

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

PO Box 9000  
Tallahassee FL 32315-9000  
(850) 488-5207  
Toll Free: (877) 377-4347



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 18<sup>th</sup> 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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ and who is personally known \_\_\_\_\_ or produced \_\_\_\_\_ identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public