

ADDITION OF DEPENDENT FORM

This form must be signed and submitted at Open Enrollment or within 30 days of addition of dependent due to birth or other qualifying event. Proof of qualifying event must be submitted with form. If form is not submitted within 30 days of qualifying event, addition cannot be made until the Open Enrollment for your group.

Group Number: _____
Member's ID Number: _____
Member's Social Security Number: _____ - _____ - _____
Member's Name: _____

Employee Date of Birth: _____ - _____ - _____

DEPENDENT INFORMATION (If adding more than one dependent, please attach a separate page with all of the information requested below.)

Name: _____
Relationship to Insured: _____
Social Security Number: _____ - _____ - _____
Date of Birth: _____ - _____ - _____
Sex: _____
Height: _____
Weight: _____
Reason for Addition: _____

Date of Change: _____

Signature of Member

Date