my failure to declare this individual on my current federal tax return as a dependent or if any individual other than myself represents this child as their dependent for federal income tax purposes. I understand that the furnishing of false information or the failure to notify the City of Houston Human Resources Benefits Division of any changes in this child's dependency status may result in the denial of coverage for the child and my repayment of any benefits paid during any period where the individual was not eligible for temporary dependent grandchild coverage and, as applicable, referral for disciplinary sanctions. I also confirm that all information I have provided on this form is correct to the best of my knowledge and that I have read and understand all notices provided on this form.

\_\_\_\_\_  
Signature of Employee/Retiree

\_\_\_\_\_  
Date

This application MUST be signed and submitted to the City of Houston's Human Resources Benefits Division for processing. Submission of this application does not guarantee temporary enrollment. You may be required to complete an Insurance Enrollment form, Evidence of Insurability, or other documentation.