

**Florida Retirement System
Affidavit Attesting to Eligibility for
Monthly Retirement Benefits**

PO Box 9000 Tallahassee, FL 32315-9000
Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name _____ Member SSN _____
Dependent Name _____ Dependent Phone _____
Dependent Address _____ Dependent SSN _____
_____ Dependent E-Mail _____

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 unmarried child until age 25 or graduation from an institution of higher learning, whichever comes first. The child must be attending school full time for academic credit and must remain unmarried. As the dependent of this retirement account please complete the eligibility statement below:

I, _____, am a full time student and I not married. I understand that I must be unmarried and enrolled as a full time student to be eligible to receive this benefit. I will notify the Division of Retirement if my marital status changes or if I am not enrolled in school full time.

THIS FORM MUST BE SIGNED AND ACKNOWLEDGED BEFORE A NOTARY PUBLIC

Applicant signature (*Sign in the presence of a Notary*) _____

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 has produced _____ as identification.

Signature of Notary Public

Print, Type or Stamp Commissioned Name of Notary Public