



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

September 2023

## ATTENTION!

**TO:** All Employees covering Dependent(s) in a Fairfax County Government Sponsored Health Plan

**SUBJECT:** 2024 Health Plan Dependent Audit & Required Dependent Certification

### **Important Notice - Your Response/Action Is Required**

Beginning in September 2023, the Benefits Division in the Department of Human Resources will conduct an official review and verification of dependents who are covered under county-sponsored health plans. The purpose for this review and verification is **to ensure the eligibility of all dependents** who are covered under a Fairfax County Government sponsored health plans.

Employees who are enrolled in a county-sponsored health plan(s) will be required to **certify the eligibility** of any spouse, child, or other dependent covered in a county-sponsored medical, vision, and/or dental plan.

Employees covering a dependent(s) in a county-sponsored health plan **must complete** the **2024 Health Plan Dependent Certification Form** and submit it to the Benefits Division in the Department of Human Resources **before Friday, December 1, 2023**. The form certifies that a spouse or other dependent(s) currently covered under a county-sponsored health plan is legally eligible to be a dependent on a county-sponsored health plan.

The form must be completed in full, signed and must include each dependent's name (as listed on their Social Security Card), their date of birth, gender (or gender identification), and Social Security Number or Nine-digit Tax ID. The completed, signed form is to be **returned directly to the Benefits Division in the Department of Human Resources**. The Benefits Division can accept your completed form as follows:

#### **In-Person, By Mail, or by Interoffice Mail\*:**

Department of Human Resources, Benefits Division  
12000 Government Center Parkway, Suite 270, Fairfax, VA 22035

*\*A secure drop-box will be available outside of the Department of Human Resources*

#### **By Email\*:** [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov)

*\*Include "Attention: Benefits Division – "Dependent Audit" in the subject line*

#### **By Secure Fax:** (703) 802-8795

The form includes clear definitions of what is considered an eligible dependent. If you are unsure of whom you are covering as a dependent, access FOCUS Employee Self-Service – *My Benefits*. From there, you can review your dependents under *Family Members and Dependents* or generate a *Participation Overview*.

**Benefits team members will not confirm enrollments, covered dependents, or provide the required details about your dependents needed for the form.**

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Department of Human Resources  
Benefits Division  
12000 Government Center Parkway, Suite 270  
Fairfax, VA 22035-0001  
Phone: (703) 324-3311 Fax: (703) 802-8795, TTY 711  
E-mail: [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov)

**It is the employee's responsibility to review and confirm/certify the eligibility of their dependents, provide the information needed, and to submit the form before December 1, 2023.**

In addition, completion of this form does not constitute enrollment of a dependent in a county-sponsored benefit program and completion of this form does not guarantee eligibility and continued coverage.

If, while reviewing the eligibility of your dependents or completing the form, you find that you are covering an *ineligible* spouse or dependent, you are required to take appropriate action to remove them from coverage. While a dependent record cannot be removed from FOCUS permanently, employees may terminate an ineligible dependent from coverage during the 2024 Open Enrollment period (October 2, 2023 - October 20, 2023). Employees may also contact the Benefits Division through HR Central at [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov) to request assistance with removing an ineligible dependent.

Once the Benefits Division receives the completed form, an email will be sent to the employee's county email address confirming receipt. Following review of the submitted form, should additional action be needed, or should additional supporting documentation be required, a member of the Benefits team will contact the employee directly via their county email address.

**County-sponsored health plan coverage for any spouse and/or dependents who remain uncertified by the employee will be terminated effective December 31, 2023.**

Any spouse or dependent who has their county-sponsored health plan coverage terminated due to the employee's failure to complete and return the required 2024 Health Plan Dependent Certification Form will remain uncovered and cannot be re-enrolled until the next Open Enrollment period or with a verifiable, qualified event.

Remember that the vision care plan is bundled with the medical plan. **Do not include dependents for any other benefit plan(s) such as Flexible Spending Accounts (FSAs), Health Savings Accounts (HSAs), Dependent Life Insurance, or beneficiaries on the 2024 Health Plan Dependent Certification Form.**

Sincerely,

Susan Kirkman, Division Director  
Benefits Division



Find additional details on the **2024 Health Plan Dependent Audit** and the 2024 Health Plan Dependent Certification Form using the QR code on the left or on the following page on the county's public website.

[www.fairfaxcounty.gov/hr/2024-certification-dependents-covered-county-health-plans](http://www.fairfaxcounty.gov/hr/2024-certification-dependents-covered-county-health-plans)

# 2024 Health Plan Dependent Certification Form

Employee Name \_\_\_\_\_

Employee/FOCUS ID Number \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**Complete information below for each eligible dependent currently covered in a county-sponsored health plan.**

Please note the following:

- It is the employee's responsibility to review enrollments and certify dependent eligibility for county-sponsored health plan coverage by providing the information required below and to submit the form to the Benefits Division in the Department of Human Resources before **December 1, 2023**. County-sponsored health plan coverage will be terminated effective December 31, 2023 for all dependents who remain uncertified after the deadline.
- **This is not an enrollment form** – only to certify the eligibility of your dependents to be covered in a county-sponsored health plan.
- Forms with partial or illegible information will be considered incomplete and will not certify dependents for continued coverage.
- Benefits team members will not confirm enrollments, covered dependents, or provide dependent details for the form.

Legal Name (Last, First, MI)	Birthdate (MM/DD/YY)	Gender	Full Social Security or Tax ID Number	Relationship: (spouse, child, stepchild, etc.)	Current Enrollment
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental
					<input type="checkbox"/> Medical <input type="checkbox"/> Dental

**By signing and submitting this form, I acknowledge and agree to the following:**

- I certify that the dependents listed above qualify as an eligible dependent based on the provided definitions (page 2 of this form or on the [Benefits Page](#) on FairfaxNet) and are eligible to be covered in a county-sponsored health plan.
- I understand it is my responsibility, as the employee and plan subscriber, to notify the Benefits Division in the Department of Human Resources within 30 calendar days of any change in status or qualifying event which impacts my eligibility or the eligibility of my dependents.
- I also understand that it is my responsibility to notify the Benefits Division, under the terms above, if any of my covered dependents cease to be eligible for benefits. Failure to make appropriate notification to the Benefits Division, supply required documentation, or complete the appropriate forms will result in me being responsible for any claims and/or payments paid on behalf for any individual who ceased to be eligible under Fairfax County Government's policy.
- It is my responsibility to stay informed of any changes to the plans that may impact me or my dependent(s).

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Electronic or DocuSign style signatures not accepted.*

**Submit completed form to the Benefits Division in the Department of Human Resources**

By Mail: Department of Human Resources – Benefits Division  
12000 Government Center Parkway, Suite 270  
Fairfax, Virginia 22035

By Secure Fax: (703) 802-8795

By Email: [HRCentral@fairfaxcounty.gov](mailto:HRCentral@fairfaxcounty.gov), Attn: Benefits Division – Dependent Audit

# 2024 Health Plan Audit: Definition of an Eligible Dependent

## Spouse

A spouse is someone to whom you are legally married, as recognized by the Commonwealth of Virginia. Employees enrolling a spouse in a county-sponsored health plan must provide documentation verifying eligibility.

*Note, plan participants may only be enrolled under/covered by one Fairfax County Government employee or retiree plan at a time. No double coverage in a county-sponsored plan is permitted at any time.*

## Minor Children

An eligible dependent child is a dependent under age 26 and defined as:

- any biological child
- stepchild
- adopted child, (or child permanently placed for adoption)
- child for whom the employee has been court appointed legal guardian or who has been granted permanent legal custody through the court system
- grandchildren when the employee/grandparent has legal custody and supplies verifying documentation

*Note, dependents may only be enrolled under/covered by one Fairfax County Government employee or retiree at a time. No double coverage in a Fairfax County Government sponsored plan is permitted at any time.*

## Disabled Children

Disabled dependents, regardless of age, are eligible to continue coverage in a county-sponsored health plan if the disability occurred, and their disabled status has been recorded by the Benefits Division, before losing dependent eligibility at age 26.

## Children Over Age 18

Dependent children can continue coverage in a county-sponsored health plan until age 26. Dependent children over the age of 18, who experience a break, or lapse, in county-sponsored coverage may be re-enrolled during our annual Open Enrollment period.

Dependent children over the age of 18 may be added to county-sponsored health plan coverage mid-year if they have maintained continuous coverage as a dependent under a parent or legal guardian's coverage, and the parent or legal guardian experiences a verifiable qualifying event. Children over the age of 18 are considered emancipated in the state of Virginia and cannot be enrolled mid-year because of their own qualifying event i.e., losing coverage through their employer.

## Who is Not an Eligible Dependent?

Examples of family members who are not eligible for coverage include but are not limited to:

- Domestic partners
- Parents, grandparents, divorced spouses and their children
- Any individual who is already actively covered under that Fairfax County Government plan.



Find additional details on the **2024 Health Plan Dependent Audit** and the **2024 Health Plan Dependent Certification Form** using the QR code on the left or on the following page on the county's public website.

[www.fairfaxcounty.gov/hr/2024-certification-dependents-covered-county-health-plans](http://www.fairfaxcounty.gov/hr/2024-certification-dependents-covered-county-health-plans)