



City of Houston Benefits
Financial Dependency Statement For Dependent Children
Who Are Not Natural/ Biological Children

📍 611 Walker, 4th Floor, Houston, TX 77002 | ☎ 832-393-6000 | Secure Portal Submission
https://www.houstontx.gov/hr/benefits/sdsubmission_form.html
 ✉ Employees: benefits@houstontx.gov | ✉ Retirees: retireebenefits@houstontx.gov
 🌐 cityofhoustonbenefits.org

The City of Houston Medical, Dental, Vision and Life Insurance Plans eligibility provisions, permit you to cover children who are dependent and reside with you up to the age of 26. If you wish to cover children, who are not your biological or natural children, you may do so by submitting legal and supporting documentation confirming their dependency. Other children eligible to be covered by you are:

- Adopted/Foster children
- Step-children who reside with you permanently
- Children over whom you have legal guardianship
- Grandchildren who reside with you permanently (**step grandchildren and great grandchildren are not eligible**).
- If the child named below was not claimed as a dependent on your previous year’s tax return, you (the employee/retiree) must understand that the child must be claimed on your federal income taxes for this year AND for every subsequent year the child is enrolled. A copy of employee/retiree 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.

Supporting documentation required to cover children listed above consists of the following:

- Birth certificate of Verification of Birth Facts (only accepted within first 31 days of birth.). Heirloom copies are not valid.
- Adoption paperwork
- Legal guardianship paperwork
- Noted: The City of Houston reserves the right to request other documentation directly related to dependency of the child(ren) as deemed necessary.

If you wish to cover grandchildren, you **must** also provide the birth certificate of your child, to which the grandchild is born. Your name must be listed as a parent of your child on their birth certificate.

I hereby certify that the child(ren) listed below and identified on the application or other document(s) I submitted/signed on _____ is/are my dependents as defined by the Internal Revenue Service and as defined in the City of Houston Health Benefits plans (see above list of eligible dependents).

 Dependent name and date of birth

 Dependent name and date of birth

 Dependent name and date of birth

 Dependent name and date of birth

By signing in the space below, I certify that the information and all supportive documentation submitted herewith is true and correct and based upon my personal knowledge. Any misrepresentation (overt or by omission) may be considered a fraudulent act. Therefore, any fraudulent act or refusal to provide the documentation requested shall be grounds for denial of coverage, or refusal or rescission of coverage applicable with the respect to the child(ren) to whom the misrepresentation relates without the health insurance benefits, the City of Houston or either plan administrator having any further liability or obligation to cover the expenses of such child(ren). The carrier would also be entitled to recover any expenses incurred and improperly paid by it by reason of such misrepresentation. This certification is made under penalty of perjury for the consideration and purpose of obtaining benefits for said dependents designated on this application form.

 Employee/Retiree Name

 Employee/Retiree Signature

 Date

 ID or SS#