

**Florida Retirement System Pension Plan
Affidavit Attesting to Eligibility**



PO Box 9000
Tallahassee, FL 32315-9000
850-907-6500
Toll Free: 844-377-1888

Member Name	_____	Member SSN	_____
Dependent Name	_____	Dependent Phone	() _____
Dependent Address	_____	Dependent SSN	_____

The dependent child benefit administered by the Division of Retirement according to the Florida Statutes is payable on behalf of the dependent child. This benefit can be paid beyond the 18th birthday of the child until age 22, or graduation from an institution of higher learning, whichever comes first. The child must be attending school for academic credit and must remain unmarried. As the dependent of this account we ask that you complete the statement below:

I, _____, am not married and will notify the Division of Retirement if my marital status changes.

THIS FORM MUST BE SIGNED AND ACKNOWLEDGED BEFORE A NOTARY PUBLIC

Date: _____ Payee Signature: _____

Notary:

State of _____, County of _____ The above named person who has sworn to and subscribed before me this _____ of _____ 20 _____ and who is personally known _____ or produced _____ Identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public